

**CITY OF MOLINE ACRES
APPLICATION FOR ELECTRICAL PERMIT**

Permit Amount: \$ _____
Permit #: _____
Date: ____/____/____

I (We) _____
Name of Business License Number

Address: _____ Zip Code: _____

Contact Number: () _____ - _____

Hereby, make application for installing, erecting, or altering the existing conditions or apparatus indicated herein below:

Location: _____ Total estimated Cost: \$ _____

Hereby, make application for installing, erecting, or altering the existing conditions or apparatus indicated herein below:

Location: _____ Total estimated Cost: \$ _____

Type of Structure: ___ Home ___ Commercial ___ Underground ___ Rehab ___ New Construction

Name of Owner (s): _____ Phone #: () _____ - _____

Plans: ___ yes ___ no Plans reviewed: ___ yes ___ no

Work will begin on: ____/____/____ Work will be completed on: ____/____/____

Service type of: ___ Single Phase Amps ___ 3 Phase Amps ___ Direct Current Amps ___ wattage

of panels: _____ Amperage: _____ Wire: _____ Phase: _____ Voltage: _____

Relocation Due to: ___ New Mast, PLS Revamp Svs. ___ Bldg. Addition ___ OH to UG
___ Other explain: _____

Work: # of motors _____ total HP _____ # of fixtures _____ # of signs _____ # of sockets _____
of switches _____ # of circuits _____ type of wiring: _____

THIS REQUEST HAS BEEN APPROVED BY THE CITY OF MOLINE ACRES. THIS PERMIT WILL BE REVOKED IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE WITH THE CITY OF MOLINE ACRES.

I understand the terms and conditions listed in the above box. By signing below, I certify that I am the owner or agent authorized to apply for this permit and cost and estimates are true and correct.

Signature of Applicant Date

Approved by Date

-----FOR OFFICE USE ONLY-----

Electrical Permit issued: ____/____/____ Expiration Date: ____/____/____ Permit Number: _____