

**REQUEST FOR REVIEW OR INSPECTION
 ELECTRICAL, INSPECTION, TRAINING OR PLAN
 REVIEW**

SBD- 10822 (N.7/09)

Complete all pages-

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Mail Application to:
 Wisconsin Department of Commerce
 Safety & Buildings Division – Electrical Safety
 PO Box 2658
 Madison, WI 53701-2658

This form may be utilized to request Electrical plan review, inspection or training. The area inspector must be contacted prior to completion of this form to check on availability. **All requests may not be honored due to prioritization of department workload.**
 Requested: () Plan Review () Inspection () Training

Commerce Use Only:
 Transaction ID: _____
 Assigned To: _____
 Bill To: Customer () 1 () 2 () 3

Required Information (customer to supply all information if a service inspection is requested)
 () Electrical Service
 Service Ampere Rating- _____-amperes
 Service Voltage Rating- _____-volts
 Available Fault Current- _____kA (Contact Utility for this value)
 () single-phase () three-phase
 Type: () Underground [UG] () Overhead[OH]
 () Pole-top[PT]

Occupancy Type
 Major Use – Check Use with the Greatest Floor Area
 () A Assembly
 () B Business/Office
 () E Educational
 () F Factory/Industrial
 () H Hazardous
 () I Institutional/Daycare/CBRF
 () M Mercantile/Retail
 () R Residential
 () S Storage
 () U Utility/Misc/ including Agricultural

Additional Non-Accessory Occupancies – Circle All that Apply)
 A1 A2 A3 A4 A5
 B
 E
 F1 F2
 H1 H2 H3 H4 H5
 I1 I2 I3 I4
 M
 R1 R2 R3 R4
 S1 S2
 U

Owner Information (Customer 1)
 First Name _____ Last Name _____ Customer Number _____
 Company Name _____
 Address _____
 City _____ State _____ Zip+4 (9 digits) _____
 Phone Number (area code) _____ Fax _____ E-Mail _____

Project Information – Fill in all known information
 Project/Site Name _____
 County where project located: _____
 Number & Street _____
 City () Village () Town () of _____
 Zip Code _____
 Tenant name or building designation _____
 Contact Name _____
 Contact Telephone Number (Area Code) _____

Installer Information (Customer 2)
 First Name _____ Last Name _____ Customer Number _____
 Company Name _____
 Address _____
 City _____ State _____ Zip+4 (9 digits) _____
 Phone Number (area code) _____ Fax _____ E-Mail _____
 Contractor Registration # _____ (required)
 Electrician Credential # _____ (optional)

Utility or Other (Customer 3)
 First Name _____ Last Name _____ Customer Number _____
 Company Name _____
 Address _____
 City _____ State _____ Zip+4 (9 digits) _____
 Phone Number (area code) _____ Fax _____ E-Mail _____

Application may be faxed to 608-283-7414 or e-mailed to comsbelectricapplication@wi.gov

Scope of Work: Please attach a complete description of the work you are requesting.

