



ELECTRICAL PERMIT APPLICATION

NSInspectionServices@gmail.com

PERMIT NO:

4800 W. Green Brook Dr. Brown Deer, WI 53223

To Schedule Inspection, Call: 262-901-8771

PE _____

One & Two Family Commercial

Project Address, Owner, Mailing Address, Tenant Name, Electrical Contractor, Address, City, State, Zip, Telephone, Contractor Telephone, Master Electrician, Print Name, Electrical Contractor No, Expires, Master Electrician No, Expires

Table with columns: No., Description, Qty, Fees, Dollars, Cents. Includes 'Estimated Cost of Job \$' and 'Describe Scope of Work' sections.

Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. Please have permit number and address when requesting inspections. Please give at least 24 hours notice. FINAL INSPECTIONS ARE MANDATORY.

Signature Of Applicant: _____ Date: _____ (I acknowledge that I have read and understand the cautionary & statute statements)