



City of Collinsville
ELECTRICAL PERMIT APPLICATION
 Department of Community Development
 Building Division (618) 346-5200 Ext1126

PERMIT NO.: _____

Type 'E'

PROPERTY OWNER

TYPE OF IMPROVEMENT

ADDRESS OF IMPROVEMENT

COST OF IMPROVEMENT

CONTRACTOR

ADDRESS

PHONE

CERTIFICATION: By signing below, applicant certifies the following.

- WORK SHALL COMPLY WITH ALL APPLICABLE MUNICIPAL AND STATE CODES. For a list of municipal codes, please visit the City's website at https://library.municode.com/il/collinsville/codes/code_of_ordinances
- Follow the current Ameren or Southwest Electric Meter Specifications in your area.
- All commercial buildings in the Collinsville Fire District must be roughed in EMT conduit.
- INSPECTION IS REQUIRED WHEN WORK IS COMPLETE Call (618) 346-5200 ext. 1126 to schedule an inspection.

By signing this application, I acknowledge receiving a copy of any code requirements related to my project, and acknowledge that the information I have provided is complete and accurate to the best of my knowledge. I also acknowledge that it is the responsibility of the applicant to contact the Community Development Department if work needs to be performed beyond the scope of work listed on this building permit

 SIGNATURE Owner Representative

 PRINTED NAME (if Representative)

For Office Use Only

FEE SCHEDULE FOR REPAIR OR NEW/UPGRADE

REPAIR \$25.00	100 AMP SERVICE \$35.00	200 AMP SERVICE \$45.00
400 AMP SERVICE \$55.00	OTHER:	
Total Project Cost: \$ _____ x .009 fee multiplier = _____ Electrical Permit Fee \$ _____		

APPROVED BY : _____ Date: _____

Inspection Date and Time: _____