

# INSPECTIONAL SERVICES

## CALUMET CITY, ILLINOIS

### Application for Electrical Permit

FEES \$ \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

Date of Application \_\_\_\_\_

\_\_\_\_\_  
Electrical Inspector Approval                      Date

\_\_\_\_\_  
Building Commissioner Approval                      Date

Application is hereby made for permission to do HVAC work as follows:

PROPERTY OWNER: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Calumet City, Illinois 60409. Number of Floors \_\_\_\_\_

#### DESCRIPTION OF WORK

Classification by Occupancy:

- |  |   |
|--|---|
| <input type="checkbox"/> Residential       | <input type="checkbox"/> Mercantile             |
| <input type="checkbox"/> Institutional     | <input type="checkbox"/> Garage                 |
| <input type="checkbox"/> Assembly          | <input type="checkbox"/> Miscellaneous Building |
| <input type="checkbox"/> Open Air Assembly | <input type="checkbox"/> Technology Center      |
| <input type="checkbox"/> Business          |   |

Type of Construction:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition     |
| <input type="checkbox"/> Remodel / Rehab  | <input type="checkbox"/> Fire Repairs |
| <input type="checkbox"/> Electrical Only  | <input type="checkbox"/> Other        |

Type of Electrical Work:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Service  | <input type="checkbox"/> Emergency Repair              |
| <input type="checkbox"/> Feeder   | <input type="checkbox"/> Electrical System Maintenance |
| <input type="checkbox"/> Circuits | <input type="checkbox"/> Required Fire Alarm System    |
| <input type="checkbox"/> Other    |  |

Branch Circuits:

Amperes	1 Phase	3 Phase
15 Amp		
20 Amp		
Over 20 Amp		

Light/Receptacle Outlets on Existing:

	Type	Number
Lighting		
Receptacle		

Services:

	Volt	Phase	Wire	Amps
Svc 1				
Svc 2				
Other Svc				

Power & Equipment:

	Number	Total HP/VA
Motors/Appliances		
Other		

Communications/Data/Low Voltage:

Type	Floors	Units
Telephone		
Security Alarm		
Network/Data		

**MINIMUM FEE FOR ALL PERMITS \$25.00**

Work Description \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_