

Town of Rockland
 1712 Bob-Bea-Jan Rd, De Pere, WI 54115
 PHONE: (920) 336-2814 FAX: (920) 336-5565

Permit #: _____
Fee: _____
Receipt #: _____
Date: _____

Electrical Service Inspection Permit

Customer/Contractor: _____ Phone: _____
 Electrical Service Address: _____
 Requested Date of Inspection: _____ Inspection Time: _____

Electric Service Information

Residential	Commercial	Industrial	Agricultural	Other
Type of Service	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> New Service	
	<input type="checkbox"/> Service Change	<input type="checkbox"/> Reconnect	<input type="checkbox"/> Other _____	
<input type="checkbox"/> 100 Amp	<input type="checkbox"/> 200 Amp	<input type="checkbox"/> 1 phase	<input type="checkbox"/> 3 phase	
<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground			
Size of Main Switch _____		Fault Current _____		

Electrician Information

I hereby certify that this wiring is in compliance with all applicable Federal, State, and Local Codes, utility service rules and section 101.865 of the Wisconsin State Statutes.

Electrician Name: _____ Phone Number: _____
 Address: _____ Fax Number: _____
 Master Electrician Signature: _____ License #: _____
 Date: _____

Inspector Information

This is to certify that I have examined the electrical equipment installed by the Electrical Contractor named above and it is in compliance with the statutes and all rules and regulations prescribed by the State of Wisconsin Electrical Code and local municipal requirements. I hereby certify that the electrical work completed to date complies with applicable codes and may be energized.

Inspector Name: _____ Phone Number: 920-655-8602
 Inspector Signature: _____ Date Inspected: _____

Comments: _____

This form, along with a copy of the W.P.S. service sketch, must be faxed to the Town of Rockland at number above before the electrical service will be energized.