


Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		Electrical Permit Application	Permit # _____ Parcel # _____
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Project Type:	<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Residential Garage / Acc. Bldg.	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
Project Address:			Subdivision:	Lot #:
Owners Name:				
Owners Address:	Home Phone #:			
	Cell Phone #:			
Contractors Name:			License #:	
Contractors Address:	Business Phone #:			
	Cell Phone #:			

Project Description

Service Panel Amperage:	
<input type="checkbox"/> Overhead <input type="checkbox"/> Underground	
Single Phase 3 Phase	
Voltage	
Estimated Cost:	

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the electrical inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **Date:** _____

Approval Conditions: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Fee: _____ **Date Pd.** _____ **Receipt #:** _____

Permit Issued By: _____

Name:
Date Issued: _____ Tel. # _____
Certification No: _____