

TOWN OF PALMYRA

ELECTRICAL SERVICE PERMIT APPLICATION

Please make checks payable to:

Mail to:

Phone Number:

Wisconsin Inspection Agency

W359 N5002 Brown St, Ste. 202

Oconomowoc, WI 53066

Tom Marks (262) 490-0513

Project Address _____

Owner's Name _____

Complete Address _____

Phone No. _____

Contractor's Name _____

Complete Address _____

Phone No. _____

Service or Switch Alteration Fee

Single Phase, first 200 amp

\$80

Each Additional 100 amp

\$12

Three Phase, first 200 amp

\$120

Each Additional 100 amp

\$12

Total

Signature of Applicant _____

Date _____

License No. _____

Approval by Electrical Inspector _____

Date _____

Permit No. _____

CERTIFICATE OF ELECTRICAL INSPECTION

Customer Name _____

Phone No. _____

Location _____

Township _____

Electrician's Name _____

Phone No. _____

Type of Service

☐ New Service ☐ Underground

☐ 1 Phase Service Entrance _____ Amps

☐ Service Change ☐ Overhead

☐ 3 Phase Service Entrance _____ Amps

☐ Temp. Service

☐ 1 Meter

☐ Other _____

☐ _____ Meters

This is to certify that I have examined the electrical service entrance equipment and approve utility connection.

Electrical Inspector's Signature _____

Date _____