



Electrical Permit Application

Permit Number _____
 (Assigned by Village Personnel)

Village of Hobart
 Dept of Neighborhood Service
 2990 S Pine Tree Rd
 Hobart WI 54155
 Phone: (920) 869-3809
 Fax (920) 869-2048

Project Address _____ **Parcel Number** _____

Applicant is the: Owner OR Contractor
Use Category: Single Family Duplex Multi-Family Commercial Industrial Agricultural

Owner's Name: e-mail:		Mailing Address: 	Tel: Fax: Mobile:
Electrical Contractor Name: e-mail:	Lic#	Mailing Address: 	Tel: Fax: Mobile:

Scope of Work: _____

SERVICE New Temporary Change Not Applicable
TYPE Overhead Underground Not Applicable

Fill in the appropriate blank(s) with a number.

Volts _____ / _____ **Receptacles #** _____ **Circuits #** _____
Phase _____ **Switches #** _____ **Fixtures #** _____
Amps _____

Check All Applicable

Range Dishwasher Garbage Disposal Dryer Water Heater
 Fan or Blower Furnace A/C Electric Sign
 Motors Gas Pumps Other _____

Total Value of Project \$ _____ (Value of materials & labor is required to ensure consistency in assessing permit fees.)

Master Electrician _____ **Credential Number** _____

I certify the above information is complete and accurate. I agree to perform the work in conformance to all approval conditions & applicable codes/ordinances.

Applicant Name: _____
 (Please print)

Signature: _____

Date: _____

Issued By: _____
Date: _____