VILLAGE OF KIMBERLY

ELECTRICAL PERMIT APPLICATION

426 W. Kimberly Ave.
Kimberly, WI 54136

p 920-788-7507

www.vokimberly.org

Project Address	_____PERMIT #_____
Applicant	☐ Owner ☐ Contractor ☐ Tenant ☐ Other (describe)_____
Owner / Tenant	Name_____ Phone_____ Address_____ Email_____
Contractor	Company Name_____ Phone_____ Contact_____ Email_____ Address_____ State Credential #'s_____ , _____ Electrical Contractor Registration Lic # Master Electrician Lic #
Type of Work	☐ Temporary Service ☐ New Service ☐ Service Change ☐ New Wiring ☐ Addition/Remodel ☐ Annual Permit ☐ Misc– Other than Buildings
Use	☐ Residential ☐ Commercial
Volts/Amps	_____/_____ volts _____ amps
Electric Type	☐ Overhead ☐ Underground
Project Description	_____ _____ _____ _____
Value of Job	**$** _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: ☐ Check #_____ ☐ Cash ☐ Fee Account ☐ Credit/Debit Card (office or online only)

I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.

Name: _____ (Please print) Date: _____

Master Electrician's Signature: _____ Prepared/Issued By: _____

Approved By: _____ Date: _____ Total Fees Due: