



# LICENSED CONTRACTOR ELECTRICAL PERMIT

City of Green Bay  
Department of Planning  
Inspection Division  
100 N. Jefferson Street, Room 403  
Green Bay, WI 54301  
(920) 448-3300 - phone  
(920) 448-3117 - fax  
[inspmail@ci.green-bay.wi.us](mailto:inspmail@ci.green-bay.wi.us)

Project Address: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Electrical Contractor: \_\_\_\_\_  
Electrical Contractor's Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Owner'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       Swimming Pool       Hot tub/spa  
 Addition       Remodeling       Sign       Detached garage  
 Other

### JOB DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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"

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signed: \_\_\_\_\_ 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 \_\_\_\_\_