



CITY OF WAUSAU ELECTRICAL PERMIT APPLICATION

Department of Inspection, Zoning and Electrical Systems
City Hall, 407 Grant Street, Wausau, WI 54403-4783
715.261.6780 / fax 715.261.4102
inspections@ci.wausau.wi.us



The undersigned hereby makes application for a permit to install electrical wires and apparatus in the premises described, and agrees, in consideration of issuance of an electrical permit, to do only the work specified herein and to faithfully comply with laws and regulations of the State of Wisconsin Electrical Code and Wausau Municipal Code.

Property Address _____ PIN _____

Property Owner _____ Email _____

Electrical Contractor _____

State Credentials: Electrical Contractor No. _____ Master Electrician No. _____

Electrical Contractor's Phone Number _____ Email _____

Check the following applicable boxes:

- Residential (one- and two-family dwellings): Number of units _____
- New Construction Square footage of completed space (including garage) _____
- Additions/Alterations Square footage of addition/alteration area _____
- Service/Service Upgrade Service size and details _____
- Rewiring of Existing Dwellings Number of circuits _____
- Detached Garage/Accessory Bldg. Square footage _____

- Commercial, Industrial, and Multi-Family:
- New Construction Type of building _____ Square footage _____
- Additions/Alterations Square footage of addition/alteration area _____
- Service/Service Upgrade Service size and detail _____
- Electric Sign Wiring Number of circuits _____

■ Other (please describe) _____

Permit Fees \$ _____

REQUIRED INSPECTIONS:		Affidavit Information: _____ Amps	
Temporary Service	<input type="checkbox"/> Date Inspected _____	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade
Permanent Service	<input type="checkbox"/> Date Inspected _____	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
Rough-in Inspection	<input type="checkbox"/> Date Inspected _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Three Phase
Final Inspection	<input type="checkbox"/> Date Inspected _____	<input type="checkbox"/> Three Wire	<input type="checkbox"/> Four Wire
Other Inspections	<input type="checkbox"/> Date Inspected _____	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground

Please notify our office when you are ready for each inspection 715.261.6781. Give our office two (2) work days to complete the inspection; a representative of the permit holder should be present. Work shall not proceed until the Inspector has approved the various stages of construction.

Date _____

Elect. Contractor Owner Gen. Contractor

City Official