



**APPLICATION FOR ELECTRICAL PERMIT**

|  |  |            |            |                         |         |
|--|--|------------|------------|-------------------------|---------|
| OFFICIAL USE ONLY  | Plan Examiner:   | Date:      | Permit No. | Zoning Dist.            | Fee: \$ |
| PLEASE PRINT USE BLACK INK   | Address of Installation ( Number, Direction, Street, City, Zip Code) |            |            | Real Estate Index No.   |         |
| Bldg. No.  | Room No.   | Floor. No. | Job No.    | Property Owner Name:    |         |
| Address of Owner: (Number, Direction, Street, City, Zip Code)      |  |            |            | Area Code/Telephone No. |         |
| Existing Permit No.  | Electrical Contractor Company:                                       |            |            | Contractor Reg. No. E-  |         |
| Address of Contractor: (Number, Direction, Street, City, Zip Code) |  |            |            | Area Code/Telephone No. |         |

**(CHECK ALL APPROPRIATE BOXES)**

|                |                              |                |      |      |
|----------------|------------------------------|----------------|------|------|
| Service/Feeder | Circuits                     | Data           |      |      |
| Intercom       | Monthly Maintenance (Month)  | Telephone      |      |      |
| TV             | Fire Alarm (Must be in pipe) | Central Vacuum |      |      |
| Fiber          | Security System              | Other:         |      |      |
| Services       | Voltage                      | Phase          | Wire | Amps |

**(BELOW PLEASE FILL IN THE DESCRIPTION OF WORK)**

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Estimated Cost of Job: \$

Supervising Electrician: I hereby certify that the information provided on this application is true and correct, and that all work performed under authority of this permit shall be installed by myself or by employees of the licensed contractor listed above, under my supervision. I further certify that all work to be performed in conformance with all applicable code requirements.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT  
SEAN PIERCE, ELECTRICAL PLAN EXAMINER  
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(312) 603-0515