



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.:	_____ -CLEEL- _____
Mail License to Applicant:	Yes No

APPLICATION FOR ELECTRICAL LICENSE

THIS APPLICATION MUST BE LEGIBLE AND COMPLETE. In order to obtain a Sycamore Electrical License, YOU MUST either hold a current Sycamore Electrical License or hold a current 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 _____

You must hold one of these: A current Sycamore Electrical License OR A current license from a testing municipality.

Option 1: Do you possess a current Sycamore Electrical License? Yes No

Option 2: If applying for a Sycamore License for the first time, do you possess a current electrical license from a testing municipality? Yes No

If yes, from where? **Include a copy of license.**

Required Submittal Checklist:

- Copy of a **current** 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: _____