

VILLAGE OF MERRIONETTE PARK
INSPECTION SCHEDULE FOR ADDITIONS AND NEW STRUCTURES

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| 5 Building Inspections | <ol style="list-style-type: none">1. Footing formed up before pouring2. Foundation wall formed up before pouring3. Framing before siding or brick4. After insulation5. Final |
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| 3 Electrical Inspections | <ol style="list-style-type: none">1. Service change2. Rough in3. Final |
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| 3 Plumbing Inspections | <ol style="list-style-type: none">1. Ground work before covering up2. Rough in3. Final |
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DRIVEWAYS

1. Pre-pour Concrete
2. Blacktop
3. Final

GARAGES

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| 4 Building Inspections | <ol style="list-style-type: none">1. Concrete floor before paving/pouring2. Footing formed up before pouring3. Foundation wall formed up before pouring4. Final |
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FENCES

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| 2 Building Inspections | <ol style="list-style-type: none">1. Hole Depth – 42" in Concrete2. Final |
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SHEDS

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| 2 Building Inspections | <ol style="list-style-type: none">1. Slab inspection and layout – with no slab2. Final |
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ROOFING

- | | |
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| 2 Building Inspections | <ol style="list-style-type: none">1. Tear off sheathing2. Final |
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SWIMMING POOLS

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| 1 Building Inspection | <ol style="list-style-type: none">1. Final |
| 2 Electric Inspection | <ol style="list-style-type: none">1. Ground preparation2. Final |

IN-GROUND POOL

- | |
|--------------------------------|
| 1 Plumbing Permit + Inspection |
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11720 South Kedzie Avenue
Merrionette Park, Illinois 60803
708-396-3183
FAX 708-396-3890

MERRIONETTE PARK FOLLOWS THE 2014 CHICAGO ELECTRICAL CODE

MUST USE GROUND FITTING AND STRAP CONNECTED TO METER RACEWAY FOR GROUND ROD. GROUND WIRE FROM METER RACEWAY MUST CONNECT TO SEPERATE ACORN GROUND FITTING ON GROUND ROD.

SERVICE MUST BE GROUNDED TO STREET SIDE OF WATER METER AND WATER METER MUST BE JUMPERED.

SERVICE PANEL AND ALL SUB-PANELS MUST BE LABELED.

WIRE FILL MUST COMPLY FOR OUTLET BOX SIZE OR DEEP OUTLET BOX SHALL BE INSTALLED. (WIRE FILL SHALL NOT BE OVER MAXIMUM NUMBER OF CONDUCTORS PER CODE.)

ALL RECEPTACLES SHALL BE SELF GROUNDING TYPE OR GREEN GROUNDING CONDUCTOR MUST BE USED.

KITCHEN ISLAND AND PENINSULA'S MUST HAVE G.F.I. PROTECTED RECEPTACLES.

ALL RECEPTACLES IN KITCHEN MUST BE G.F.I. PROTECTED (NOT BEHIND BUILT-IN UNITS OR REFRIGERATOR).

FRONT AND REAR OUTSIDE OF BUILDING MUST HAVE WEATHER-PROOF G.F.I. PROTECTED RECEPTACLE.

EACH BATHROOM AND POWDER ROOM MUST HAVE SEPERATE CIRCUIT 20 AMP. G.F.I. PROTECTED RECEPTACLE. (MAY SHARE WITH OTHER BATHS, NO OTHER OUTLETS ON THIS CIRCUIT.)

ANY BATHROOM THAT HAS A MOTORIZED UNIT (SAUNA - WHIRLPOOL, ETC.) MUST HAVE THE LIGHT FIXTURES IN THAT ROOM G.F.I. PROTECTED. (NOT PROTECTED BY REQUIRED 20 AMP. G.F.I. RECEPTACLE.)

SMOKE DETECTORS ARE REQUIRED IN ALL BEDROOMS AND COMBINATION CARBON MONOXIDE \ SMOKE DETECTORS IN ADJACENT HALLS. MINIMUM OF 1 COMBINATION CARBON MONOXIDE \ SMOKE DETECTOR ON ALL LEVELS.

ALL BEDROOM OUTLETS MUST HAVE ARC-FAULT PROTECTION. (NOT SMOKE DETECTOR OR FIRE ALARM WIRING OUTLETS.)

NO BARE INCANDESCENT LAMPS IN CLOTHES CLOSETS.

SUMP PUMP RECEPTACLE ON SINGLE RECEPTACLE. (NOT G.F.I. PROTECTED). ALL OTHER BASEMENT RECEPTACLES MUST BE G.F.I. PROTECTED.

Village of Merrionette Park

Municipal Electric Approval Form

*Property Owner/Customer of Record/Builder: _____

*Sub-Division Name _____

*Address where service is to be provided: _____

*Lot Number if applicable: _____

*City/Village/Township (if unincorporated): _____

*Zip Code: _____

*County: _____

*Taxing Town property is located in _____

*Mailing address if different than Service Address:

City: _____ State: _____ Zip Code: _____

Contractor/Electrician Name & Phone# _____

Select One From Each Group Below

New Construction: ☐
Upgrade/Revision/Relocate: ☐
Fire/Storm Damage repair: ☐
Other: ☐ explain: _____

*Residential: Single Family ☐
Multi Unit ☐

*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)
Yes No
Subtractive Metering ☐ ☐
(When fitting is wired to load side of meter)

Comments: _____

*Date Service was approved by municipality _____

*Municipal Inspector Information:

*Name _____

*Phone: _____ Fax: _____

For Commercial, Industrial or Residential Service Fax completed form to 630-684-3701

For New Residential Underground Service in a new subdivision of 5 or more lots, fax completed form to 630-684-3550

*Denotes required field, if not provided approval will be returned back