



Building Department

541 DeKalb Ave.
Sycamore, IL 60178
Phone: 815-895-4434
Fax: 815-895-7572
www.cityofsycamore.com

FOR OFFICE USE ONLY

Approved / Denied

Building Official: _____

License No.: _____-CLEL-_____

Mail License to Applicant: Yes No

APPLICATION FOR ELECTRICAL LICENSE

(Print Clearly)

I hereby make application to the City of Sycamore for an Electrical License Certificate:

APPLICANT INFORMATION

NAME _____

Address _____ City/State/Zip _____

Telephone _____ Cell _____

BUSINESS INFORMATION

Corporate Name: _____ DBA: _____

Business Address _____ City/State/Zip _____

Business Telephone _____ Fax _____

Years in Electrical Trade: _____

Do you currently possess an electrical license? Yes No

If Yes, from where? _____ ***Attach copy of license***

DATE: _____

PRINT NAME: _____ SIGNATURE: _____