

Town of Ottawa **ELECTRICAL**

Permit No _____

Mail To: Town of Ottawa, W360 S3337 Hwy 67, Dousman, WI 53118

Tax Key # _____

Make Check Payable to: Town of Ottawa

Residential Commercial

Phone 262-490-0513

Permit Application

Project Location	Building address
Project Description	

Owner's Name	Mailing Address, City & Zip	Telephone & Area Code
Contractor's Name	License No	Mailing Address, City & Zip
		Telephone & Area Code

Schedule of Inspection Fees	EACH	\$.05/Sq. Ft.	FEE
		All Areas	
New Building	\$ 50.00		
Addition	\$ 50.00		
Remodel	\$ 50.00		
ALL OTHER PROJECTS	Each	Quantity	Fee
1. Light, Switch, and outlet, etc.....	\$ 1.00		
2. Power receptacle over 150 volts.....	\$ 7.00		
3. Lighting, fixtures, incandescents, etc.....	\$ 1.00		
4. Swimming Pool.....	\$ 60.00		
5. Hydro Massage, Hot tubs.....	\$ 60.00		
6. Service, first 200 amps.....	\$ 115.00		
Additional per 100 amps.....	\$ 30.00		
7. Temporary Service, first 200 amps.....	\$ 115.00		
Additional per 100 amps.....	\$ 30.00		
8. Feeder, subfeeder and race way - per 100 amps.....	\$ 80.00		
9. Motors, per HP.....	\$ 4.00		
10. Range, oven, clothes, dryer, dishwasher, disposal, waterheater- Price per unit.....	\$ 7.00		
11. Refrigeration unit - price per HP.....	\$ 3.00		
12. Furnace - Price per unit.....	\$ 35.00		
13. Air Conditioner - Price per unit.....	\$ 35.00		
14. Fans, Paddle, misc. - Price per unit.....	\$ 6.00		
15. Fire Alarm Systems.....	\$ 150.00		
16. Exit Lighting System.....	\$ 75.00		
17. Sign.....	\$ 75.00		
18. Generator (Includes gas line \$30).....	\$ 150.00		
19. Solar (plus other)...\$150 min (\$7 per thousand total cost) plus Electrical Service Permit	\$		
20. Other - Explanation.....	\$ 60.00		
	Sub Total		
	Other		
	TOTAL FEE		

Minimum Permit Fee \$50.00	Reinspection Fee \$75.00	Failure to call for Inspection \$75.00
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DOUBLE FEES ARE APPLIED IF WORK IS STARTED WITHOUT A PERMIT

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the department, agency, municipality or inspector; and certifies that all above information is correct
Give at least 24 hours notice on all inspections and have address when requesting inspection

Signature of Applicant _____ **Date** _____

For Office Use Only		FEES
Check # _____	Building Inspector's Approval	Building _____
Date _____		WI Seal _____
Rcvd By _____	Signature _____	Electric _____
	Date _____	Plumbing _____
		HVAC _____
NO REFUNDS ON PERMITS	Note: _____	Other _____