

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. _____

Parcel No. _____

Permit Fee _____

Check No. _____

Date _____

Owner/Contractor _____

Project Type _____ Phone Number _____

Project Address _____

Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE		
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) License No.

Estimated Cost

Signature of Applicant

Date

Electrical Contractor

Contractor Telephone Number

Contractor Mailing Address

Electrical Inspector

City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598