

APPLICATION FOR  
ELECTRICAL PERMIT

CITY OF SPRINGFIELD  
BUILDING AND ZONING DEPARTMENT  
SPRINGFIELD, ILLINOIS 62701-1625  
PHONE (217)789-2171 FAX (217)789-2048

PROJECT ADDRESS: \_\_\_\_\_ PERMIT # \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

BUILDING USE: Existing: \_\_\_\_\_ New: \_\_\_\_\_  
 \_\_\_\_\_ Commercial \_\_\_\_\_ Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Multi-Family \_\_\_\_\_ # of Units  
 \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Square Feet of Remodel: \_\_\_\_\_ House Panel: Yes No

Number of Services: \_\_\_\_\_ Size of Service: \_\_\_\_\_ (amps) Wiring Only: \_\_\_\_\_

Estimated Cost of Project: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owner or Contractor Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

Date Application Received \_\_\_\_\_

Date Issued \_\_\_\_\_

	Approved	Date	Disapprove	Date
Electrical				
Plan Review When Plan Required				

Permit Fee \$ \_\_\_\_\_

Penalty Fee \$ \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

Plans Required: Y N