


CITY OF DE PERE 335 S. Broadway De Pere, WI 54115 Phone: (920) 339-4053 Fax: (920) 330-9491	ELECTRICAL PERMIT 	Building Inspection Department Permit Application Permit # _____ Fee: \$ _____
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PROJECT LOCATION	OCCUPANCY
Building Address: _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Public/Govt. <input type="checkbox"/> Two Family <input type="checkbox"/> Manufacturing <input type="checkbox"/> Educational <input type="checkbox"/> Multi-Family (No. of Units) _____ <input type="checkbox"/> Other: _____
Lot No. _____ Parcel No. _____	

ELECTRICAL CONTRACTOR	NATURE OF WORK
Name _____	<input type="checkbox"/> Alteration <input type="checkbox"/> Repairs <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input type="checkbox"/> Sign <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Other: _____
Mailing Address: _____	
Phone: _____ License #: _____	

OWNER/BUILDER	MISCELLANEOUS FEES										
Name _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Gas Station:</th> <th style="width:50%;">Miscellaneous:</th> </tr> <tr> <td>Pump Control Panel \$ 40.00</td> <td>Illuminated Signs \$ 25.00</td> </tr> <tr> <td>Canopy Lights \$ 25.00</td> <td>Photo Voltaic \$ 30.00</td> </tr> <tr> <td>Motors \$ 25.00</td> <td>Reinspection Fee \$ 25.00</td> </tr> <tr> <td>Dispensers \$ 25.00</td> <td>Minimum Fee \$ 30.00</td> </tr> </table>	Gas Station:	Miscellaneous:	Pump Control Panel \$ 40.00	Illuminated Signs \$ 25.00	Canopy Lights \$ 25.00	Photo Voltaic \$ 30.00	Motors \$ 25.00	Reinspection Fee \$ 25.00	Dispensers \$ 25.00	Minimum Fee \$ 30.00
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SCHEDULE OF INSPECTION FEES																																			
ADDITIONS		BUILDING ALTERATIONS, REPAIRS & REMODELING																																	
Residential	.05¢ / sq ft	Openings (switches, convenience outlets, fixtures, fixed appliance connections and other electrical outlets) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Openings</th> <th style="width:25%;">Cost</th> <th style="width:25%;">Openings</th> <th style="width:25%;">Cost</th> </tr> </thead> <tbody> <tr> <td>1 - 10</td> <td style="text-align: right;">\$ 30.00</td> <td>41 - 45</td> <td style="text-align: right;">\$ 64.00</td> </tr> <tr> <td>11 - 15</td> <td style="text-align: right;">\$ 31.00</td> <td>46 - 50</td> <td style="text-align: right;">\$ 69.00</td> </tr> <tr> <td>16 - 20</td> <td style="text-align: right;">\$ 38.00</td> <td>51 - 60</td> <td style="text-align: right;">\$ 74.00</td> </tr> <tr> <td>21 - 25</td> <td style="text-align: right;">\$ 43.00</td> <td>61 - 70</td> <td style="text-align: right;">\$ 80.00</td> </tr> <tr> <td>26 - 30</td> <td style="text-align: right;">\$ 48.00</td> <td>71 - 80</td> <td style="text-align: right;">\$ 85.00</td> </tr> <tr> <td>31 - 35</td> <td style="text-align: right;">\$ 53.00</td> <td>81 - 90</td> <td style="text-align: right;">\$ 90.00</td> </tr> <tr> <td>36 - 40</td> <td style="text-align: right;">\$ 59.00</td> <td>91 - 100</td> <td style="text-align: right;">\$ 95.00</td> </tr> </tbody> </table>		Openings	Cost	Openings	Cost	1 - 10	\$ 30.00	41 - 45	\$ 64.00	11 - 15	\$ 31.00	46 - 50	\$ 69.00	16 - 20	\$ 38.00	51 - 60	\$ 74.00	21 - 25	\$ 43.00	61 - 70	\$ 80.00	26 - 30	\$ 48.00	71 - 80	\$ 85.00	31 - 35	\$ 53.00	81 - 90	\$ 90.00	36 - 40	\$ 59.00	91 - 100	\$ 95.00
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Commercial, Institutional & Industrial	.08¢ / sq ft																																		
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Note: Square Footage includes all floor levels, basements, attached garages and all spaces enclosed and under a roof.																																			
AREA																																			
Basement	Building/Living	Garage/Acc.	TOTAL																																

TOTAL PERMIT FEE \$ _____	No. of Openings _____ Permit Fee \$ _____
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APPLICANT'S STATEMENT	PERMIT
I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinances of the City of De Pere, Wisconsin. Signature: _____ Date: _____ WI License # _____	Upon signature of an authorized member of the Building Inspection Department, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances and regulations. Inspector: _____ Date: _____ Certification No.: _____

FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT

CONDITIONS OF APPROVAL:
