

**APPLICATION FOR ELECTRICAL PERMIT**

**City of Trenton**

14 West Broadway, Trenton, IL 62293

Phone: (618) 224-7323

www.trenton-il.com

Fax: (618) 224-9136

**FOR OFFICE USE ONLY**

Date Filed:	Reviewed By:	Permit No.:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Application Fee: \$50.00	Permit Fee:	Date Paid:	

**INSTRUCTIONS TO APPLICANT**

All information required in this application must be completed and submitted to City Hall prior to beginning work. Applicants are encouraged to visit City Hall, or call 618-224-7323 if assistance is required to complete this form.

**GENERAL INFORMATION**

Property Owner Name:	Home Phone:
Contact E-Mail Address:	Cell Phone:
Address of Proposed Work:	Fax:
Interest of Applicant(s): <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Other	
If "Other", specify interest:	

**CONTRACTOR INFORMATION**

Contractor Name:	Telephone:
Contractor Address:	

**IMPROVEMENT INFORMATION**

Type of Improvement: <input type="checkbox"/> Service Upgrade <input type="checkbox"/> Accessory (Remodel/Addition) <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Describe Proposed Work:	
Approximate Start Date:	Approximate Project Cost:
<b>EXISTING</b>	<b>PROPOSED</b>
Service:	Service:
Amps:	Amps:
Volts:	Volts:
Type:	Type:
Meters:	Meters:
Number of Feeders:	Number of Feeders:

**APPLICANT CERTIFICATION**

**INSPECTION MUST BE CALLED IN FOR ALL WORK PERFORMED. APPLICANT HEREBY AGREES TO COMPLY WITH ALL APPLICABLE CODES.**

Applicant Signature:	Date:
Property Owner Signature (If Different than Applicant):	Date: