



APPLICATION FOR ELECTRICAL PERMIT

Village of Shorewood
 Planning & Development Department
 3930 N. Murray Avenue, Shorewood, WI 53211
 Phone (414) 847-2640 Facsimile (414) 847-2606
 www.villageofshorewood.org

Rough and Final inspections are required on all work covered by this permit
 Permits are Valid for four (4) Months
Inspections Monday – Friday 9 a.m. – 3:00 p.m.

OFFICE USE ONLY
PERMIT #
APPROVAL DATE

Job Address:	Building Type:
Job Location:	Cost of Job:
Job Description:	
Owner's Information	Contractor's Information (PLEASE PRINT)
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
Property Tax Key #	ME Lic. # Electrical Cont. #

Description	Rate(s)	Qty	Amount
Devices (fixtures, switches, receptacles, etc.)	\$.75 ea		
Luminaires	\$.75 ea		
Illuminated sign	\$35.00 ea		
Pole-mounted fixture, area lighting pole	\$10.00 ea		
Automatic heating system (gas or oil); other heating devices CSST must be bonded	\$15.00 ea		
Central air conditioner – residential	\$15.00 ea		
Central air conditioner – commercial (3HP and up)	\$25.00 ea		
Unit air conditioners; wall insert type (up to 3 HP)	\$12.00 ea		
Other refrigeration – air handling, compressors	\$12.00 ea		
CSST Grounding	\$15.00 ea		
Commercial Building Grounding	\$15.00 ea		
Dishwasher Disposal Dryer Range Cooktop	\$12.00 ea		
Water heater Whirlpool/Hot Tub	\$12.00 ea		
Exhaust hood/fan, vacuum cleaner, low voltage transformer, paddle fan	\$5.00 ea		
Exhaust system – Commercial	\$25.00 ea		
Fire alarm, exit, or fuel dispensing system, Class 1-3, less than 50 volt system	\$50.00 ea		
Services:			
A. 0-100 Amp service/feeders	\$30.00 ea		
B. 101-200 Amp service (per service)	\$45.00 ea		
C. Each additional 100 Amps (per service)	\$15.00 ea		
D. Each additional service switch or disconnect switch	\$15.00 ea		
Generator, rectifier, transformer	\$1.50/kw		
Additional Charges			
Re-inspection fee	\$30.00		
Failure to arrange final inspection within 15 days of completion	\$50.00		
Subtotal Fees			
	Minimum Fee	-	\$60.00
Failure to Procure Permit 3x Total Fee			
	Y	N	
Total Fee			

Contractor's Signature _____

Date _____