



**Building Safety Division**

Phone#: 309-434-2226

Fax#: 309-434-2857

Date:

Site / Work Address:

Owner / Business Name:

Applicant / Contractor:

Address:

City:

Phone:

General Contractor:

Electrical Contractor:

Cost of Work:

Anticipated Completion Date:

New Construction	Replacement	Addition
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Description of work, information, type of system, number of devices, etc.

▶ Permits must be obtained before work begins. Attach prints / plans to this application. Submission of this application does not guarantee permit approval.

*Contractor / Applicant Signature*

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

Notes: