

**APPLICATION FOR ELECTRICAL PERMIT  
CITY OF O'FALLON  
COMMUNITY DEVELOPMENT DEPARTMENT  
255 S. LINCOLN AVE  
O'FALLON, IL 62269  
(618)624-4500, Ext. 4  
FAX – (618)624-4534**

PERMIT NUMBER: EL

Application Date: \_\_\_\_\_

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

**Address of Proposed Work:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Contractor Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_ Approximate Cost: \_\_\_\_\_

**Existing** Service: \_\_\_\_\_ **New** Service: \_\_\_\_\_

Amps: \_\_\_\_\_ Amps: \_\_\_\_\_

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

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

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

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

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

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