



ORLAND PARK

Development Services Department

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MUNICIPAL ELECTRIC SERVICE INSPECTION REQUEST

PLEASE SUBMIT AT LEAST 24 HOURS PRIOR TO INSPECTION DATE., *DENOTES A REQUIRED FIELD, IF NOT PROVIDED, FORM WILL BE RETURNED

*DATE FOR INSPECTION _____ *PERMIT # _____

*ADDRESS FOR SERVICE _____

*SUBDIVISION NAME _____

*LOT NUMBER (IF APPLICABLE) _____

TAXING TOWN PROPERTY IS LOCATED IN _____ *COUNTY _____ *ZIP CODE _____

*OWNER _____ *PHONE _____

*EMAIL _____

*MAILING ADDRESS (IF DIFFERENT FROM SERVICE) _____

*CITY _____ *STATE _____ *ZIP CODE _____

*CONTRACTOR/ELECTRICIAN _____ *PHONE _____

*EMAIL _____

SELECT ONE FROM EACH GROUP BELOW

*CLASSIFICATION

- NEW CONSTRUCTION
- UPGRADE/REVISION/RELOCATE
- FIRE/STORM DAMAGE REPAIR

*USE

- SINGLE FAMILY RESIDENTIAL
- MULTI-FAMILY RESIDENTIAL
- COMMERCIAL

*TYPE OF SERVICE

- OVERHEAD
- UNDERGROUND
- OVERHEAD TO UNDERGROUND

*VOLTAGE

- 120/240
- 120/208
- 277/480

*PHASE

- 1 PHASE
- 3 PHASE

*AMPERAGE

- 100
- 200
- 400
- OTHER _____

*METERING TYPE (IF APPLICABLE)

- SUBTRACTIVE METERING YES NO
(When fitting is wired to load side of meter)

COMMENTS _____

*DATE SERVICE WAS APPROVED BY VILLAGE OF ORLAND PARK _____

*VILLAGE OF ORLAND PARK INSPECTOR/S _____

*PHONE _____ *FAX _____