



Permit Application
Electrical
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2930
 Email: Inspection@rigov.org

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

Section 1 PROJECT INFORMATION

Project Address: _____

Owner Name: _____
Required only if Applicant is contractor or property agent

Owner Phone: _____

Description of Work Proposed: _____

Section 2 VALUATION

Estimated Total Cost

\$ _____

Section 3 PROJECT DETAILS FOR RESIDENTIAL

Single Family	Multi-Family	Accessory Building
New Construction	Total Square Ft: _____	
Rewire	Total Square Ft: _____	
Add New Service	Total Square Ft: _____	
Replace/Upgrade Service?		
Temp Service?		
Incidental Wiring?	# _____	

Section 4 PROJECT DETAILS FOR NON-RESIDENTIAL

	Main Structure	Accessory Building
New Construction	Value \$ _____	
Rewire	Value \$ _____	
Add New Service	Value \$ _____	
Replace/Upgrade Service?		
Temp Service?		
Incidental Wiring?	# _____	
Low Voltage Wiring?		
NFP 7250 REGULATED WORK ONLY		

Section 5 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 Type (check one): **Contractor** Applicant/Company Name: _____
(Registered with City of Rock Island)

Property Owner Applicant/Company Address: _____
(Owner of Legal Record)

Authorized Agent _____
(Written authorization from legal owner)

Applicant/Company Phone Number: _____

Applicant Signature: X _____ Date: _____