



**TWO
RIVERS**
WISCONSIN

Submit to
Inspection Dept
City of Two Rivers
PO Box 87
Two Rivers, WI 54241-0087
Email: zoning@two-rivers.org
Fax: 920-793-5512

ELECTRICAL PERMIT APPLICATION

1. Project Address _____
2. Owner _____ Phone _____
3. Building Use: ☐ 1-Family ☐ 2-Family ☐ Multi-Family ☐ Commercial ☐ Accessory
4. Description: ☐ New ☐ Addition ☐ Alteration ☐ Service ☐ Code Correct
5. Contractor _____ Phone _____
5. Master Electrician # _____ Expiration Date _____
6. Electrical Contractor License # _____ Expiration Date _____

Type of Work	Number	Description and Fees
Openings for Switches		Other:
Openings for Receptacles		
Fixtures		
Range		
Dishwasher		
Garbage disposal		
Microwave		
Fans (exhaust)		
Fans (ceiling/paddle)		
Washer		
Dryer		
Post/Spot/Flood lights		
Central air		
Furnace		
Boiler		
Electric heating units		
Water heater		
Signs		
Motors		
Subfeeders #6AWG or larger		
Service _____ AMP _____ U/G _____ O/H		<u>Electrical Permit Fees</u> (rounded to the nearest whole number) 2.0% of valuation (Residential) 2.5% of valuation (Commercial) \$50 Minimum Fee Project Cost \$ _____ Permit Fee \$ _____

The undersigned hereby applies for a permit for the execution of electrical installation for light, heat or power, as described above. It is hereby certified by the undersigned owner, or his agent, that the information set forth on this application is complete and accurate and hereby agree to comply with all applicable ordinances/codes of the City of Two Rivers and the State of Wisconsin, along with any conditions attached hereto.

***All inspection must be scheduled with at least 48-hour notice.
Inspections are conducted on Tuesday and Thursday mornings.**

Signed: _____
(Electrical Contractor or Owner Occupant of Single-Family Dwelling)

Date _____