

Village of Port Edwards 201 Market Ave. Port Edwards, WI 54469 715-887-3512		VILLAGE OF PORT EDWARDS PERMIT FOR <b>ELECTRICAL ALTERATIONS/ADDITIONS</b>				Application No.	
						Parcel No.	
Owner's Name:			Mailing Address:			Tel.	
Contractor's Name: <input checked="" type="checkbox"/> Electrical			Lic/Cert#  _____	Mailing Address		Tel.	
						FAX	
<b>PROJECT LOCATION</b>	Lot area	Sq. ft.	1/4, 1/4, of Section , T N, R E(or)W				
Building Address:				Lot No.		Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.	
PROJECT DESCRIPTION							
FEE: \$.10 / sq. ft. (\$25.00 MINIMUM) – CALL FOR QUOTE						PROJECT COST:	
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, and the assessor permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.							
APPLICANT'S SIGNATURE				DATE SIGNED			
APPROVAL CONDITIONS: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.							
ISSUING JURISDICTION		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:			Municipality Number of Dwelling Location		
PORT EDWARDS							
FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:			
Plan Review \$ _____		<input type="checkbox"/> Electrical	_____	NAME			
DATE _____ TELEPHONE NO:							
Cert. No.							
Inspection \$ _____							
Wis. Permit Seal \$ _____							
Other \$ _____							
Total \$ _____							