

**APPLICATION FOR ELECTRICAL PERMIT**

PERMIT # \_\_\_\_\_

**PLEASE PRINT OR TYPE:**

Address of Job: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Contractor's #: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

**RESIDENTIAL**

**COMMERCIAL**

- NEW SINGLE FAMILY DWELLING
- DUPLEX
- NEW
- CLEAN-UP
- REWIRE
- HOUSING LETTER
- ADDED WIRING
- REMODEL
- HEATING/AIR CONDITIONING
- SPECIAL OUTLET
- METER RELOCATION
- TEMP POLE
- INCREASE SERVICE  
SIZE OF AMPS: \_\_\_\_\_

- NEW
- MULTI-FAMILY DWELLING
- REWIRE
- REMODEL
- ADDED WIRING
- TEMP POLE
- INCREASE SERVICE  
SIZE OF AMPS: \_\_\_\_\_

**HARD WIRED, BATTERY BACKUP SMOKE DETECTORS REQUIRED ON EVERY FLOOR AND EVERY SLEEPING ROOM.**

ADDITIONAL NOTES: \_\_\_\_\_

THE UNDERSIGNED DOES HEREBY AGREE TO INSTALL ABOVE NOTED WORK IN ALL RESPECTS IN COMPLIANCE WITH THE LAWS OF THE STATE OF ILLINOIS AND WITH THE CODE OF THE VILLAGE OF PEORIA HEIGHTS. THE INSPECTOR WILL MAKE ALL REQUIRED NECESSARY INSPECTIONS. ALL CONCEALED WORK MUST BE INSPECTED AND APPROVED BEFORE COVERING.

IT IS THE SOLE RESPONSIBILITY OF THE PERMIT HOLDER TO CALL THE INSPECTOR AND MAKE ARRANGEMENTS BEFOREHAND FOR REQUIRED INSPECTIONS.

SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

CONTRACTOR

AGENT

OWNER

CALL 686-2385 FOR REQUIRED INSPECTIONS

PLEASE MAKE CHECK PAYABLE TO:  
VILLAGE OF PEORIA HEIGHTS  
4901 N. PROSPECT ROAD  
PEORIA HEIGHTS, ILLINOIS 61616