



CITY OF ALTON
 DEPARTMENT OF BUILDING & ZONING
 101 E. THIRD STREET, SUITE 202
 ALTON, IL 62002
 PHONE: (618) 463-3532 FAX: (618) 463-0972

SOLAR ELECTRICAL PERMIT APPLICATION

DATE: _____

ADDRESS OF PROJECT: _____

OWNER NAME: _____

PHONE: _____

INSTALLER: _____

ADDRESS: _____

PHONE: _____

RETAIL COST OF ELECTRICAL PROJECT: _____

COMMERCIAL: _____ RESIDENTIAL: _____

STORM DAMAGE REPAIR: YES: _____ NO: _____

SOLAR PROJECT: YES: _____ NO: _____

CONSENT FROM OWNER: YES: _____ NO: _____ SIGNATURE FROM OWNER (REQUIRED): _____ DATE: _____

OVERHEAD: YES: _____ NO: _____ UNDERGROUND: YES: _____ NO: _____

****IF THIS PROJECT IS INVOLVES A TOTAL REHAB OF THE PROPERTY, PLEASE BE ADVISED THAT ALL SMOKE AND CARBON MONOXIDE ALARMS MUST BE HARD WIRED AND HAVE A DEDICATED CIRCUIT****

FEES

_____ UP TO 100 AMP ----- \$50.00

_____ 200 AMP ----- \$100.00

_____ 300 AMP & UP ----- \$150.00

_____ ELECTRICAL CIRCUITS (UP TO 50) ----- \$50.00

_____ ELECTRICAL CIRCUITS (OVER 50) ----- \$100.00

_____ FIRE ALARM SYSTEM ----- \$50.00

_____ OTHER (**PLEASE SPECIFY**) ----- \$20.00 _____

THERE WILL BE A \$35.00 REINSPECTION FEE FOR ANY FAILED ELECTRICAL INSPECTIONS

This permit is granted on the express condition that the said work shall, in all respects, conform to the Ordinances of the City of Alton regulating Electrical Installations, and may be revoked at any time upon violation of any of the provisions of said Ordinances.

The Applicant hereby agrees to notify the Department of Building & Zoning when the wiring installation has been completed and is ready for inspection by the City Electrical Inspector. We do require a 24-hour notice unless it is an emergency.

SIGNATURE OF APPLICANT: _____ DATE: _____