



ELECTRICAL PERMIT APPLICATION

INSPECTIONS DEPARTMENT
 912 16TH AVE, EAST MOLINE, IL 61244
 PHONE: (309) 752-1509 FAX: (309) 752-1572
 OFFICE HOURS: MON-FRI 8-9:30 AM, 3:30-4:30 PM

Section 1 – PROJECT INFORMATION

Project Address: _____
 Owner Name: _____ Owner Phone: _____
 Description of Work Proposed: _____

Section 2 – VALUATION – PERMIT FEE

Estimated Total cost \$ _____ Total Square Feet: _____ Permit Fee \$ _____

Section 3 – RESIDENTIAL WIRING

Check One	Fee
<input type="checkbox"/> New Single Family Dwelling	\$25 app fee plus \$.05 per square foot of building.
<input type="checkbox"/> New Multi-Family Dwelling – Designed under IRC	\$50 for first unit plus \$25 for each additional unit.
<input type="checkbox"/> Services – New, Upgrade, Temp, or Generator	\$25 flat fee.
<input type="checkbox"/> Wiring of Additions, Basement, Garage and Rewires	\$30 for first unit plus \$10 for each additional unit.
<input type="checkbox"/> Utility Turn-on of Electrical System	\$25 flat fee.

Section 4 – COMMERCIAL WIRING

Check One	Fee
<input type="checkbox"/> Commercial or Industrial Wiring	\$55 app fee plus 1% of total cost of labor & materials
<input type="checkbox"/> Wiring of Electrical Signs	\$25 flat fee
<input type="checkbox"/> Services – New, Upgrade, Temp, or Generator	\$25 flat fee.
<input type="checkbox"/> Utility Turn-on of Electrical System	\$25 flat fee.

Note: All Utility Main Service work and all Electrical permits for Rental, Commercial, or any other non-owner occupied properties must be submitted by a Licensed and City of East Moline Registered Electrician.

Section 5 – APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one):	Applicant or Company Name: _____
<input type="checkbox"/> Contractor (Registered with East Moline)	Applicant or Company Address: _____
<input type="checkbox"/> Property Owner (Owner of Legal Record)	_____
<input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	Applicant or Company Phone Number: _____

APPLICANT SIGNATURE: **X** _____ DATE: _____