ELECTRICAL PERMIT APPLICATION

INSPECTIONS DEPARTMENT
121 11TH STREET, SILVIS, IL 61282
OFFICE HOURS: MON-FRI 8:00-9:00 AM, 12:00-1:00 PM or By Appointment

Section 1 – PROJECT INFORMATION

Project Address: _____

Owner Name: _____ Owner Phone: _____

Description of Work Proposed: _____

_____

Section 2 – VALUATION – PERMIT FEE

Estimated Total Cost: $ _____ ** All applications must provide an estimated cost **Permit Fee: $ _____**

Section 3 – RESIDENTIAL WIRING

Check One	Fee
☐ New Single Family Dwelling	$25 app fee plus $.05 per square foot of building.
☐ New Multi-Family Dwelling – Designed under IRC	$50 for first unit plus $25 for each additional unit.
☐ Services – New, Upgrade, Temp or Generator	$25 flat fee.
☐ Wiring of Additions, Basement, Garage and Rewires	$30 for first unit plus $10 for each additional unit.
☐ Utility Turn-On of Electrical System	$25 flat fee.

Section 4 – COMMERCIAL WIRING

Check One	Fee
☐ Commercial or Industrial Wiring	$55 app fee plus 1% of total cost of labor & materials
☐ Wiring of Electrical Signs	$25 flat fee
☐ Services – New, Upgrade, Temp, or Generator	$25 flat fee
☐ Utility Turn-On of Electrical System	$25 flat fee

Note: All Utility Main Service work and all Electrical permits for Rental, Commercial, or any other non-owner occupied properties must be submitted by a Licensed and City of Silvis Registered Electrician.

Section 5– APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one)	
	Contractor (Registered with Silvis)
	Property Owner (Owner of Legal Record)
	Authorized Agent (Written Auth. From Owner)

Applicant or Company Name: _____

_____

Applicant or Company Address: _____

_____

Applicant or Company Phone Number:

_____

APPLICANT SIGNATURE: X_____ DATE: _____

CALL BEFORE YOU DIG. CALL 811 OR 800-892-0123 FOR LOCATE REQUESTS.