



City of Galva
 311 N. W. 4th Avenue
 Galva, IL 61434
 Phone: (309) 932-2555
 Fax: (309) 932-3306
 www.galvail.gov

Electrical Permit Application

Page 1 of 2

Date:

Permit Number:

Plan Check #:

Project Address:

Zone:

Property Owner Tenant

Architect Designer Engineer

Name:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

License Number:

Name:

Company:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

The City of Galva may require written approval from the owner

Project Contact:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Contractor Owner - Builder

License Number:

Company Name:

Address:

City/State/Zip:

License Type:

Phone:

Fax:

E-Mail Address:

Purpose of Application

NONRESIDENTIAL

RESIDENTIAL

New Construction

Addition to Existing

Alteration/Repair

Demolition

Relocate

Proposed Use of Building:

Current Use of Building:

Description of Proposed Work
 (example: 3 circuits for attic receptacles)

Cost of Improvement (labor + materials + overhead + profit) Rounded to Nearest Dollar:

Is this permit in conjunction with a building permit?

Yes

No

Existing Service Amps: Existing Service Volts: Overhead Undgrd No. of Meters:

New Service Amps: New Service Volts: Overhead Undgrd No. of Meters:

Number of Feeders and Ampacity:

No. of Recessed Fixtures: <input type="text"/>	No. Hydromassage Baths: <input type="text"/>	No. of Waste Disposers: <input type="text"/>
No. of Lighting Outlets: <input type="text"/>	No. of Ceiling Fans: <input type="text"/>	No. of Dishwashers: <input type="text"/>
No. of Lighting Fixtures: <input type="text"/>	No. of Hot Tubs: <input type="text"/>	No. of Dryers: <input type="text"/>
No. of Receptacle Outlets: <input type="text"/>	No. of Oil Burners: <input type="text"/>	No. of Gas Burners: <input type="text"/>
No. of Ranges: <input type="text"/>	Space/Area Heat KW: <input type="text"/>	Heating Appliances KW: <input type="text"/>
No. of Heat Pumps: <input type="text"/>	Heat Pump Tons: <input type="text"/>	Heat Pump KW: <input type="text"/>
No. of Air Conditioners: <input type="text"/>	Total Tons A/C: <input type="text"/>	<h3 style="text-align: center; margin: 0;">Fire Alarms</h3> No. of Zones: <input type="text"/> No. of Detecting Devices: <input type="text"/> No. of Alerting Devices: <input type="text"/> No. Self-Cntnd Devices: <input type="text"/> Where Monitored: <input type="text"/>
No. of Water Heaters: <input type="text"/>	Water Heater(s) KW: <input type="text"/>	
No. of Signs: <input type="text"/>	No. of Sign Ballasts: <input type="text"/>	
No. of Motors: <input type="text"/>	Total Motor HP: <input type="text"/>	
No. of Transformers: <input type="text"/>	Total Transformer KVA: <input type="text"/>	
No. of Generators: <input type="text"/>	Total Generator KVA: <input type="text"/>	
No. of Emergency Lighting Battery Units: <input type="text"/>	Other: <input type="text"/>	

Insurance Coverage

No permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

Check One: Insurance Bond Other Specify: Expires:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I/we agree to conform to all applicable laws of this jurisdiction and those of the State of Illinois and the Federal Government.

Signature of Applicant: Date:

Calculated Permit Fee: Approved by: