



# Electrical Permit Application

## Community Development Department

Phone: (708) 354-1860

E-Mail: Building@countyside-il.org

Fax: (708) 354-9445

Fields with red borders are required fields

For your convenience, the current codes are listed below.

City of Countryside Zoning Ordinance

2015 International Building Code

2015 International Fire Code

Latest Illinois Energy Conservation Code

2021 International Residential Code

2015 International Fuel Gas Code

2014 NFPA 70 National Electric Code

Illinois Accessibility Code

Date: \_\_\_\_\_  Commercial  Multi-Family  Single-Family  Condominium

Property Owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_

(Including street number, street name, and unit number, where applicable)

Project Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Including street number, street name, and unit number, where applicable)

Construction Cost: \$ \_\_\_\_\_ Square Foot \_\_\_\_\_ Identify & Describe Work: \_\_\_\_\_

LOCATION	OUTLETS				OTHER	HEATERS			OTHER	POWER		SERVICE CHANGE <input type="checkbox"/> NEW <input type="checkbox"/>			
	ALARM	LIGHT	SWITCH	RECEPTACLE		RANGE	WATER	AIR		UNDERGROUND	POLE	0-200A <input type="checkbox"/>	201-400A <input type="checkbox"/>	401-600A <input type="checkbox"/>	OVER 600A <input type="checkbox"/>
CRAWLSPACE															
BASEMENT															
FIRST FLOOR															
SECOND FLOOR															
ATTIC															
PORCH / DECK / UG															

PERMISSION IS HEREBY GIVEN TO  INSTALL  ALTER  REPAIR

I hereby certify that I have the legal authority to make this application, and all information provided in this application and any other information provided by me in support of this application, is true, complete and accurate to the best of my knowledge. I have read, do understand, and shall comply with all applicable terms and conditions required for this application. I also understand that I am responsible for all plan review and engineering fees. All work must be done in accordance of the Chicago Electric Code & Ordinance of City of Countryside. This department must be notified for inspection, not less than 24 hours before closing in any conduit or other electrical material used.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Company Represented: \_\_\_\_\_

Phone: \_\_\_\_\_  Fax: \_\_\_\_\_  E-mail: \_\_\_\_\_

**OTHER SIDE PLEASE** ⇨

Rev. 9.23.21

Office Use Only **Permit Number** \_\_\_\_\_

Permit Cost \$ \_\_\_\_\_ Bond Amt / number \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Electrical, \$0.10 per total square foot \$ \_\_\_\_\_ Plan Review Cost \$ \_\_\_\_\_

**RECEIPT HEREBY ACKNOWLEDGED AND PERMIT HEREBY AUTHORIZED**

Electrical Portion Approved By \_\_\_\_\_ Date \_\_\_\_\_

# Contractor Listing for Permit Application

## Community Development Department

Property Owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_ Project Address: \_\_\_\_\_  
(Including street number, street name, and unit number, where applicable)

GENERAL CONTRACTOR: \_\_\_\_\_ Address: \_\_\_\_\_  
(Including street number, street name, and unit number, where applicable)

Phone: \_\_\_\_\_  Fax: \_\_\_\_\_  E-mail: \_\_\_\_\_

### ELECTRICIANS TESTED AND LICENSED BY AN ILLINOIS MUNICIPALITY

TESTING CITY	BOND	INSURANCE	BUSINESS NAME / ADDRESS / CITY / STATE / ZIP	PHONE NUMBER
ELECTRICIAN				

Requirements for each Contractors:	License Type	Annual License	After July 1	Bond	Liability Insurance
Electricians who are tested and licensed by an Illinois municipality shall provide the city of Countryside a copy of their valid municipal license, and the following:	Copy of Illinois license where tested	0.00	0.00	20,000.00	1,000,000.00

**\*FAXES OR COPIES OF BONDS ARE NOT ACCEPTED**

**\* LIABILITY INSURANCE - CITY OF COUNTRYSIDE AS "CERTIFICATE HOLDER"**

**\*AND 30 DAY WRITTEN NOTICE OF CANCELLATION ON COI**

Office Use Only

Permit Number \_\_\_\_\_