

Department of Planning and Development

Building and Inspections

inspection@cityoflacrosse.org 608-789-7530

APPLICATION FOR *ELECTRICAL* PERMIT

Application Number: _____ Date: _____ Parcel Number: _____

OWNER INFORMATION			
Name:			
Address of Above: Street	City	State	Zip Code
Phone:	Cell:	Fax:	Email:
CONTRACTOR INFORMATION			
Name:			
Address of Above: Street	City	State	Zip Code
Phone:	Cell:	Fax:	Email:

PROJECT INFORMATION	
Project Address:	
Construction Cost: \$	Job Description:
Construction Type: <input type="checkbox"/> Low Voltage <input type="checkbox"/> High Voltage	
Fire Alarm System installs require an additional fire alarm permit through the La Crosse Fire Department	
Service Size:	Temporary Service:

SCHEDULED INSPECTIONS			FEES		
Service:	Rough:	Final:	Permit:	Records:	Total:
			\$	\$	\$

IT IS HEREBY AGREED between the applicant, as owner, owner's agent or servant, and the City of La Crosse that for and in consideration for the premises and of the permit to construct, erect, alter, move, raze, or install and the occupancy of a building adding or property as above described, to be issued and granted by Fire Prevention and Building Safety of the City of La Crosse, that the work thereon will be done in accordance with the descriptions set forth in this statement, and as more fully described in the specifications and plans herewith filed and it is further agreed to construct, erect, alter, move, raze or install and occupy in strict compliance with the ordinances of the City of La Crosse, and to obey any and all lawful orders of Fire Prevention and Building Safety of the City of La Crosse and State of Wisconsin laws relating to the construction, alteration, repairs, removal and safety buildings and other structures and permanent building equipment.

Contractor: _____ (Print) _____ (Sign) _____ (Date) (WI Cred/Qual)

Master Electrician: _____ (Print) _____ (Sign) _____ (Date) (WI Cred/Qual)
(Master Electrician is not required for Low Voltage installation)

OFFICE USE ONLY		
Application Approved:	Inspector:	Date:



Electric Inspection Certificate

Builders Call Line
Phone: 800.628.2121
Fax: 888.742.5623
Email: BCLWI@xcelenergy.com
Mail: Xcel Energy, BCL - Sky Park, P.O. Box 8 Eau Claire, WI 54702

Date _____ Owner/builder _____ Phone _____

 Site address _____ Apt., suite, unit
 (List all that need energized at time of inspection) _____

City _____ State _____ ZIP _____

Electric contractor _____ Electric contractor phone _____

General contractor _____ General contractor phone _____

Check appropriate boxes:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Temporary service | <input type="checkbox"/> Overhead service |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Permanent services | <input type="checkbox"/> Underground service |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rewire/upgrade | <input type="checkbox"/> Solar installation |

Number of phases _____ **Voltage** _____ **Entrance size (amps)** _____

Remarks _____

At the above-described premise, the installation was done in compliance with the provision of all applicable codes, safety standards and Xcel Energy service rules. Xcel Energy is not responsible for customer owned equipment past the point of delivery and will not inspect customers' wiring for adequacy, safety, or compliance with applicable electrical codes on the customer's side; such responsibility remains with the customer and authorities having jurisdiction. If the customer is signing, the customer acknowledges and agrees to a general release, and further expressly waives and assumes the risk of any and all claims for damages which exist as a result whether known or unknown to exist, whether through ignorance, oversight, error, negligence or otherwise, and which, if known, would materially affect customers decision to sign this document. The installation is now ready for connection.

Homeowner must own and primarily reside in home to sign off on inspection for installing, modifying, and/or repairing electrical service and equipment. Applicable to Disconnect/Reconnect Work Only; Meters cannot be removed and/or off prior to work performed.

 Print name of homeowner/
 electric contractor _____ Signature of homeowner/
 electric contractor _____

License number _____ Phone _____ Date _____

**Print name of master electrician (if applicable) _____ License number _____

For solar, UDC and commercial inspections only

***Uniform Dwelling Code (UDC) Inspection is a requirement for new construction one- and two-family dwellings. Solar inspection required January 2018.

**Commercial inspections required (as applicable). Signature required verifying the installation was done in compliance with all applicable codes.

 Print name of
 electric inspector _____ Signature of
 electric inspector _____

Certified inspection number: _____ Date of approval _____

Before electricity can be furnished this form must be completely filled out, signed and returned to Xcel Energy. Please make sure this form is legible.

**Per WI State Statute 101.862(1), effective April 1, 2014, Statute 101.862 (2) No person may engage in the business of installing, repairing, or maintaining electrical wiring unless the person is licensed as an electrical contractor by the department. (3) No person who is not a master electrician may install, repair, or maintain electrical wiring unless a master electrician is at all times responsible for the person's work. The electrical license number must accompany the electrician's signature to be valid.

**The State of Wisconsin has adopted NEC 2017 addition. All commercial services are required to be inspected no later than January 1, 2020. Xcel Energy will keep you informed of any updates to the requirements prior to this date.

***In Michigan, all storm related repairs and/or modifications must be completed by a licensed electrician. An inspection shall be required to re-energize the service.