



ELECTRIC PERMIT APPLICATION
CITY OF CALUMET CITY-DEPARTMENT OF INSPECTORAL SERVICES
PHONE: 708-891-8120
FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG

DATE: _____ PERMIT #: _____

ELECTRIC INSPECTOR APPROVAL: _____

BUILDING COMMISSIONER APPROVAL: _____

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

Property Owner: _____ Phone #: _____

Construction Address: _____ Email Address: _____

Classification of Occupancy

Residential Mercantile
 Institutional Garage
 Assembly Misc. Building
 Open Air Technology Center
 Business

Type of Construction

New Construction Addition
 Remodel/Rehab Fire Repairs
 Electric Only Other

TYPE OF ELECTRIC WORK

Service Emergency Repair
 Feeder Electrical System Maintenance
 Circuits Required Fire Alarm System
 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				

POWER & EQUIPMENT

	NUMBER	TOTAL HP/VA
MOTORS/APPLIANCES		
OTHER		

COMMUNICATIONS/DATA/LOW VOLTAGE

TYPE	FLOORS	UNITS
TELEPHONE		
ALARM SYSTEM		
NETWORK/DATA		

Commercial Cost: _____ Additional Work: _____

Contractor: _____ Phone #: _____ Address: _____

Email Address: _____ City: _____ State: _____ Zip: _____

I acknowledge that this application may require a detailed scope or plat of survey. Residential & Commercial, New construction, solar panels, rehab/remodels, civil, plans, Garage, cell towers, expansions, and additions may require a plan review by a third party on behalf of the City of Calumet City which will incur a review fee. Contractor/ Homeowner must submit plans to the City Engineering Company.

One set of plans and permits for the building and zoning department must be submitted and One set of plans and permits must be submitted to the B&F Construction. Permit is for plan review and approval.

Additional Plan Review Fees are Applied

B&F Construction Structural -847-428-7010- (Email)bfccs@bfccs.org -Elgin, Illinois

Permit Fee: _____ Inspection Fee: _____ Total: _____