



Village of Jackson

P.O. Box 637 • W194 N16660 Eagle Drive • Jackson, WI 53037
 Phone: (262) 677-9696 • Fax: (262) 677-9710

Electrical Permit

Permit #: _____ - _____

Project Address _____
 Owner _____ Owner Phone _____
 Contractor _____ Office Phone _____
 Contractor Address _____ City _____ Zip _____
 Supervising Electrician _____ Phone _____
 Electrical Lic. No: _____ Exp. _____ Electrical Contractor No. (1&2 Family Only): _____ Exp. _____
 Email _____

Property Description: <input type="checkbox"/> 1 & 2 Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial/Ind.	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Alteration <input type="checkbox"/> Repair	Estimated Cost: \$ _____
--	---	------------------------------------

NO.	DESCRIPTION	QTY.	RATE OF FEE	AMOUNT
1	Service Switches, including alterations thereto. (Each 100 amps or fraction thereof, per switch)		\$40.00 per 100 Amps \$10/100A or fraction over	
2	Temporary Service & Wiring installation (i.e. construction, fire damage, etc.)		\$25.00 each 100 A.	
3	Feeders & Sub-feeders (Each 100 amps or fraction thereof)		\$25.00 each 100 A.	
4	Wireways, busways, under floor raceways or auxiliary gutters		\$1.00/foot	
5	Transformers, reactors, rectifiers, cap., welders, convertors or similar devices		\$50.00 each	
6	RTU's / Commercial Combination Heating & A/C units		\$25.00 each	
7	Commercial Refrigeration or freezer units (Each motor compressor unit)		\$15.00 each	
8	Air-Conditioning units (Each motor compressor unit)		\$20.00 each	
9	Heating Unit - Furnace / Boiler / Wall Unit / Electric Furnace or Heat Pump (circle one)		\$20.00 each	
10	Electric space heating & baseboard systems		\$7.00 each	
11	Electric Appliances - Commercial & Residential – range / oven / dryer / dishwasher / disposal / water htr. Circle unit type(s) or indicate Other _____		\$10.00 each	
12	Swimming Pools (Temporary or Permanent) (includes assoc. wiring & grounding)		\$40.00 each	
13	Hydro-massage tub / spa / hot-tub / sauna / Other _____ (circle one)		\$25.00 each	
14	Fuel dispensers for gasoline, oil, or similar units		\$20.00 each	
15	Moving picture, x-ray machine, therapeutic apparatus & similar equipment		\$30.00 each	
16	Switches and Convenience outlets		\$.75 each	
17	Dimmers, Rheostats, Sensors, GFCI, AFCI, etc.		\$4.50 each	
18	Lighting fixtures – LED / Incandescent / HID / Other _____		\$.75 each	
19	Tubular lamps (i.e. fluorescent, lumiline)		\$1.00 /tube	
20	Strip lighting, track lighting, plug-in strip, trolley wire or similar		\$1.00 each	
21	Fire Alarm Systems		\$30.00 each	
22	Communication Systems (i.e. Cat 5, Coaxial, Door Bells, Security Systems, Antenna, etc.)		\$1.00 each	
23	Power receptacles over 150 volts		\$5.00 each	
24	Motors (Each motor including exhaust, paddle & vent fans)		\$5.00 each	
25	Signs - Electric illuminated (Each Sign) (i.e. LED, Neon, Fluorescent, Incandescent, Other _____)		\$30.00 each	
26	Power Generators & Alternate Power Systems (i.e. Photo-voltaic, Wind, etc.)		\$30.00 each	
27	Re-Inspection Fee - (First Re-inspection) (2nd Re-inspection \$100.00)		\$75.00	
28	Failure to Call for Inspection		\$75.00	
29	Miscellaneous Installation, Alteration or Repair not described above		\$65.00	
30	SUBTOTAL			
31	Work started before electrical permit issued.....Total permit fees double - \$100.00 minimum fee		Double of Line #30	
32	MINIMUM CHARGE FOR ANY PERMIT \$65.00		TOTAL PERMIT FEE	

NOTICE: By signing below, applicant hereby agrees that all work performed under this permit will be in accordance with all applicable state and local laws. Applicant further agrees that all lawful orders of the Electrical Inspector will be fully complied with. This permit shall become VOID if work is not commenced within 12 months of date issuance. REFUNDS: Only that portion in excess of \$65.00 is eligible to be refunded if requested in writing within 120 of issuance of this permit.

Applicant Signature: _____

Application Date: _____

For Office Use Only
Amount: _____
Date Received: _____
Payment Type: CH / CA / CC
Check/Receipt #: _____
Received By: _____

