

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 - \$100.00	_____
Each additional 100 amp - \$15.00	_____
3 phase, first 200 amp - \$140.00	_____
Each additional 100 amp - \$15.00	_____
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.