



FOR OFFICE USE	
Permit No.	
Receipt No.	
Fee \$	
Building Permit No.	
Acct. Code	2-208

**ELECTRICAL PERMIT APPLICATION**

Return completed application to the Building Inspector on the 3rd floor of Village Hall or e-mail to [buildinginspector@littlechutewi.org](mailto:buildinginspector@littlechutewi.org)

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupancy: \_\_\_\_\_ Zoned: \_\_\_\_\_

**Why Issued**

New Construction  
 Additional Areas  
 Rewire

**Class of Service**

Overhead  
 Underground  
 New  
 Service Change

AMP: \_\_\_\_\_

Meters Required: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Proposed Wiring: \_\_\_\_\_

THE UNDERSIGNED AGREES IN CONSIDERATION OF THE ISSUANCE OF THIS PERMIT TO DO ONLY THE WORK SPECIFIED HEREIN AND TO FAITHFULLY COMPLY WITH THE LAWS AND REGULATIONS OF THE **STATE OF WISCONSIN** AND OF THE ORDINANCES OF THE **VILLAGE OF LITTLE CHUTE**. **REINSPECTION FEE** WILL BE CHARGED FOR IMPROPER INSTALLATIONS. NEW SERVICE INSPECTION IS REQUIRED **BEFORE** UTILITY COMPANY WILL MAKE POWER CONNECTION FOR ELECTRIC SERVICE

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Master Electrician: \_\_\_\_\_ Date: \_\_\_\_\_ License: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Electrician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by: \_\_\_\_\_ Date: \_\_\_\_\_