

Village of Neosho

210 S Schuyler St
Neosho, WI 53059

For inspections call:
262-825-8820

Permit NO.
TAX KEY #
BUILDING PERMIT #

Electrical Permit Application

Project Location (Building Address)	
Project Description	☐ COMMERCIAL ☐ 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				

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 # _____ Date _____ From _____ Rec.By _____	Permit Expires 90 Days from date unless otherwise noted below: _____ No refunds on permits and are non-transfereable	Name _____ Date _____ Cert.No. _____
Total _____			