

CITY OF OTTAWA  
301 West Madison Street  
Ottawa, Illinois 61350

Permit #: \_\_\_\_\_

Phone: 815-433-0161  
Fax: 815-433-2344

Fee: \_\_\_\_\_

**ELECTRICAL PERMIT APPLICATION**

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ TO BE OCCUPIED AS: \_\_\_\_\_

Circle One: NEW CONSTRUCTION DETACHED ACCESSORY STRUCTURE ADDITION/UPGRADE

ITEMS	QUANTITY
Ceiling Outlets	
Switches	
Plug Receptacles	
<b>TOTAL OUTLETS</b>	
Arc-Fault	
Air Heaters	
Ranges	
Signs	
Water Heaters	
Lighting Circuits	
Smoke Detectors	
Other Circuits	
<b>TOTAL CIRCUITS</b>	
<b>MOTORS</b>	
Panel Size	
Subfeeder Size	

ELECTRICAL CONTRACTOR'S  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY OF OTTAWA ELECTRICAL CONTRACTOR'S LICENSE #: \_\_\_\_\_

**THE ELECTRICAL INSPECTOR SHALL BE GIVEN A MINIMUM OF 48 HOURS NOTICE PRIOR TO CONCEALMENT OF WIRING.**

Applicant certifies that all information given is correct and that all applicable electrical codes and ordinances will be complied with in performing the work for which this permit is issued.

\_\_\_\_\_  
Signature of Contractor or Authorized Representative Date

\_\_\_\_\_  
Electrical Inspector Date Building Official Date