



# LICENSED CONTRACTOR ELECTRICAL PERMIT APPLICATION

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](mailto:inspmail@greenbaywi.gov)

All fields must be completed before permit will be processed.

Project Address: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Electrical Contractor: \_\_\_\_\_  
Contractor's Address: \_\_\_\_\_  
Contractor's Email: \_\_\_\_\_  
Contractor's Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Value of work: \_\_\_\_\_

<b>This section for City use only</b>	
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 \_\_\_\_\_      Generator - see below

\*Generator - Calculations required for electrical and gas line capacity as well as HVAC permit for gas

**JOB DESCRIPTION:** line. \*\$100 permit fee.

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

To schedule an inspection, submit an online Inspection Request or call (920) 448-3300 at least one business day in advance. 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 \_\_\_\_\_