

Electrical Permit Application

Town of Lyndon, Sheboygan County

W6081 CTH N, Plymouth, WI 53073

p - 920-528-7255

Permit # _____

Amount Pd \$ _____

Check # _____

You must first contact Permit Agent Al Steiner, prior to applying. 920-838-3249

All permits require inspections. See inspector's info below.

Complete **ALL** sections, sign and deliver application with supporting documents to Permit Agent Al Steiner, W6081 CTH N, Plymouth 53073. Make checks payable to "Town of Lyndon".

Date			
Applicant Name		Phone	
Project Address			
City		Zip	
Project Cost	Parcel Number 59010- _____		
Mailing address (for approved permit)			

Brief description of project: _____

Type of building or structure:

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial

Contractor: _____

Contractor Phone: _____

Certificate #: _____

Remodeling / Additions	\$55
Re-Inspections	\$45
Roof-mounted Solar Panel installations	\$145

The undersigned certifies that all the above information is correct. It is hereby agreed by the undersigned as owner, his agent or servant, and the Town of Lyndon, that for and in consideration of the premises and of the permit for the execution of electrical installation for light, heat or power, as above described, to be issued and granted by the Electrical Inspector, and the work therein will be done in accordance with the description herein set forth in this statement, and it is further agreed to alter and install the same in strict compliance with the Town of Lyndon, the Building Ordinance, the Wisconsin State Electrical Code, and to obey any or all lawful orders of the Electrical Inspector of the Town of Lyndon.

NOTE: If any of the work is commenced before an electrical permit is obtained, all of the above fees shall be doubled.

NOTE: The undersigned have read this statement and are fully aware of the implications, and will abide by all applicable codes.

ELECTRICAL INSPECTOR (Call BEFORE wires are covered)
Dave Dulmes 920-564-3039

Applicant, Contractor or Agent

Date

FOR OFFICE USE ONLY
PERMIT AGENT APPROVAL (if necessary) SIGNATURE & DATE: _____
PERMIT ISSUANCE SIGNATURE & DATE: _____
PERMIT SENT TO INSP & APPLICANT SIGNATURE INITIALS & DATE: _____