

Building Permit Application Electrical Permit

City of Port Washington Department of Building Inspection 100 W Grand Ave – PO Box 307 Port Washington, Wisconsin 53074 262-268-4277 Fax 262-284-7669

Job Location (identify exact address)				Zoning	Zoning Permit #		
Owner's Name	Phone Number		Contact's Name (When R	elevant)	Phone Number		
Owner's Address (If different from above)			City	State	2	Zip Code	
Electrical Contractor's Name	Master License Number		Contact's Name		Phone Number		
Contractor's Address			City	State		Zip Code	
It is the responsibility of permit holder to arrange for appointment times when entry is available for the required inspections. If the inspector cannot access work site or if work is not visible, a reinspection fees will be charged.							
Use of Building Type of Work			Item	Size. Qt		Fee	Amt.
Residential New		Clothes Dryer				11.00	
		Dishwasher				11.00	
			Electric Heating			5.00 / kw	
Commercial Alteration / Repair Other						(\$5 min)	
		Fans, exhaust and vent				6.00	
		Feeder or Sub-feeder (sub Panel)				25.00	
Additional Information	Fixtures: Medi				.75 ea.		
		Fuel Dispensin				35.00/unit	
	Garbage Disposal Generator, Transformer, Rectifiers or				11.00 1.00 / kw		
	similar devices				(\$40 min)		
	Heating unit and motor				16.00		
	Hot Tub, Whirlpool, Spa, etc.				20.00		
	Lamps: Tubular				.70 ea.		
	Low voltage Systems (Intercom, bells, etc.)				1.75 ea.		
	Motors				10.00 ea.		
	Neon Lights: Per Transformer				35.00		
	Outlets				.75 ea.		
Department Notes		Power Receptacle				10.00	
		Range				11.00	
		cooling units	inits, air conditioner and air			17.00/unit	
		Plus \$30.00 / e	mporary & up to 600 amp very 100 amp over 600 amp	Size		50.00	
		Signs, internall	ly lighted			30.00	
		Sump pumps				11.00	
		Swimming Poo	ols			50.00	
		Water Heater				10.00	
			sways, Under-floor raceways			1.50 / ft	
Approved By Date		Other:					
Approved By Date		Minimum Permit Fee				50.00	
		Reinspecti			_	60.00	
I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.					Permit Fee		
Applicants Signature Print Name Date							

If a copy of issued permit is needed include a stamped addressed envelope. Revised January 1, 2022