



104 Peter Thein Ave
 Belgium, WI 53004
 (262) 285-7931
 (262) 285-3479 Fax

DATE	
PERMIT NUMBER	
TAX KEY NUMBER	
ZONING	

ELECTRICAL PERMIT

COMMERCIAL INDUSTRIAL

OWNER'S NAME			
ADDRESS			
PHONE NUMBER			
CONTRACTOR'S NAME			
ADDRESS			
PHONE NUMBER		STATE CERTIFICATION NUMBER	

ITEMS	AMOUNT EACH	QTY	FEE
Outlets, Fixtures, Switches, Smoke/Heat Detectors	50¢		
Fans, Bath, Kitchen Hoods (res.)	\$3.00		
Florescent & Cold Cathode Lamps (each)	20¢		
Range Outlet, Built-In Oven, Exhaust Hoods, Water Heater (com)	\$6.00		
Clothes Dryer, Garbage Disposal, Dishwater, Etc.	\$4.00		
Heating Gas, Oil, Etc., Including Motors	\$5.00		
Electric Heating, Space or Strip per K.W.	50¢		
Motors per Horsepower or Fraction	75¢		
Sump Pump	75¢		
Air Conditioner/Refrigerator/Compressor (each)	\$7.50		
Low Voltage Devices & Bell System (each)	50¢		
Whirlpools/Hot Tubs/Spas	\$5.00		
In-ground Swimming Pools	\$35.00		
Dimmers	\$1.50		
Wireways, Underfloor Faceways, Busbays, per ft.	\$1.50		
Service Switches up to 100AMP to 200AMP	\$30.00		
200AMP to 400AMP	\$45.00		
Over 400AMP	\$60.00		
Sub Panels and Disconnects & Feeders (each)	\$10.00		
Poles-Mercury & HID Lamps (each)	\$3.00		
Base Permit Fee	\$30.00		
TOTAL PERMIT FEE			

ALL FEES PAYABLE TO THE VILLAGE OF BELGIUM

It is agreed between the undersigned, as owner or agent, and the Village of Belgium that in consideration of the issuance of a permit for the installation of electrical services as described above, to be issued and granted by the Electrical Inspector, that the work done thereon will be done in accordance with the Ordinances of the Village of Belgium, State Electrical Code and National Electrical Code and that all lawful order of the Electrical Inspector will be complied with. In the event a re-inspection is necessary, a \$50 fee will be charged for each re-inspection. Permit valid for one year from date below. **ALL WORK MUST BE INSPECTED BY THE BUILDING INSPECTOR. CALL 414-333-4511 FOR INSPECTIONS.**

Signature _____ Date _____

FOR OFFICE USE:

CHECK PAID BY _____ DATE RECEIVED _____

AMOUNT PAID _____ CHECK NUMBER _____