

La Crosse Fire Department

Division of Community Risk Management inspection@cityoflacrosse.org 608-789-7530

http://www.cityoflacrosse.org/your-government/departments/fire-department





Application Number:			Date:		Parcel Number:				
OWNER II	NFORMATIO	N							
Name:					•				
Address of Above: Street		City		State	State		Zip Code		
Phone:		Cell: Fa		Fax:		Email:			
CONTRAC	TOR INFOR	MATION							
Name:									
Address of Above: Street			City		State	te		Zip Code	
Phone:		(Cell:		Fax: Email:		Email:		
PROJECT Project Addres	INFORMATI s:	ON							
Construction Cost:			Job Description:						
Construction T									
	tage Fire A		15	1 0					
**If check	ing the Fire A	larm box, an add	litional Fire A.	larm Syster	n permit	application	n is required	**	
Service Size:	Te				Fire Alarm Components:				
COLLEGIA	ED DIODE CO			77770					
SCHEDUL Service:	ED INSPECT	Rough:	Final:	FEES Permit:		Fire Alarm: Records:		Total:	
							.		
				\$)	\$	\$	
	erect, alter, move, raze, or ir that the work thereon will b construct, erect, alter, move	D between the applicant, as own stall and the occupancy of a buile se done in accordance with the de , raze or install and occupy in stric d State of Wisconsin laws relating	ding adding or property as all scriptions set forth in this sta ct compliance with the ordin	pove described, to be is atement, and as more f ances of the City of La	sued and granted b ully described in the Crosse, and to obe	y Fire Prevention ar e specifications and ey any and all lawful	nd Building Safety of the plans herewith filed and orders of Fire Prevention	: City of La Crosse, it is further agreed to on and Building Safety	
Contractor:		(Print)	(Print)		(Sign) (Date) (W		te) (WI Cı	red/Qual)	
Master Electrician: (Print) (Sign) (Date) (WI Cred/Qual) (Master Electrician is not required for Low Voltage installation)									
	JSE ONLY								
Application Ap	pproved:				Inspector:			Date:	

Wisconsin | Michigan



Electric Inspection Certificate

Phone: 800.628.2121 Fax: 888	.742.5623 Email: BCLWI@xcelend	ergy.com Mail: Xcel Energy, BCL - Sky Park, P.O. Box 8 Eau Clarie, 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:						
Residential	☐ Temporary service	Overhead service				
Farm	Permanent services	Underground service				
☐ Commercial	Rewire/upgrade	Solar installation				
Number of phases	Voltage	Entrance size (amps)				
for adequacy, safety, or compliance having jurisdiction. If the customer risk of any and all claims for damage otherwise, and which, if known, w Homeowner must own and priequipment. Applicable to Disc. Print name of homeowner/	e with applicable electrical codes on the is signing, the customer acknowledges ges which exist as a result whether know ould materially affect customers decision marily reside in home to sign off on insonnect/Reconnect Work Only; Meters	when dequipment past the point of delivery and will not inspect customers' wiring a customer's side; such responsibility remains with the customer and authorities and agrees to a general release, and further expressly waives and assumes the who or unknown to exist, whether through ignorance, oversight, error, negligence or on to sign this document. The installation is now ready for connection. Spection for installing, modifying, and/or repairing electrical service and a cannot be removed and/or off prior to work performed. Signature of homeowner/				
License number	Phone	Date				
**Print name of master electrician	(if applicable)	License number				
For solar, UDC and commercial i	nspections only					
	•	struction one- and two-family dwellings. Solar inspection required January 2018.				
**Commercial inspections required	d (as applicable). Signature required veri	fying 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.