## TOWN of SUGAR CREEK

N6641 County Rd. H • P.O. Box 287 • Elkhorn, WI 53121 Phone: (262) 742-3383 • Fax: (262) 742-4476

## For Building Inspection call (262) 366-2400 (Vince Budiac) or (262) 352-4433 (Scott Johnson)

PERMIT NO.	
TAX KEY#	
BUILDING PERMIT #	

## **ELECTRICAL Permit Application**

PROJECT LOCATION (Building Location)		
PROJECT		
DESCRIPTION	☐ Commercial	☐ One & Two Family

		DESCRIPTION	N	0	ne & Two Family
OWNER'S NAME	MAILING	G ADDRESS - INCLUDE CITY & ZIP	TELE	TELEPHONE - INCLUDE AREA CODE	
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE		
ESTMATED COST		LICENSE NUMBER			
Parties and the same and the sa					
	SCHEDU	LE OF INSPECTION	FEES		
NEW BUILDING			EACH	COUNT	FEE
ADDITION,	Minimum Base Fee		\$55.00		
REMODELING	Fee		05/sq. ft. for all areas	sq. ft	
	REPLACEMENT.	MODIFICATIONS and MI			
	t		75¢		
Over 30 amps			\$6.00 .40¢		
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<ol><li>Service switch, each or alteration the</li></ol>	erof:				
Over 200 amperes - additional	per 100 amps or fraction thereof		\$20.00/100 amps		-
Residential gas burner, oil burner, elections	ctrical furnace				
11. Air Conditioner up to 5 ton. Plus 1.0	0 per ton over 5 ton		\$6.00		
12. Combination heating and air conditio	ning unit up to 5 ton		\$10.00		
Over 5 ton			\$20.00		
<ol><li>Range, oven, clothes dryer, dishwashe</li></ol>	r, disposal, water heater		\$6.50		
14. Each motor, per HP or fraction there	of		50 HP/1.00 min.		
		The state of			
		electric furnance			
				·	
20. Sign-Fluorescent, Neon or Incandesce	ent		\$15.00		
<ol><li>Strip lighting, plug-in strip, trolley duct</li></ol>	wire way, gutter		50¢ ft.		
29. Other (specify)			\$25.00		
		\$55.00 ea		C COUNTY STREET, CO.	
		\$55.00 e		elf-addressed envel	ope,
	JBLE FEES ARE DUE IF WORK IS STARTE	ED BEFORE PERMIT IS ISSUED.	with two (2) first-	class stamps for per	rmit return.
the applicant agrees to comply with the the Department, Municipality, Agency or Call 262-366-2400. Give at least 24 hou	Inspector; and certifies that all the above	litions of the permit; understands that the i e information is accurate. Have Permit/Appl	ssuance of the permit creates ication number and address wh	no legal liability, express on nen requesting inspection	or implied, of ns.
Signature of Applicant			Date		
FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED	BY MUNICIPAL	AGENT:
	Ck #				
Inspection Fee	Date	Permit Expires	Name		
	//2	90 Days from date			
	From	unless otherwise	Date		
		maked below			
	Rec. By	noted below	Certification No		
NO REFUNDS ON PERMITS	itec. by				