

Please **PRINT** clearly

VILLAGE OF EAST ALTON
BUILDING AND ZONING DEPARTMENT
232 Church St., East Alton, IL 62024
Phone: 618-259-1185
E-Mail: zoning@eastaltonvillage.org

**Electrical
Permit Application**

PROPERTY LOCATION INFORMATION

STREET ADDRESS: _____

Residential

Commercial

Industrial

PROPERTY OWNER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

E-Mail: _____

APPLICANT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

E-Mail: _____

Property Interest of Applicant: OWNER LESSEE PURCHASER CONTRACTOR OTHER

CONTRACTOR INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

E-Mail: _____

ELECTRICAL INFORMATION

ESTIMATED COST

ESTIMATED COST

100 Amp service-(incl. 20 circuits) _____

200 Amp service-(incl. 30 circuits) _____

Other Amp service-Indicate size _____
_____ Amps _____

Electrical circuits _____ Qty. _____

This permit is granted on the express condition that the said work shall, in all respects, conform to the ordinances of the Village of East Alton, Illinois regulating Electrical Installations and may be revoked at any time upon the violation of any of the provisions of said Ordinances. The applicant hereby agrees to notify the Department of Building & Zoning when the wiring installation has been completed and is ready for inspection by the Building Department.

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE

Approved by: _____

Permit #: _____

Date: _____

Penalty Fee: \$ _____ Permit Fee: \$ _____

P.I.N.: _____

Amount Paid: \$ _____ INIT: _____

Zoning District: _____

Check#: _____ Cash: _____

VALIDATION STAMP

INSPECTION RECORD

TIME/DATE: _____

INSPECTION TYPE: _____

CONTACT: _____ PHONE: _____

ARRIVE: _____ DEPART: _____ INSPECTOR: _____

COMMENTS: _____

