

Municipality City of Gillett  
 Bobbie Krozell Building Inspector  
 N3082 Grass Lk. Rd., Clintonville, WI 54929  
 (715) 823-9140 Fax (715) 823-9110

Permit No. \_\_\_\_\_  
 Parcel No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Date \_\_\_\_\_  
 Check NO. \_\_\_\_\_

# ELECTRICAL PERMIT

TO THE ELECTRICAL INSPECTOR:

I hereby agree, with the issuance of this permit, to do only the work specified herein and to faithfully comply with the laws and regulations of the State of Wisconsin and the ordinances of the municipality.

NAME OF OWNER	PROJECT ADDRESS AND PHONE
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TYPE OF BUILDING	WHY ISSUED
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- |   |                                       |  |   |  |
|---|---------------------------------------|--|---|--|
| <input type="checkbox"/> One Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Commercial/Industrial<br><input type="checkbox"/> Multi-Family | <input type="checkbox"/> New Building | <input type="checkbox"/> Separate Garage<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Hot tub<br><input type="checkbox"/> Addition | <input type="checkbox"/> Basement<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Remodel | <input type="checkbox"/> Rewire<br><input type="checkbox"/> New<br><input type="checkbox"/> Demo<br><input type="checkbox"/> Other _____ |
|---|---------------------------------------|--|---|--|

CLASS OF SERVICE
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- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> New<br><input type="checkbox"/> Service Change<br><input type="checkbox"/> Temporary | Meters Required _____<br>Amp _____<br>Voltage _____ | <input type="checkbox"/> Single Phase<br><input type="checkbox"/> Three Phase | <input type="checkbox"/> Two Wire<br><input type="checkbox"/> Three Wire<br><input type="checkbox"/> Four Wire |
|---|---|---|--|

List a brief description of the work and the areas where the work will be conducted:

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Send fees and both copies to the Electrical Inspector. Receipt and your copy will be returned upon approval. Submit approved plans when required. Call 715-823-9140 for all required inspections.

\_\_\_\_\_  
 Licensed Master Electrician (Print) License No.  
 \_\_\_\_\_  
 Signature of Applicant  
 \_\_\_\_\_  
 Electrical Contractor

\_\_\_\_\_  
 Estimated Cost  
 \_\_\_\_\_  
 Job Foreman/Daytime Telephone Number  
 \_\_\_\_\_  
 Electrical Inspector

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE  
 White - Office Yellow - Applicant