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"

State of WI Electrical Contractor Certification #_____ **(REQUIRED)** & WI Master Certification #_____ **(REQUIRED)**

_____ _____
Signature (Master Electrician Responsible For Work) 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

☐ Phone_____ ☐ Fax_____ ☐ Email_____

Choose one of the above to receive notification of project number and permit fee which is required to make payment online.