



Permit Application
Electrical
 Zoning & Building Safety
 1504 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 558-3771 · Fax: (309) 786-4456

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$
Building Official Authorization Signature:	
X _____	
Date of Authorization: _____	

Section 1 PROJECT INFORMATION

Project Address: _____
 Owner Name: _____
 Owner Phone: _____
(required fields)
 Description of Work Proposed: _____

- Electrical Permits for Rental, Commercial or any other non-owner occupied properties must be submitted by a Rock Island County Registered Contractor.

Section 2 LOW VOLTAGE WIRING PROJECTS

(check one) New Construction Existing Building **(check one)** Residential Non-Residential **(check one)** Installation Alteration
 If Low Voltage Wiring work will be performed, what kind of system is being installed:
 Security System Data and Telecommunication Cabling Media Room Lighting Other: _____

Section 3 RESIDENTIAL Project Details

Single Family	Multi-Family	Accessory Building
New Construction	Total Square Ft: _____	
Rewire	Total Square Ft: _____	
Add New Service	Size/type: _____	
Generator	Size/type: _____	
Estimated Total Project Cost \$ _____		
Check All that Apply:		
Replace/Upgrade Service	Temp Service	
NESC Violation	Incidentals # _____	

Section 4 NON-RESIDENTIAL Project Details

Main Structure	Accessory Building
New Construction	Value \$ _____
Rewire	Value \$ _____
Add New Service	Size/type: _____
Generator	Size/type: _____
Estimated Total Project Cost \$ _____	
Check All that Apply:	
Replace/Upgrade Service	Temp Service
NESC Violation	Incidentals # _____

Section 5 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF ROCK ISLAND COUNTY

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the County of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Name: _____
 Applicant Address: _____

 Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: **X** _____ Date: _____