

Melstrom Inspections, LLC

Electrical Service Install or Changeout

Project Site Address		Municipality
Owner's Name	Owners Daytime Phone	Parcel ID #
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 New/Upgraded Service:
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This is a:

Commercial Property
 New Service
 Residential Property
 Service Upgrade

I understand that I: am subject to all applicable codes, laws, statutes, and ordinances, including those described on the cautionary statement; 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 _____