

**City of Streator**  
204 S. Bloomington Street  
Streator, Illinois 61364  
815/672-2517 fax 815/672-7566



**APPLICATION FOR AN ELECTRICAL PERMIT**

**Permanent Parcel #** \_\_\_\_\_  
Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Service Address (if different): \_\_\_\_\_  
Contractor Doing Work: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_ Registration Nbr: \_\_\_\_\_  
Estimated date when work will be ready for inspection: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
Work to be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMPS: \_\_\_\_\_

ELECTRICAL PERMITS WILL NOT BE ISSUED UNLESS THE REGISTRATION NUMBER OF THE CONTRACTOR IS ENTERED.

Registration fee:

- \$55.00 for permits in R-1A, R-1B, and R-2 zoning districts
- \$100.00 for permits in all other zoning districts

Signature of owner or person applying: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Collected by: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Rev: 12/8/04