

G O D F R E Y



I L L I N O I S

ELECTRICAL PERMIT

DATE: _____

ADDRESS OF PROJECT: _____

NEW SERVICE: _____ ELECTRIC REPAIR: _____ SERVICE UPGRADE: _____ GENERATOR: _____

CONSULTATION: Y / N STORM DAMAGE REPAIR: Y / N

COMMERCIAL: _____ RESIDENTIAL: _____

OWNER NAME: _____

PHONE/EMAIL: _____

ELECTRICIAN NAME/ LICENSE #: _____

ELECTRICIAN ADDRESS: _____

PHONE/EMAIL: _____

RETAIL COST OF PROJECT: _____

ATTACHED MECHANICAL SPECIFICATIONS ALONG WITH MATERIAL LIST AND RENDERING _____

PLEASE ALLOW UP 48 HOURS FOR PLAN REVIEW. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. ALL INSPECTION APPOINTMENTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE. FAILED INSPECTIONS WILL REQUIRE A RE-INSPECTION FEE TO BE PAID BEFORE SCHEDULING FOLLOW-UP. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY EXACT PROPERTY LINES AND UTILITIES PRIOR TO CONSTRUCTION TO ASSURE SET BACK REQUIREMENTS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK.

CALL JULIE LOCATE AT 800-892-0123 PRIOR TO DIGGING

SIGNATURE OF APPLICANT: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.

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