



KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION

ELECTRICAL PERMIT APPLICATION

INSTRUCTIONS

Section 1 and Section 6 to be completed by Owner or Authorized Agent. Please note that if your property is in a subdivision, the covenants and restrictions of that subdivision should be consulted to ensure your project is in compliance. Covenants and restrictions for subdivisions can be obtained from the Kankakee County Recorder of Deeds Office. The Planning Department does not enforce subdivision covenants and restrictions.

Section 4. The application must be signed by the owner or authorized agent.

ELECTRICAL REGULATIONS

1. All current carrying conductors shall be copper.
2. Minimum 12-gauge wire.
3. Minimum amp service for dwellings 100 amps, all others 60 amps.
4. All metered service entrances overhead shall be in ridged metal conduit.
5. All wiring between the meter and the inside service panel exceeding 10 feet shall require the proper over current device.
6. The service panel shall be grounded with the appropriate size conductor, to the street side of the water meter, on the incoming copper water main, next to the service. The water meter shall have a bonding jumper.
7. A ground rod and a grounding electrode conductor shall be provided at the service equipment.
8. Water pipe connection as a grounding electrode. NEC 250.52(A) (1)
9. Concrete electrode. NEC 259.52 (A) (3)
10. Hot and cold-water pipes and gas pipe bonded to electric ground. NEC 250-104 (b)
11. Panel boards not permitted in clothes, linen or paper closets, in bathrooms or over stairs. NEC240.24(D, E, F,)
12. Electrical panels schedule must be completed.
13. ARC-fault circuit breakers must protect dwelling units & smoke alarm circuits.
14. Smoke detectors shall be installed one on each floor, one in each bedroom and a smoke/C.O. monitor within 15 feet of each bedroom door. They must be 120 volt interconnected with battery backup.
15. Clothes closet lights must have a globe.
16. Tamper proof receptacles below 5'6" above the floor.
17. Neutral required at switch boxes.
18. GFCI's required at garage (all accessible), unfinished basements, bathrooms, kitchen counters, w/in 6' of any sink, crawlspaces, outdoors and accessory buildings.
19. Dishwasher must be GFCI circuit (readily accessible). NEC 210.8 (d)
20. Outside receptacles must be weather resistant. NEC 406.9
21. Garages will have 1 receptacle per car space -1 circuit. NEC 210.52(g)
22. All penetrations top and bottom plate must be fire stopped. Horizontal penetrations of 10' must be fire stopped at least once.

Electrical Worksheet

NAME _____ ADDRESS _____

What size service?

How many amps?

What is the phase?

Is the service above or below grade?

What type and size of wires?

If in a raceway, what type?

Depth of trench?

Is the service meter located in the Floodplain?

Where will the panelboard be located?

Will the wiring for circuits be Romex or be run in conduit?

Please provide a detailed scope of work



KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION ELECTRICAL PERMIT APPLICATION

Date Received: _____ Add-On: Date of Add-On: _____
Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

Applicant to complete this section:

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Current Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Will the homeowner be performing the work themselves? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

Signed Contract (Attach): _____ Total: _____
Material: _____ Labor: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge.

(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: Denied:

If denied, state reason why: _____

SECTION 6: CONTRACTOR INFORMATION

PERMIT# _____

Owners Name: _____ Type of Construction: _____
If the contractor's list should change at any time during the project, a revised list shall be submitted to the Planning Department

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No

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Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No

Roofing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No
State License #: 104- _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No
	Expiration _____

Plumbing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No
State License #: 058- _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No
State Registration #: 055- _____	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No
	Expiration _____
	Expiration _____

Date Received: _____ Date Approved: _____ Approved By: _____