



Permit Application
Electrical
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2933
 Email: Inspection@rigov.org
 Website: www.rigov.org

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$
Building Official Authorization Signature and Date:	
X _____	
Date of Authorization: _____	

Section 1 PROJECT INFORMATION

Project Address: _____
 Owner Name: _____
 Description of work proposed: _____

- Electrical permits for rental, commercial or any other non-owner occupied properties must be submitted by a Licensed and City of Rock Island Registered Electrician.

Total Job Valuation (required): \$

Section 2 LOW VOLTAGE WIRING PROJECTS

New Construction Existing Building Residential Non-Residential Installation Alteration
 Type of system being installed (check below):
 Security System Data and Telecommunication Cabling Fire Alarm System Lighting Other: _____

Section 3 RESIDENTIAL Project Details

Single Family Two-Family Accessory Building

New Construction Valuation \$ _____
 Rewire Valuation \$ _____
 Add New Service Valuation \$ _____

Check All that Apply:
 Replace/Upgrade Service
 Temp Service

Section 4 NON-RESIDENTIAL Project Details

Main Structure Accessory Building Multi-Family

New Construction Valuation \$ _____
 Rewire Valuation \$ _____
 Add New Service Valuation \$ _____

Check All that Apply:
 Replace/Upgrade Service
 Temp Service

APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Name: _____
 Applicant Address: _____

 Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: **X** _____ **Date:** _____