

## ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480 708-467-3700 | FAX 708-467-3710 CONTACT@WILLOWSPRINGS-IL.GOV

## **ELECTRICAL PERMIT APPLICATION**

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		Job Address:									
Location of Work and Owner Information:		Owner/Business Name:									
		Real Estate Index No. (PIN):									
	Owner Phone:										
	Owner Email:										
Describe electrica work being done:											
Cost of Work:		\$									
Туре:		Residential Multi-FamilyUnits Commercial									
		Business Na	CR#:								
Contractor Information:		Business Ad	dress:	Bond Exp:							
		Supervising Electrician:									
		Registration	#:		Municipality:	Expira					
		Phone:			Email:						
Service: New Revised Not Changing											
Voltage		Amperage		(Village Use)							
Number of new/re	vised	circuits and o	utlets		Low voltage	Fee					
		2 WIRE	3 WIRE	4 WIRE	Security/Alarm						
15 & 20 Amp				Phone/Cable/Internet							
30 Amp & Higher				Other Low Voltage Wiring							
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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 agreement 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:	Printed Name:			Signature:	Date:						
(Electrical Inspec	tor)										