



POLK-BURNETT ELECTRIC COOPERATIVE

1001 State Road 35, Centuria, WI 54824-9020
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 PolkBurnett.com



Branch Office: 7298 State Road 70 • Webster, WI 54893

ELECTRICAL INSPECTION CERTIFICATE

Wisconsin State Electric Code PSC 114.003(2)

- (a) A utility must obtain proof of compliance with Volumes 1 and 2 of the Wisconsin State Electric Code before energizing service. Proof of such compliance shall consist of a certificate furnished by a municipal or other recognized inspection department or officer, or if there is no such inspection department or officer it shall consist of a written statement furnished by the contractor or other person doing the wiring, indicating that there has been such compliance.

Owner's Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Electric Contractor: _____ Phone #: _____

Cell Phone #: _____ Email: _____

WI. Electric Contractor License #: _____ Exp. Date: _____

WI. Electric Master License #: _____ Exp. Date: _____

I certify the above information is correct. I hereby understand and acknowledge that if Polk-Burnett must make a return trip to the above location because of either an error or omission on this certificate, or to disconnect this service due to a code violation as determined by the electrical inspector, I will be responsible for any charges Polk-Burnett incurs for their services.

 Owner Signature or Contractor Signature

Inspector Use Only
Electrical Inspector (<i>please print</i>): _____
WI Inspector #: _____
Commercial Inspector: <input type="checkbox"/> UDC Inspector: <input type="checkbox"/>
Date Inspected: _____
UDC or Commercial Inspector
UDC Inspection: <input type="checkbox"/> Yes or <input type="checkbox"/> No Complies with SPS 320.10 (3)(f)(1)(c): <input type="checkbox"/> Yes or <input type="checkbox"/> No
Commercial Inspector Only
Service Inspection (SPS 316.013): <input type="checkbox"/> Yes or <input type="checkbox"/> No Complies with SPS 316: <input type="checkbox"/> Yes or <input type="checkbox"/> No Solar PV System (Please check if applies) <input type="checkbox"/>
Electrical Inspector Signature: _____

Office Use Only
Polk-Burnett Account #: _____
Polk-Burnett Location #: _____
Temp. Service Connect Date: _____
Perm. Service Connect Date: _____
Date Certificate Received by Polk-Burnett: _____