



City of LaSalle

La Salle County, Illinois
City Offices - 745 Second Street - La Salle, Illinois 61301-2599
Fax: 815-223-9508 www.lasalle-il.gov

Building Inspections
Tel: 815-223-2980

Inspection Hours:
10 AM - 4 PM

ELECTRICAL PERMIT

No. E _____

Permit Expires: _____
(6 months following date of application)

ADDRESS OF WORK _____ DATE OF APPLICATION _____

PIN _____ LOT # _____

BUILDING OR TENANT NAME _____ PHONE _____

BUILDING OWNER ADDRESS CITY ZIP PHONE

ELECTRICAL CONTRACTOR ADDRESS CITY ZIP PHONE

SUPERVISING ELECTRICAL SIGNATURE _____ LICENSE NO. _____

TYPE OF BUILDING _____ AREA IN SQ. FT. _____

NEW CONST. ALTER. ADDITION FIRE REPAIRS OTHER _____

THE PERMIT ISSUED ON THIS APPLICATION WILL AUTHORIZE ONLY WORK SPECIFIED.
CONTRACTOR MUST GIVE COMPLETE INFORMATION AS INDICATED BELOW.

	VOLTAGE	PHASE	AMP
SERVICE	_____	_____	_____
SUB-SERVICE	_____	_____	_____
EMG. SERVICE	_____	_____	_____
POWER	NUMBER	TOTAL	
APPLIANCES	_____	_____	WATTS
	_____	_____	WATTS
MOTORS	_____	_____	HP
GIVE NUMBER OF LIGHTING CIRCUITS & OUTLETS			
	1-POLE	2-POLE	3-POLE
15 AMP CIRCUIT	_____	_____	_____
20 AMP CIRCUIT	_____	_____	_____
30 AMP CIRCUIT	_____	_____	_____
50 AMP CIRCUIT	_____	_____	_____
60 AMP CIRCUIT	_____	_____	_____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLETED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

INSPECTION DEPARTMENT SHALL BE NOTIFIED 24 HOURS IN ADVANCE OF EACH INSPECTION AND WITHIN 5 DAYS OF COMPLETION OF JOB. IF WORK IS NOT READY, OR DEFECTIVE, A REINSPECTION FEE WILL BE CHARGED. PERMITEE IS ENTITLED TO 3 INSPECTIONS: SERVICE, ROUGH, AND FINAL.

FOR OFFICE USE ONLY

PROCESSED BY: _____

NAME / SIGNATURE

APPROVED BY: _____

BUILDING INSPECTOR SIGNATURE

APPROVED FEE: _____

SERVICE: _____ @ \$ _____

CIRCUITS: _____ @ \$ _____

SIGNS: _____ @ \$ _____

AIR COND.: _____ @ \$ _____

HEAT: _____ @ \$ _____

MOTORS: _____ @ \$ _____

APPLIANCES: _____ @ \$ _____

TOTAL FEE: \$ _____

SIGNATURE OF ELECTRICAL CONTRACTOR

PRINT NAME

LICENSE # ISSUED BY