

**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: _____