

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



APPLICATION FOR AN ELECTRICAL PERMIT

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
- \$75.00 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