Permit #_____

Office Use Only

CITY OF JOLIET

Building & Inspectional Services

150 W. Jefferson Street, Joliet, IL 60432

Phone: 815-724-4070 Email: permitapplication@joliet.gov

Pool Permit Application

If permit applications are incomplete, and/or submitted without the required permit information and supporting documents, they will be returned to the applicant.
All Contractor's must submit a copy of the contract with all permit applications.

Address:		**City:**	

☐ **Single Family** ☐ **Multi-Family** - Number of Units _____

Is this property registered with the Neighborhood Services Rental Program? ☐ Yes ☐ No

Work Being Completed By: ☐ Homeowner ☐ Contractor

Homeowner's Name:		
Address:		
Phone:	**Email:**	
Contractor's Name:		
Address:		
Phone:	**Email:**	
Electrical Contractor's Name:		
Address:		
Phone:	**Email:**	

Description of Work:

_____

_____

☐ **Above Ground Pool** ☐ **In-Ground Pool**

Pool Size:

☐ **Round** Dimensions: _____ ☐ **Other** Dimensions: _____

NOTE: Proof of fence must be attached to your permit submittal!

Total Cost $

Applicant Signature: **Date:**

Office Use Only:

_____ _____

Building Official Signature Date

Permit # _____

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Residential Electric Application

Site Address	**Pin #**

SQUARE FOOTAGE- *please select either option and list the square footage of the structure:*

☐ Single Family _____ ☐ Multi-Family _____ # of Units: _____

Contractor Information

Company Name	
License Number	City
Supervising Electrician	
Address	
Phone	Email

Please provide detailed drawings/spec sheets for the proposed work and a Letter of Intent with the Company Letterhead.

Property Owner

Name	
Address	
Phone	Email

Type of Construction

☐ New Construction ☐ Addition ☐ Remodel/Rehab
☐ Other _____

Project Type

☐ Electric Service ☐ Neighborhood Services Repairs ☐ Generator
☐ Garage/Shed ☐ Fire Repairs ☐ Solar
☐ Above Ground Swimming Pool ☐ Inground Swimming Pool ☐ Hot Tub
☐ Other _____

Description of Work

Electrical Service

☐ Overhead? ☐ Underground?	**Amperage** 100_____ 200_____ 400_____ Other_____	**Solar** Total (kW) # of Panels: _____ _____
For Office Use Only		
Approved By:		
Date:		
Total Fee: $		
Comments:		