



### Building Department

541 DeKalb Ave.  
Sycamore, IL 60178  
Phone: 815-895-4434  
Fax: 815-895-7572  
[www.cityofsycamore.com](http://www.cityofsycamore.com)

<b>FOR OFFICE USE ONLY</b>	
Approved / Denied	
Building Official: _____	
License No.: _____-CLEL-_____	
Mail License to Applicant:	Yes      No

## APPLICATION FOR ELECTRICAL LICENSE

THIS APPLICATION MUST BE LEGIBLE AND COMPLETE

In order to obtain an Electrical License, YOU MUST currently hold a valid electrical license from a testing Municipality.

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

### **APPLICANT INFORMATION**

NAME \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

### **BUSINESS INFORMATION**

Corporate Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Years in Electrical Trade: \_\_\_\_\_

Do you currently possess a valid electrical license from a testing Municipality? Yes  No

If Yes, from where? \_\_\_\_\_ **\*Include a copy of license\***

#### **Required Submittal Checklist:**

- Copy of a valid electrical license from a testing Municipality.
- \$50 check made payable to the City of Sycamore.
- Mail back my license in the attached self-addressed, stamped envelope.
- I will pick up the license at the City Clerk's Office, 308 W. State St., Sycamore, Illinois.

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_