

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

Phone: (920) 236-5050 www.oshkoshwi.gov

Electrical Permit Application

Project Address		
Applicant	□ Owner □ Contractor □ Tenant □ Other (describe)	
Owner / Tenant	Name	Phone
	Address	Email
Contractor	Company Name	Phone
	Contact	Email
	Address	
	State Credential #'s Electrical Contractor Registrat	tion Lic # Master Electrician Lic #
Type of	☐ Temporary Service ☐ New Service	□ Service Change
Work	□ New Wiring □ Addition/Remo	odel Annual Permit
	☐ Misc-Other than Buildings	
Use	□ Residential □ Commercial	
Volts/Amps	/volts	amps
Electric Type	□ Overhead □ Underground	
Project Description		
Value of Job	\$ (Value for materials & labor	r is req. to ensure consistency in accessing permit fees for all applicants.)
	Payment by: Check #	☐ Cash ☐ Credit/Debit Card (office or online only)
I certify to be ob	by the above information is complete and accurate. Any deviation btained. I acknowledge and agree to these terms.	ons from the above submitted information may require additional permits
	(I	Please print) Date:
Master Electrician's Signature:		