



City of Urbana Building Safety Division
Application for Electrical Permit
400 S. Vine Street, Urbana, IL 61801
217-384-2443 FAX 217-384-0200

Location/Address of Work: _____ Date: _____

Applicant/Contractor	Property Owner
Name _____	Name _____

Address _____	Address _____
_____	_____

Telephone _____	Telephone _____
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Applicant Email: _____

Description of Work to be Done: _____

Building Used As: _____

Type of Building	Service Amps: _____	Sub-Panel Amps: _____
New	Volts: _____	Phase: _____
Existing	Additional Meters: _____	
	Existing Service Amps (if applicable) _____	

Type of Work				
New	Alteration	Pool	Fire Alarm	Upgrade
Repair	Addition	Sign	Temp. Service	

Other: _____ Completion date: _____

Number of Residential Units (if applicable) _____

Estimated Cost of Work (Labor, Material, & Profit) _____

Estimated Cost of Fire Alarm (Labor, Material & Profit) _____

Applicant certifies that all information given is correct and that all pertinent electrical ordinances will be met in performing the work for which this application is made. **Applicant must be present for inspections.**

 Signature
 Contractor or Authorized Representative

Total Fee: _____
\$50.00 Minimum
 (\$75.00 for **NEW** dwelling unit only)
(1.25% of estimated cost - .0125 multiplier)

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 For office use only

Date: \_\_\_\_\_

PI: \_\_\_\_\_

Electrical Permit # \_\_\_\_\_