

Electrical Provider _____

Owner's Name _____

Complete Address _____

Phone No. _____

Property Address _____

Township _____

Contractor's Name _____

Complete Address _____

Phone No. _____

TYPE OF SERVICE (CHECK APPROPRIATE SERVICE)

<input type="checkbox"/> Residence	<input type="checkbox"/> Temp. Service	<input type="checkbox"/> 1-Phase Service Entrance	_____ AMPS	_____ VOLTS
<input type="checkbox"/> Farm	<input type="checkbox"/> Center Yd. Pole	<input type="checkbox"/> 3-Phase Service Entrance	_____ AMPS	_____ VOLTS
<input type="checkbox"/> Commercial	<input type="checkbox"/> Permanent	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	
<input type="checkbox"/> Other : _____				

CHECK ONE:

New Service

Rewire

SERVICE OR SWITCH ALTERATION FEE:

Single phase, first 200 amp - \$78.00	_____
Each additional 100 amp - \$12.00	_____
3 phase, first 200 amp - \$120.00	_____
Each additional 100 amp - \$12.00	_____
TOTAL	\$ _____

Please make checks payable to: Municipal Zoning and Inspection Services
Mail to: MZIS, PO BOX 123 Jefferson, WI 53549

IF WORK IS STARTED BEFORE PERMIT IS ISSUED, FEES ARE DOUBLE.

Signature of Applicant _____

Date _____

License No. _____

Approved by Electrical Inspector _____

Date _____

Permit No. _____