



City of Byron
232 W. Second St.-PO Box 916
Byron IL 61010
815-234-2762

For Office Use Only:

Date Paid: _____
Total Due: _____
Cash or Check #: _____
Received by: _____

ELECTRIC PERMIT

Solar Installation \$150.00

Service Work \$80.00 • All Other Electrical Work \$80.00 per Inspection

Property Owner: _____

Address: _____

Property Pin #: _____
(Can be found on your tax bill)

Phone: _____

Email: _____

I prefer to be contacted by:

_____ Phone _____ Text _____ Email

Address where electrical work will be done:

_____ Residential - Single Family
_____ Residential - Multi-Family
_____ Commercial/Office

_____ I will be doing the work myself OR

Contractor's Name and Address:

(Please list additional contractors names and addresses on
back or separate paper)

Phone: _____

License # (If applicable): _____

Cost to install/upgrade: _____

Email permit to: _____ Owner _____ Contractor Email address: _____

Existing Service Size: _____ Amps New Service Size: _____ Amps (100 Amp Minimum)

Miscellaneous Installations:

_____ Outlets _____ Lights _____ Range _____ A/C & Heat Pump _____ Water Heater
_____ Dryer _____ Kitchen/Bath Fan _____ Hydro/Heated Tub _____ Furnace/Baseboard Heat _____ Back Up Generator
_____ Other: _____

All new services and service upgrades require inspection and notice to ComEd by City Official before service can be energized.

Failure to secure permit or complete inspections will result in \$75.00 fine.

The Deponent being duly sworn says that he is the owner or authorized agent for which the foregoing work is proposed to be done, and that all work will be performed in accordance with all existing State Laws and Local Ordinances.

~~~~~DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY~~~~~

The proposed structure and the use thereof complies with the provisions of the building codes and ordinances.

Application Approved \_\_\_\_\_ Application Denied \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date