



DATE: PERMIT NO: RECEIPT NO:

OWNERS NAME: PHONE NUMBER:

JOB SITE ADDRESS: EMAIL:

ELECTRICAL COST ESTIMATE \$ OVERHEAD UNDERGROUND

DESCRIPTION OF WORK:

A. NEW SINGLE FAMILY RESIDENTIAL (ONLY) CONSTRUCTION UNIT CHARGE:

Table with 2 columns: Description and Amount. Rows include charges for 1 to 5 bedroom residential units.

NEW 2-FAMILY RESIDENTIAL (ONLY) CONSTRUCTION UNIT CHARGE:

Table with 2 columns: Description and Amount. Rows include charges for 1 to 4 bedroom residential units.

SUBTOTAL A \$

B. AMPERE SERVICE CHARGE (FOR ALL NEW SERVICES)

Table with 2 columns: Description and Amount. Rows include charges for new meter, 100 amp service, and various amperage service charges.

NUMBER OF CIRCUITS (FOR NEW & EXISTING SERVICES)

Table with 2 columns: Description and Amount. Row includes circuits charge.

SUBTOTAL B \$

C. ELECTRICAL REPAIRS | REMODELS | MISC. (MINIMUM FEE)

Table with 2 columns: Description and Amount. Row includes outlets, switches, fixtures and receptacles.

SUBTOTAL C \$

D. ELECTRIC SOLAR POWER & GENERATOR SYSTEMS

Table with 2 columns: Description and Amount. Rows include kilowatt charges and minimum fee.

SUBTOTAL D \$

RE-INSPECTION FEE: \$125.00
MINIMUM PERMIT FEE: \$60.00

TOTAL \$

ALL FEES EFFECTIVE January 1, 2024

It is hereby agreed between the undersigned (as owner or agent) and the Village of Caledonia, that for and in consideration of the premises and of the permit for the execution of electrical installation for lights, heat or power as above described, to be issued and granted by the inspector of buildings, that the work will be done in accordance with the descriptions set forth in this statement, and it is further agreed to alter or install same in strict compliance with the Ordinances of the Village of Caledonia, with Wisconsin Statutes and Administrative Code, and to obey any and all lawful orders of the Electrical Inspector of the Village of Caledonia.

CONTRACTORS NAME: APPLICANTS SIGNATURE:

LICENSE#: EXPIRES: STATE OF WI LICENSE#: EXPIRES:

STREET: CITY: STATE: ZIP:

PHONE#: EMAIL:

APPROVED BY: ELECTRICAL INSPECTOR DATE: