



Village of
Willow Springs

BUILDING AND ZONING DEPARTMENT
1 VILLAGE CIRCLE
WILLOW SPRINGS, ILLINOIS 60480
OFFICE | 708-467-3700
FAX | 708-467-3710
vowsbuild@gmail.com
www.willowsprings-il.gov

PERMIT# _____

Real Estate Tax ID (PIN) _____

ELECTRICAL PERMIT APPLICATION

About the location where work is being done:	Address:					
	Business or Homeowner Name:					
	Business or Homeowner Phone:					
Describe electrical work being done:						
Cost of work:	\$ _____	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Medical	<input type="checkbox"/> Office
About the contractor who will be doing the work:	Business Name:				CR#	
	Business Address:				Bond Exp:	
	Supervising Electrician:					
	Registration#		Municipality:		Expiration:	
	Phone:		Email:			

Service: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Not changing					
Voltage _____ Amperage _____ Phase _____					
Number of new/revised circuits and outlets			Low voltage		Fee
	2 WIRE	3 WIRE	4 WIRE	<input type="checkbox"/> Security Alarm	
15 & 20 Amp				<input type="checkbox"/> Phone/Cable/Internet	
30 Amp & higher				<input type="checkbox"/> Other Low Voltage Wiring	

Total Fee:

Applicant:	I, the Owner/Agent/Contractor, for the above property hereby apply to the Building and Zoning Department of the Village of Willow Springs, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for, agree to comply with all requirements of the village ordinances relating thereto by such ordinances, including but not limited to paying the fees required and requesting necessary inspections. I hereby agree to comply with the applicable Electrical Codes adopted by the Village of Willow Springs.
Supervising Electrician Signature _____	Date _____

Village Use:	Electrical Inspector- Print name, sign and date:
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