

**APPLICATION FOR ELECTRICAL PERMIT  
CITY OF O'FALLON  
PLANNING AND ZONING DEPARTMENT  
O'FALLON, IL  
(618) 624-4500, Ext. 4  
FAX – (618)624-4534**

PERMIT NUMBER: **EL-**\_\_\_\_\_

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

Property Owner: \_\_\_\_\_

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

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

Contractor's Complete Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Approx. Cost: \_\_\_\_\_

Existing- Service : _____	New- Service : _____
Amps : _____	Amps : _____
Volts : _____	Volts : _____
Type : _____	Type : _____
Meters : _____	Meters : _____

Number of Feeders: \_\_\_\_\_

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