



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit #: _____

ELECTRICAL PERMIT APPLICATION

Applicant Name: _____ Email: _____

Phone # _____

Name of Owner: _____ Date: _____

Owner Address: _____ Telephone: _____

Service Address (if different): _____

Contractor Doing Work: _____ Telephone: _____

Contractor Address: _____ Registration #: _____

Estimated date when work will be ready for inspection: _____

Special Instructions: _____

Work to be performed: _____

Occupancy Classification: _____ 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 (Residential)
- \$100.00 for permits in all other zoning districts (Commercial)



Signature of Owner or Applicant: _____

Date Permit Issued: _____

Inspected by: _____ Date of Inspection: _____