DEPARTMENT OF BUILDING AND ZONING
OF COOK COUNTY, ILLINOIS

Timothy P. Bleuher
COMMISSIONER OF BUILDING AND ZONING
OF COOK COUNTY

County Administration Building
69 W. Washington, Suite 2830
Chicago, IL 60602-3169
TEL (312) 603-0500
FAX (312) 603-9940
TDD (800) 526-0857

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:	Property Owner Email **REQUIRED**
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

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.

SUPERVISING ELECTRICAN'S SIGNATURE (Required): _____ **DATE:** _____

ELECTRICAL CONTRACTOR'S EMAIL (Required): _____

IF YOU ARE SUBMITTING THIS PERMIT APPLICATION TO COMPLY A VIOLATION, PLEASE INDICATE THE VIOLATION NUMBER BELOW. FAILURE TO DO SO WILL RESULT IN PENALTIES AND FINES.

VIOLATION #_____

If you have any questions, please feel free to contact
Michael Hickey, Electrical Plan Examiner at (312) 603-0515
michael.hickey@cookcountyil.gov