

Village of Ashwaubenon

Permit #: _____

Receipt: _____

Date: _____

2155 Holmgren Way
Ashwaubenon, WI 54304
(920) 492-2309
Service Spot Form

Service Address

Res.

Com.

Date Service is ready for Inspection

Electric Service Information

Permanent: Overhead: Size of main switch _____

Temporary: Underground: Fault Current _____

New Service: 1 Phase: Amps. _____ Volt. _____

Meter Set Only: 3 Phase: Wire Type/Size _____

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.

Electrical Company

Phone Number

Master Electrician Signature

License #

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 the 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 Signature

License #

Notes: _____

This form along with a copy of the W.P.S. service sketch must be faxed to the Village of Ashwaubenon Building Inspection Department (920) 492-2311 before the Electrical service will be energized.