

P O Box 1130 Oshkosh, WI 54903-1130 Phone: (920) 236-5050

www.ci.oshkosh.wi.us

Electrical Permit Application

Project Address	
Applicant	Owner Contractor Tenant Other (describe)
Owner / Tenant	NamePhone
	Address E-mail
Contractor	Company NamePhone
	ContactE-mail
	Address_
	State Credential #'s
	Electrical Contractor Registration Lic # Master Electrician Lic #
Type of Work	☐ Temporary Service ☐ New Service ☐ Service Change
	☐ New Wiring ☐ Addition/Remodel ☐ Annual Permit
	☐ Misc – Other than buildings
Use	☐ Residential ☐ Commercial
Volts/Amps	voltsamps
Electric Type	Overhead Underground
Project Description	
_	
Value of Job	\$ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.)
	Payment by: Check # Cash Credit/Debit Card (office or online only)
	e information is complete and accurate. Any deviations from the above submitted information may require additional permits to be ob-
tained. I acknowledge and agree to these terms.	
Master Electric	cian's Name: Date: