



**COMMUNITY DEVELOPMENT DEPARTMENT
PERMIT & INSPECTION DIVISION**
3600 Kirchoff Road Rolling Meadows IL 60008
(847) 506-6030 www.cityrm.org

APPLICATION FOR ELECTRICAL PERMIT

Job Site Address: _____ Apt./Suite No.: _____

Property Owner's/Tenant Name: _____ Owner's Phone: _____

Contractor's Business Name: _____

Contractor's Address: _____ City: _____ State: _____ Zip: _____

Supervising Electrician's Signature (original required) _____

Supervising Electrician's Name (please print) _____

Electrician's Phone No.: _____

Job Description: _____

Power circuits, lighting circuits and outlets (indicate number):

	2-Wire	3-Wire	4-Wire		2-Wire	3-Wire	4-Wire
15 Amp Circuit	_____	_____	_____	40 Amp Circuit	_____	_____	_____
20 Amp Circuit	_____	_____	_____	50 Amp Circuit	_____	_____	_____
30 Amp Circuit	_____	_____	_____				

No. of appliances, motors and other current consuming devices: _____

No. of telephone/alarm devices: _____ No. of computer/data devices: _____ No. of audio devices: _____

_____ sq. ft. of premises

Existing service size: _____ volts _____ amps
Proposed service size: _____ volts _____ amps

Having submitted plans and specifications, I hereby apply to the Community Development of the City of Rolling Meadows, IL for a permit. If this permit is granted, I will comply with all ordinances relating to the permit and pay all required fees. I will submit the work to the required inspections and prohibit the occupancy of any space until a Certificate of Occupancy has been obtained from the Community Development Department. No error or omission in either application or plans, whether said application or plans have been approved by the Community Development Department or not, shall permit or relieve the applicant from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

Applicant's Signature _____
If agent for the owner, I certify that I am duly authorized to apply on owner's behalf.

_____ Date

Permit Authorized by _____

_____ Date

Comments: _____

Fee(s) \$ _____
\$ _____

Total Fee \$ _____ Project #: _____ Permit #: _____