(618) 463-3550 | Fax (618) 463-2890 101 East 3rd St. | Room 104 | Alton, Illinois 62002

CITYOFALTONIL.GOV

COMMERICAL ELECTRICAL PERMIT APPLICATION

DATE:		
ADDRESS:		_
OWNER:		-
PHONE:		_
CONTRACTOR:		<u>-</u>
ADDRESS:		_
PHONE:		_
DESCRIPTION OF	WORK:	
——————————————————————————————————————	WORK.	
COST OF WORK: \$		
	FOR ANY FAILED ELECTRICAL INSPECTIONS THERE	WILL BE A \$35.00 REINSPECTION FEE
	nted on the express condition that the said work shall, in Electrical Installations, and may be revoked at any time	· · · · · · · · · · · · · · · · · · ·
	reby agrees to notify the Department of Building & Zoning ion by the City Electrical Inspector. We do require a 24-h	
SIGNATURE:	DA	ГЕ: