

Permit #: _____

CITY OF CHILLICOTHE

Permit Fee: _____

APPLICATION FOR ELECTRICAL PERMIT

Please print and fill out application completely

Address of Job: _____ Tenant: _____

Contractor/Applicant Name: _____

Owner Contractor Phone #: _____

Applicant Address: _____

Fax #: _____ E-mail: _____ Contract Amount: \$ _____

- | | | |
|--|----|--|
| COMMERCIAL <input type="checkbox"/> | OR | Residential <input type="checkbox"/> |
| New Construction <input type="checkbox"/> | | New Construction <input type="checkbox"/> |
| Existing Construction <input type="checkbox"/> | | Existing Construction <input type="checkbox"/> |
| Fire Damage <input type="checkbox"/> | | Fire Damage <input type="checkbox"/> |
| Remodel <input type="checkbox"/> | | Remodel <input type="checkbox"/> |
| Added Wiring <input type="checkbox"/> | | Added Wiring <input type="checkbox"/> |
| Temp Pole <input type="checkbox"/> | | Temp Pole <input type="checkbox"/> |
| Service Increase <input type="checkbox"/> | | Service Increase <input type="checkbox"/> |
| Meter Relocation <input type="checkbox"/> | | Meter Relocation <input type="checkbox"/> |
| Rewire <input type="checkbox"/> | | Rewire <input type="checkbox"/> |
| Multi-family <input type="checkbox"/> | | Multi-family <input type="checkbox"/> |
| Clear Service <input type="checkbox"/> | | Clear Service <input type="checkbox"/> |

SMOKE DETECTORS ARE REQUIRED FOR SLEEPING AREAS IN DWELLING UNITS

Service Amperage _____

Scope of Work: _____

Back-up generator fuel source: _____

HVAC or plumbing permit shall be required to install gas piping

The undersigned does hereby agree responsibility for all noted work in all respect in compliance with the laws of the State of Illinois and with the Code of the City of Chillicothe. All work must be inspected and approved before concealing. It is the sole responsibility of the permit holder to call the inspector and make arrangements twenty-four hours beforehand for required inspections.

No building shall be occupied or used until a FINAL Inspection and/or a Certificate of Occupancy has been issued.

Applicant Name: _____ (Please Print)

Signature: _____ Date: _____

Electrical Contractor #: _____ License Holder: _____