



City of Oshkosh
 Division of Inspection Services
 215 Church Avenue
 PO Box 1130
 Oshkosh WI 54903-1130
 Office 920-236-5050
 Fax 920-236-5084

Electric Installation Verification

I (We) _____
 (Electrical Contractor Name or Homeowner's Name)

 (Address) (City) (State) (Zip Code)

accept the responsibility to perform the electric work as stated below, at the following address:

 (Address where work will be performed)

The nature of the work consists of: (Check One or Describe the Nature of Work)

- Reconnection or new circuit for replacement Heating Plant and/or A/C Condenser.
- Reconnection or new circuit for replacement Electric Water Heater or power vented water heater.
- Reconnection of the Service Entrance Cable, Meter Box, alterations to receptacles and lighting fixtures due to siding / soffit installation. Note: New Service Entrance Cables will require a separate permit.
- Reconnection or new circuit for the replacement of other permanently wired appliances / fixtures.
- New circuit for the addition of A/C to an *individual dwelling unit*, including required service electrical outlets. Note: Homeowners can only do their own electric on a single family owner occupied home. Work on a condominium, duplex, rental, or multi-use building would require a licensed Electrical Contractor.
- Other

The value of this work is \$_____.

I hereby verify this work will be performed in compliance with the License requirements of Section 11-22 of the Oshkosh Municipal code and further verify the reconnection / installation will be done in compliance with manufacturer and Electric code requirements.

 (Signature of Company Officer or Homeowner) (Print Name) (Date)