

Permit # _____

ELECTRICAL, HVAC, PLUMBING



Building & Code Enforcement Division

200 S Fourth Street - DeKalb, IL 60115

Phone: (815) 748-2070

Call JULIE at 800-892-0123 (24 hours a day, 365 days a year)

ELECTRICAL, HVAC, PLUMBING PERMIT APPLICATION

LOCATION OF INSTALLATION

Please provide the address → → →

Will work be done in the public right of way? Yes No

> Homeowners may perform work on their residence if they will be living in the house not less than two (2) years. <

TYPE OF WORK: Commercial/Industrial Residential

<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement	<input type="checkbox"/> Upgrade
	<input type="checkbox"/> Service	<input type="checkbox"/> Number of Openings	<input type="checkbox"/> Amperage
	<input type="checkbox"/> Other		<input type="checkbox"/> Re-Wiring

<input type="checkbox"/> HVAC	<input type="checkbox"/> Furnace	Capacity _____	% Efficient _____
	<input checked="" type="checkbox"/> All new and replacement furnaces require a manual J calculation. IECC required.		
	<input type="checkbox"/> Air Conditioner	Capacity _____	% Efficient _____
	<input type="checkbox"/> Boiler	Capacity _____	% Efficient _____
	<input type="checkbox"/> Rooftop Unit	Capacity _____	% Efficient _____
	<input type="checkbox"/> Ductwork	<input type="checkbox"/> Other (please specify)	

<input type="checkbox"/> PLUMBING	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repair
	<input type="checkbox"/> Sewer	<input type="checkbox"/> Sanitary	Size _____
	<input type="checkbox"/> Water Service	<input type="checkbox"/> Storm	Size _____
			Number of fixtures _____

If work is to be performed in the public right of way, the contractor must be licensed with the City of DeKalb as a Street Construction & Maintenance contractor.

If work is to be performed in the street, a Traffic Control Plan must be submitted for review as well as a Street Repair Agreement.

PROPERTY OWNER'S INFORMATION If Property Owner is the applicant, check here →

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

CONTRACTOR INFORMATION If Contractor is the applicant, check here →

NAME: _____ Registration # _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Typical Minimum Permit Fees:
Electric • \$75.00 /// HVAC • \$60 /// Plumbing • \$60.00 /// Other Fees will apply for additional Upgrades

CITY OF DEKALB USE ONLY

APPROVED BY: _____

DATE: _____ FEE: _____