

Village of Lannon

20399 W Main Street
P.O. Box 456
Lannon, WI 53046

For inspections call:

262-825-8820

Permit NO.
TAX KEY #
BUILDING PERMIT #

Electrical Permit Application

Project Location (Building Address)	
Project Description	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY

Owner's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
Contractor's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code

Estimated Cost	Email	License Number
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SCHEDULE INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING	Basic Fee.	\$100/\$150	_____	_____
	Plus (For All Areas). . . . Residential \$100	.08/Sq. Ft.	_____ Sq. Ft.	_____
 Commercial \$150	.10/Sq. Ft.	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

1. Light, switch, and convenience outlet.....	0.60	_____	_____
2. Power receptacle over 150 volts, first 30 amps.....	10.00	_____	_____
Over 30 amps.....	8.00	_____	_____
3. Light fixtures- Incandescent.....	0.60	_____	_____
4. Tubular lamp, such as fluorescent, per tube.....	0.40	_____	_____
5. Arc light, search light, floodlight, HD light pole base and poles.....	5.00	_____	_____
6. Temporary service and temporary wiring installation.....	50.00	_____	_____
7. Service switch, each or alteration there of:			
First 200 amperes.....	50.00	_____	_____
Over 200 amperes - additional per 100 amps or a fraction thereof.....	20.00/100 amps.	_____	_____
8. Feeder, subfeeder, and raceway - per 100 ampere capacity, or fraction thereof.....	10.00/100 amps.	_____	_____
9. Refrigeration unit up to 5 HP plus 1.00 per HP over 5.....	8.00	_____	_____
10. Residential gas burner, oil burner, electrical furnace.....	7.50	_____	_____
11. Air conditioner up to 5 ton plus 1.00 per ton over ton.....	8.00	_____	_____
12. Combination heating and air conditioning unit up to 5 ton.....	12.00	_____	_____
Over 5 ton.....	25.00	_____	_____
13. Range, oven, clothes dryer, dishwasher, disposal, water heater.....	8.00	_____	_____
14. Each motor, per HP or fraction thereof.....	.75/HP - 1.00 Min	_____	_____
15. Dispenser - gasoline, fuel oil, permanent vending machines, and well pump.....	8.00	_____	_____
16. Each generator, transformer, reactor, rectifier, capacitor, welder, converter & electric furnace.....	.75/kw	_____	_____
17. Electric unit heating device (including remote thermostat).....	6.00	_____	_____
18. Dimmer and rheostats.....	4.00	_____	_____
19. Swimming pool (electric wiring and grounding).....	100.00	_____	_____
20. Sign- Fluorescent, neon or incandescent.....	20.00	_____	_____
21. Strip lighting, plug-in strip, trolley duct wire way, gutter.....	.75 ft.	_____	_____
22. Audible or visual electric signal or communication device.....	2.50	_____	_____
23. Fan - Bath - Paddle and miscellaneous under 1 HP.....	2.50	_____	_____
24. Hydro Massage & Hot Tubs.....	75.00	_____	_____
25. Photo cell, clocks, smoke detectors.....	2.00	_____	_____
26. Fire alarm system, exit lighting system.....	20.00	_____	_____
27. Approved assemblies not included above and others.....	30.00	_____	_____
28. Sanitary Ejector/Gander Pump & Control Box.....	40.00	_____	_____
29. Other (Specify).....	30.00	_____	_____

Minimum Permit Fee..... Residential \$100.00 / Commercial \$175.00
 Reinspect Fee..... \$125.00 Each
 Failure to call for inspection..... \$125.00 Each
TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED

20% Admin Fee must be added to all permits

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____ DATE _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____	Permit Expires 90 Days from date unless otherwise noted below: No refunds on permits and are non-transfereable	Name _____
20% Admin Fee _____	Date _____		Date _____
Total _____	From _____		Cert.No. _____
	Rec.By _____		