Village of La Grange
53 S. La Grange Road, La Grange, IL 60525
Phone (708) 579-2320 Fax (708) 579-0980

ELECTRIC PERMIT APPLICATION

Date:_____

Permit No.:_____
Real Estate Index No._____

Name of Owner:_____ Phone #_____

Address:_____ City:_____ Zip:_____

Contractor:_____ Phone #_____

Address:_____ City:_____ Zip:_____

NOTE: **Electrician must be registered with Village of La Grange and provide copy of electrical license.**

Service Revision: ___ Upgrade Existing ___ Additional Meter Fitting ___ 100A ___ 200A ___ Other Value: $_____	
Air Conditioning Value: $_____	Is Air Conditioning: New ___ Replacement ___ Location on Lot: _____
Other Apparatus, Repairs, Etc.:	

Remarks:_____

_____

If other work is done, it must be covered by additional permit(s). Permits issued only to REGISTERED ELECTRICAL CONTRACTORS OR HOMEOWNER.

Fee: $_____

UNDER PENALTIES OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I do declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Building and Zoning Ordinances of the Village of La Grange and all amendments thereto. I realize that the information that I have affirmed hereon forms a basis for the issuance of a building permit.

Signature:_____
(Registered Electrician or Homeowner)

PERMIT ISSUED BY:_____

DATE OF ISSUE:_____

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