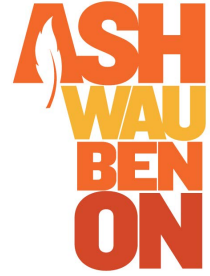


Village of Ashwaubenon

2155 Holmgren Way
Ashwaubenon, WI 54304
(920) 492-2309
build@ashwaubenon.gov



Office Use Only

Date: _____

Permit# _____

Fee: _____

Electrical Service Form

Submit completed form to build@ashwaubenon.gov

Fee: \$50 for Commercial or Residential

To request or schedule your building inspection, visit us online at ashwaubenon.gov/inspection

_____	___ Single Family	___ Two Family
_____	___ Multi-family & # of Units	_____
Project Address	___ Commerical	___ Manufacturing
	___ Other	_____
Description of work: _____		

Project Cost: _____		
Permanent: _____	Overhead: _____	Size of main switch: _____
Temporary: _____	Underground: _____	Fault Current: _____
New Service: _____	1 Phase: _____	Amps. _____ Volt. _____
Meter Set Only: _____	3 Phase: _____	Wire Type/Size _____

Electrician Information

I hereby certify that this wiring is in compliance with all applicable Federal, State and Local Codes, utility service rules and section 101.865 of the Wisconsin State Statutes.

Contractor _____

Master Electrician #: _____

Address _____

Electrical Contractor #: _____

Phone _____

Date: _____

Email _____

Master Electrician Signature

Inspector Information

This is to certify that I have examined the electrical equipment installed by the Electrical contractor named above and it is in compliance with the statutes and all the rules and regulations prescribed by the State of Wisconsin electrical Code and local municipal requirements. I hereby certify that the electrical work completed to date complies with applicable codes and may be energized.

Inspector Signature

License #

Date

Notes: _____
