



City of Sycamore
Building Department
541 DeKalb Ave.
Sycamore, IL 60178
Phone: (815)895-0534
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www.cityofsycamore.com

For Office Use Only
Permit No.: _____
Date: _____
Fee: _____

APPLICATION FOR ELECTRICAL PERMIT

APPLICATION IS HEREBY MADE FOR A PERMIT FOR ELECTRICAL WORK INVOLVING THE FOLLOWING:

Name: _____

Address: _____

Phone (Day): _____

Description of Work: _____

Estimated cost: \$ _____ Total Amperage: _____

An Electrical Permit will only be issued to a city of Sycamore licensed Electrician or the owner of a single family *detached* dwelling.

Name of Licensed Electrician: _____

Electrician's phone number: _____

Electrician's Sycamore License number: _____

Signature: _____ Date: _____

SIGNATURE MUST BE OF LICENSED ELECTRICIAN OR HOME OWNER (IF DOING WORK THEMSELVES) ONLY.

AGENT SIGNATURES WILL NOT BE ACCEPTED.

FORM MUST BE FILLED OUT COMPLETELY