

Town of Koshkonong

Electrical Service Permit Application

Owners Name _____ Address _____ Phone Number _____

Property Address _____

Contractor Name _____ Address _____ Phone Number _____

Single Phase first 200 Amps- \$81.25
Each Additional 100 Amps- \$12.50
Three Phase first 200 Amps- \$125
Each Additional 100 Amps- \$12.50

Total

Make Checks Payable to: **Town of Koshkonong**

Mail to: Municipal Zoning and Inspection Services
128 N. Marion Ave. Jefferson WI, 53549
Greg Noll (920) 675-9062

Signature of Applicant _____ Date _____ Contractor License No. _____

Signature of Inspector _____ Date _____ Permit No. _____

CERTIFICATE OF ELECTRICAL INSPECTION

Customer Name _____ Phone _____
Location _____ Township _____
Electrician _____ Phone _____

Type of Service (Check Appropriate Service)

- ☐ Residence ☐ Temp. Service
☐ Farm ☐ Central Yd. Pole
☐ Commercial ☐ Permanent
☐ Other _____

1- Phase Service Entrance _____ Amps _____ Volts
3- Phase Service Entrance _____ Amps _____ Volts
☐ Underground ☐ Overhead

Check One: New Service _____ Rewire _____

This is to certify that I have examined the electrical service entrance equipment and approve utility connection.

Electrical Inspector Signature _____ Date _____