



Eau Claire County
Department of Planning and Development
 Eau Claire County Courthouse
 721 Oxford Avenue, Room 3344
 Eau Claire, Wisconsin 54703
 (715) 839-4741 (715) 831-5802 Fax

Permit #	
Computer #	
Parcel #	
Land Use #	
Date Received	
Contact when permit is ready Customer #	
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant	

COMMERCIAL BUILDING & ELECTRICAL REVIEW APPLICATION

Owner Name:	Phone#
Mailing Address:	Fax#
Email Address:	
Contractor Name:	Phone#
Mailing Address:	Fax#
Email Address:	
Contractor Registration#: (required)	Electrician Contractor# / Master Electrician #: (optional)
Tenant Name:	Phone#
Mailing Address:	Fax#
Email Address:	

PROJECT INFORMATION

This form may be utilized to request a commercial building & electrical plan review and inspection.

Requested: Commercial Plan Review Electrical Plan Review

Project Description: Please provide a complete description of the work you are requesting. Attach additional pages if necessary.

# of Project Levels:	Area sq.ft.:	Type of Construction: <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4A <input type="checkbox"/> 4B <input type="checkbox"/> 5A <input type="checkbox"/> 5B
Project/Site Name:		
Project Site Address:		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of
<input type="checkbox"/> Electrical Service (Supply plans for electrical work) Service Ampere Rating- _____-amperes Service Voltage Rating- _____-volts Available Fault Current- _____kA (Contact Utility for this value)		Occupancy Type – Primary Use (Check Applicable) <input type="checkbox"/> Agricultural-Electrical Permits only <input type="checkbox"/> I Institutional/Daycare/CBRF <input type="checkbox"/> A Assembly <input type="checkbox"/> M Mercantile/Retail <input type="checkbox"/> B Business/Office <input type="checkbox"/> R Residential <input type="checkbox"/> E Educational <input type="checkbox"/> S Storage <input type="checkbox"/> F Factory/Industrial <input type="checkbox"/> U Utility/Misc/include. Agricultural <input type="checkbox"/> H Hazardous
<input type="checkbox"/> single-phase <input type="checkbox"/> three-phase Type: <input type="checkbox"/> Underground [UG] <input type="checkbox"/> Overhead [OH]		Additional Non-Accessory Occupancies (Check Applicable) <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4 <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> S1 <input type="checkbox"/> S2
<input type="checkbox"/> Signage	<input type="checkbox"/> Swimming pools	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other Electrical: _____		
Cost of Project: (Required) \$ _____		

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of the Eau Claire County Department of Planning and Development to enter my property for the purpose of verifying that the standards of the Zoning Code are met. Providing incorrect information may cause a delay in the permit process and/or denial. I further agree to withdraw this application if substantive false or incorrect information has been included.

Owner/Agent Signature _____ Date _____

NOTICE: PERMIT FEES DOUBLE WHEN WORK BEGINS PRIOR TO ISSUANCE OF PERMITS & APPROVALS.