



**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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Description of work to be done: \_\_\_\_\_  
 \_\_\_\_\_

Building Used As: \_\_\_\_\_  
 Building Occupied By: \_\_\_\_\_ Class of Wiring: A B BOTH

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 # \_\_\_\_\_