



Parcel No. _____

Permit No. _____

VILLAGE OF WINNECONNE, WI

Contact Andrew Johnson 920-410-6677 for questions.

ASC@winneconnewi.gov for submittals & Payments sent to Village of Winneconne, P.O. Box 488, Winneconne, WI 54986

Electrical Permit Application

Property Owner: _____ Phone: _____

Property Address: _____

Contractor's name: _____ License #: _____

Contractor's address: _____

Contractors E-mail: _____

Type of occupancy: _____

Job description: _____

New construction _____

Main panel _____

Single phase _____

Additional areas _____

No. of Circuits _____

Three phase _____

Service change _____

No. of outlets _____

Three wire _____

Rewire existing _____

No. of Sub-Panels _____

Four wire _____

Overhead _____

No. of Service Panels _____

Amperage _____

Underground _____

No. of meters _____

Voltage _____

Project total cost \$ _____**Base Fee \$ 125.00**

Owner/Contractor: _____ Date: _____

Inspector: _____ Date: _____

Payable to: Village of Winneconne

Mail to: Village of Winneconne, PO BOX 488 Winneconne, WI 54986 • PH 920-582-4381 • FAX 920-582-0660

All work to meet the State Codes or reinspection fees will be charged for improper installation.**The owner/contractor is responsible for making arrangements for the final inspection.**