



LICENSED CONTRACTOR ELECTRICAL PERMIT

Department of Community and Economic Development
100 N. Jefferson Street, Rm 608
Green Bay, WI 54301-5026
(920) 448-3300 - phone
(920) 448-3426 - fax
inspmail@greenbaywi.gov

All fields must be completed before permit will be processed.

Project Address: _____
Owner's Name: _____
Owner's Email: _____ 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 (check appropriate box):

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

NATURE OF WORK (check all that apply):

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

JOB DESCRIPTION:

To schedule an inspection, call (920) 448-3300 between 8:00 a.m. and 4:00 p.m. at least one business day prior to inspection date needed. Final inspections are required for all projects.

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

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

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

The information below must be provided for notification of project number and permit fee. This information is required to make payment on-line.

Phone _____ Fax _____ Email _____