



G O D F R E Y

ILLINOIS

You can see your future from here

BUILDING & ZONING

ELECTRICAL PERMIT

DATE: _____

ADDRESS OF PROJECT: _____

NEW SERVICE _____ ELECTRIC REPAIR _____ SERVICE UPGRADE _____

OWNER NAME: _____

ADDRESS: _____

PHONE: _____

ELECTRICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

RETAIL COST OF PROJECT: _____

FEES (PER INSPECTION):

COMMERCIAL \$90.00 _____

RESIDENTIAL \$40.00 _____

PRE-MEETING/ CONSULT \$40/\$90 _____

GENERATOR (MIN) \$80.00 _____



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SIGNATURE OF APPLICANT: _____

IF INSPECTION FAILS, RE-INSPECTION FEES MUST BE PAID BEFORE SCHEDULING FOLLOW UP

ALL INSPECTION APPOINTMENTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE

INSPECTORS ADHERE TO 2011 NEC GUIDELINES

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

PERMIT # _____

COST OF PERMIT: _____

PAID: _____

FINAL INSPECTION (PASSED): _____

AMEREN NOTIFIED: _____