

**APPLICATION FOR ELECTRICAL PERMIT  
CITY OF O'FALLON  
PLANNING AND ZONING DEPARTMENT  
O'FALLON, IL  
(618) 624-4500, Ext. 4**

PERMIT NUMBER: EL-

Application Date: \_\_\_\_\_ Permit Issuance Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Address of proposed work: \_\_\_\_\_

Contractor's Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's Complete Address: \_\_\_\_\_

Application for: \_\_\_\_\_ Approximate Start Date: \_\_\_\_\_  
(type of structure)

Existing- Service :	_____	New- Service :	_____
Amps :	_____	Amps :	_____
Volts :	_____	Volts :	_____
Type :	_____	Type :	_____
Meters :	_____	Meters :	_____
Number of Feeders:			

Proposed Work: \_\_\_\_\_

\_\_\_\_\_ Cost of work: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**INSPECTIONS MUST BE CALLED IN FOR ALL WORK PERFORMED**

**APPLICANT HEREBY AGREES TO COMPLY WITH APPLICABLE CODES**

Inspector's Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approval by: \_\_\_\_\_ Permit Fee: \_\_\_\_\_