

**Contact Scott Meinhardt (inspector) at 618-779-7457 to schedule inspection**

**APPLICATION FOR ELECTRICAL PERMIT  
VILLAGE OF OKAWVILLE  
304 N Front Street – PO Box 483  
OKAWVILLE, IL 62271  
(618) 243-5972**

Application Date: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ cash/check # \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Address of Proposed Work: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor's Complete Address: \_\_\_\_\_

\_\_\_ Service Upgrade \_\_\_ Accessory (Remodel, Add'l Circuits, etc.) \_\_\_ Temporary

Application for: \_\_\_\_\_ Approx. Start Date: \_\_\_\_\_  
(type of structure)

Existing: Service: _____	New: Service: _____
Amps: _____	Amps: _____
Volts: _____	Volts: _____
Type: _____	Type: _____
Meters: _____	Meters: _____
No. of Feeders: _____	No. of Feeders: _____

Proposed Work: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**INSPECTION MUST BE CALLED IN FOR ALL WORK PERFORMED  
APPLICANT HEREBY AGREES TO COMPLY WITH APPLICABLE CODES**

Inspector's Comments: \_\_\_\_\_

Approved By (Inspector signature): \_\_\_\_\_