



www.greenbaywi.gov

LICENSED CONTRACTOR ELECTRICAL PERMIT

COMMUNITY SERVICES AGENCY
Inspection Division
100 N. Jefferson Street, Rm. 608
Green Bay, WI 54301
(920) 448-3300 - phone
(920) 448-3117 - fax
inspmail@greenbaywi.gov

Project Address: _____
Owner: _____ Owner's Phone #: _____
Electrical Contractor: _____
Electrical Contractor's Email: _____
Electrical Contractor's Phone #: _____ Cell #: _____
Value of work: \$ _____

| | |
|---------------------------------------|-------|
| This section for City use only | |
| Project #: | _____ |
| Permit Code: | _____ |
| Permit Fee: | _____ |
| Parcel #: | _____ |
| Receipt #: | _____ |
| Date: | _____ |

OCCUPANCY

- Single-Family Commercial Educational Multi-Family Number of Units _____
 Two-Family Manufacturing Other _____

NATURE OF WORK

- Alteration Repairs Addition Hot tub/spa Swimming Pool
 Remodeling Sign Detached Garage Other _____

JOB DESCRIPTION

CONTRACTOR STATEMENT: I hereby certify that the above wiring upon completion will be in compliance with the applicable federal, state, local electrical codes and utility service rules.

“ENERGIZING THE DESCRIBED WIRING WILL IN NO WAY CREATE A HAZARD”

- Green Bay City Electrical Contractor License **OR** State of WI Electrical Contractor Certification # _____

Signature (Master Electrician Responsible For Work) WI Master Certification # Date

INSPECTOR STATEMENT: I hereby certify the work completed as of date signed complies with applicable codes.

Inspector Signature Date

- Check box for Online Payment

The information below shall be provided for notification of project number and permit fee. This information is required to make payment online.

- Phone _____ Fax _____ Email _____