

Melstrom Inspections, LLC

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Residential Electrical Service Install or Changeout

Project Site Address		Municipality
Owner's Name	Owners Daytime Phone	
Owner's Mailing Address		Owners Email
Applicant's Name(If Different than owner)	Applicant Daytime Phone	
Applicant's Mailing Address		Applicant's Email
Electrical Contractor	WI Electrical Contractor License Number	Point of Contact Name
Mailing Address		Email
Daytime Phone	Master Electrician	WI Master Electrician License Number
Project Description:		
Project Value: \$	Electrical Utility:	Size of Service:

This is a: New Service Service Upgrade

I understand that I am subject to all applicable codes, laws, statutes, and ordinances, or any additional contingencies as part of this permit; I am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state, municipality, building inspector, and/ or the inspectors authorized agent; certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which the permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

SIGNATURE OF
APPLICANT _____

DATE _____