



County & Municipal

BUILDING PERMIT APPLICATIONS



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Disclaimer

Although accurate at the time of publication, the forms in this document may become out of date due to revisions and additions. Please check with the appropriate jurisdiction for updated information.

County of Kankakee

KANKAKEE COUNTY REGIONAL PLANNING COMMISSION
BUILDING DIVISION

BUILDING PERMIT APPLICATION

Date: _____ Building Permit Fee \$ _____ Deposit Fee \$ _____
Building Permit Fee Minus the Deposit Fee \$ _____

1. Owner of Property Name: _____

Current Address: _____

Telephone: _____ hm. _____ wk.

2. Parcel #: _____ Township: _____

Check PI File: Date: _____ Initials: _____ School District: _____

911 Address: _____

3. Subdivision: _____ Lot #: _____

4. Describe proposed construction: _____

5. Total estimated value of above: _____

Source of Value: Signed Contract Means Square Footage Book Other

6. Zoning of Property: _____ 7. Use of Improvement: _____

8. Is property in floodplain, floodway, or wetland?
Reviewed By: _____

ITEM	DATE FORM GIVEN	DATE RECEIVED	DATE APPROVED
Referral Form/Septic Permit			
911 Form			
Culvert Permit			
Plot Plan			
Erosion Control Permit			
Plans – 2 Sets			
Plan Review Sheet			
Copy of Recorded Deed			
Contractor List			
Impact Fees			(Pd)
Farm Affidavit			

9. Name and phone number of
Contract Person: _____ Phone #: _____
Cell #: _____

Signature of Owner or Authorized Agent

Application reviewed by: _____

Application is approved/denied. If application is denied, state reasons below:

Date Permit Issued: _____ Permit Number: _____

Application Taken By: _____

Village of Aroma Park

Village of Aroma Park

BUILDING PERMIT APPLICATION

Date: _____

BP# _____

1. Applicant _____

Address _____ **Phone** _____

Address of Building Site _____

2. Remodel or New Construction Address _____

3. Parcel Number: _____

4. Renter/Agent/Owner _____ **Name:** _____
(Circle One)

Address: _____

Telephone: _____

5. In Detail Description and Drawing of Remodel _____

5A. Projected cost of Remodel/New Construction \$ _____

Fees assessed for this permit are as follows:

Of Inspections

Building Permit Fee	_____	\$	_____
Electrical Inspection(s)	_____	\$	_____
Plumbing Inspection(s)	_____	\$	_____
Sewer System	_____	\$	_____
Tap Fees	_____	\$	_____
Occupancy Deposit	_____	\$	_____
Other	_____	\$	_____
TOTAL	_____	\$	_____

Village of Aroma Park (continued)

6. Does Remodeling Consist of any of the following:

Electrical Outlets: Yes _____ No _____ # _____

Lighting: Yes _____ No _____ # _____

Sinks: Yes _____ No _____ # _____

Drains Yes _____ No _____ # _____

Air Conditioning Yes _____ No _____

Heating Yes _____ No _____

Exhaust Fan(s) Yes _____ No _____ # _____

Ceiling Fan(s) Yes _____ No _____ # _____

Other _____

7. Is Property in Floodplain, Floodway or Wetland? _____
(If so, you must make arrangements to meet with the Mayor before permit is issued)

8. Name and phone number of

General Contractor _____

Plumber _____

Electrician _____

Other _____

NEW CONSTRUCTION:

- 1. Architect/Engineer _____**
Name and Phone number must be present
- 2 Complete sets of plans must be furnished before building permit will be issued.**
- 3. A copy of legal description or deed must accompany this application.**

Village of Aroma Park (continued)

4. **A Perpetual utility easement must be signed by owners of record before permit will be issued.**
5. **A request for sewer hook-up must be filed with this application.**

6. **All applicable fees including but not limited to building permit, sewer, occupancy deposit and inspections must be paid prior to the permit being issued.**

- 7.

I have read and understand the building or remodeling procedure for the Village of Aroma Park. I also am aware that if the project is started prior to The issuance of a building permit, I will be subject to a \$100.00 fine.

Signature: _____ **Date:** _____

Village of Aroma Park (continued)

MANDATORY INSPECTION REQUIREMENTS

A 24 HOUR NOTICE, DURING REGULAR BUSINESS HOURS OF 8:00 AM AND 4:00 PM MONDAY THRU FRIDAY, IS REQUIRED WHEN REQUESTING AN INSPECTION. ALL PROJECTS MUST HAVE A FINAL INSPECTION OR FINES MAY BE ASSESSED AND THE FOLLOWING INFORMATION MUST BE FURNISHED:

- A) ADDRESS OF INSPECTION LOCATION
- B) TYPE OF INSPECTION REQUIRED (PLUMBING, ELECTRICAL, BUILDING, ROUGH-IN, FINAL FOLLOW UP ETC)
- C) NAME AND TELEPHONE NUMBER YOU CAN BE REACHED AT
 - WHERE PERTINENT TO THE PROJECT, LOT SURVEY STAKES SHALL BE VISIBLE.
 - FOOTING FORMS SHALL BE INSPECTED AND APPROVED BEFORE CONCRETE IS POURED.
 - ALL UNDERGROUND WORK TRENCHES ARE TO BE OPEN FOR INSPECTION AND APPROVAL BEFORE BEING COVERED.
 - YOU ARE REQUIRED TO CALL FOR A ROUGH-IN INSPECTION. ALL WIRING, PLUMBING, HEATING AND VENTING SHALL BE VISIBLE AND APPROVED BEFORE THE FRAMING INSPECTION. ANY WORK THAT IS COVERED SHALL RESULT IN YOUR BEING REQUIRED TO REMOVE SUCH COVER SO THAT A COMPLETE INSPECTION CAN BE MADE.
 - YOU ARE REQUIRED TO CALL FOR A FINAL INSPECTION BEFORE THE PREMISES IN QUESTION IS USED FOR ANY REASON SUCH AS STORAGE OF FURNITURE, MERCHANDISE OR ANY OTHER EQUIPMENT. (NO EXCEPTIONS).
 - A \$50.00 FEE WILL BE ASSESSED FOR EACH ADDITIONAL RE-INSPECTION WHICH SHALL PROVE TO BE NECESSARY. THIS CHARGE SHALL BE PAYABLE AT THE VILLAGE HALL.

Village of Aroma Park (continued)

GENERAL PERMIT PROCEDURES AND INSTRUCTIONS

- PERMIT APPLICATION MUST BE COMPLETED IN FULL
- DETERMINE YOUR PROPERTY LINES AND EXPOSE PROPERTY STAKES IF APPLICABLE. SUBMIT A SKETCH SHOWING THE PROPOSED LOCATION OF YOUR PROPERTY RELATING TO LOT LINES, HOUSES, SHEDS, AND OR ANY OTHER STRUCTURES ON YOUR PROPERTY
- SEWER PERMIT FEES AND OCCUPANCY DEPOSITS MUST BE PAID WITH A SEPARATE CHECK FROM THE BUILDING PERMIT FEE
- YOU MUST SUPPLY YOUR OWN CONTRACTOR TO INSTALL **OUR** SEWER TANK. THE VILLAGE OF AROMA PARK WILL OVERSEE THE INSTALATION OF THE TANK, TIMES MUST BE COORDINATED WITH OUR SEWER DEPARTMENT.
- SHUT OFF VALVE, VALUT AND BACK FLOW PREVENTOR MUST BE FURNISHED BY THE CONTRACTOR OR HOMEOWOWNER.
- UNDER **NO** CIRCUMSTANCES MUST OUR SEWER LID BE COVERED. OR ACCESS INHIBITED BY ANY MEANS. **WE MUST BE ABLE TO GET TO OUR SEWER TANK AND LID**
- HOMEOWOWNER MUST SUPPLY THE ELECTRICAN TO WIRE THE HARDWARE FOR THE SEWER SYSTEM. YOU MAY CONTACT THE VILLAGE OF AROMA PARK AND WE WILL GIVE YOU A NAME OF A CONTRACTOR.

Village of Bonfield

VILLAGE OF BONFIELD BUILDING PERMIT

Bonfield, Illinois

To _____

Your application has been received for a county building permit, dated _____, 20 ____ in which you state (1) that you are the owner/lessee of the premises legally described as follows:

(2) that you desire to make thereon certain described improvements costing \$ _____ consisting of _____ and _____

(3) that you agree to use such premises and existing and proposed buildings and structures for only the uses as shown above, under Item 2.

The proposed improvements and uses as applied for, are permissible under the Building Ordinance adopted and subsequently amended and the permission applied for is hereby granted.

Work authorized hereby must be in accordance with sketch on your application for this permit. Notify the Village of Bonfield Building Department **immediately**, of any proposed changes, **before** such changes are made.

BUILDING INSPECTION PROCEDURE

All bearers of building permits are required to give sufficient advance notice with regard to the following stages of construction: (Mention Permit Number). Give at least 24 hours notice for each inspection — more if possible.

1. Location of buildings, wells and sewage disposal systems BEFORE construction is started.
If locations comply with the ordinance, a permit is issued.
2. Footing form inspection BEFORE footing is poured.
3. Foundation inspection BEFORE installing any steel or wood beams or any floor joists. This inspection is to be made BEFORE backfilling outside of foundation.
4. Inspection AFTER building is framed, roofed and rough wiring and plumbing is installed. This BEFORE any lath or inside wall covering is installed.
5. All sewage disposal systems to be inspected BEFORE backfilling.
6. Inspection of completed well installation.
7. Final inspection prior to issuance of certificate of occupancy. **Building not to be occupied until such certificate is issued.** Your cooperation will help to prevent stoppages or delays in construction.
- 8.

Enforcing Officer of Village of Bonfield Building Ordinance

Phone _____ for inspection. Dated _____, 20 _____

Note the following penalties and enforcements provided in county building ordinance:

Any person, firm, company or corporation who violates, disobeys, omits, neglects, or refuses to comply with, or who resists the enforcement of any of the provisions of the building ordinance, shall be subject to a fine or not more than 200 dollars for each offense or to imprisonment in the county jail for a period of not more than six months, or both, in the discretion of the court. Each day that a violation continues to exist constitutes a separate offense. In case of violation in addition to other remedies, any appropriate action or proceedings in equity may be instituted (1) to prevent such unlawful erection, construction, reconstruction, alteration, repair, conversion, maintenance or use, (2) to restrain, correct, or abate such violation, (3) to prevent the occupancy of said building, or land, or (4) to prevent any illegal act, conduct, business or use in or about the premises.

Check Building Ordinances for time limits in starting and completing work authorized above.

(Form 101 - Village of Bonfield Building Ordinance)

Map No. _____

Permit No. _____

Please Read Your Permit Carefully

Village of Bourbonnais



VILLAGE OF BOURBONNAIS

BUILDING DEPARTMENT

700 MAIN N.W. BOURBONNAIS, IL 60914

TELEPHONE 815-937-3575 FAX 815-937-5606

APPLICATION FOR BUILDING PERMIT

Date of Application: _____

PERMIT # _____ FEES: \$ _____

Applicant Name: _____

Phone# _____ Cell# _____

Owners Name: _____

Phone# _____ Cell# _____

Construction Address: _____

Lot # (if new construction) _____

PARCEL ID # _____

Subdivision: _____

**** PLAT OF SURVEY REQUIRED AT TIME OF APPLICATION ****

New Home Construction _____

Commercial Construction _____

Residential/Commercial Repair _____

Driveway – Concrete or Blacktop _____

Fence _____ High _____ Material _____

Garage X X (Max 24x26x14'High)

Pool X X Above Ground or Below Grade

Shed X X (Max 12X14x14'High)

Lawn Sprinkler: _____ RPZ Inspection _____

Other: _____

TRADE	NAME	PHONE	COUNTY & PROFESSIONAL LICENSE
CARPENTER			
CONCRETE			
ELECTRICAL			
EXCAVATOR			
MECHANICAL			
PLUMBER**			**
ROOFER*			*
SEWER			
GENERAL CONTRACTOR			

*Illinois Trade License Required

** Illinois Trade License and Illinois Contractor License Required

Total Cost of Project \$ _____ Approved _____ Denied _____, reason why / by whom _____

Applicant Signature _____ Address _____

I/We accept full responsibility for covering the easement, understanding that it is my responsibility to remove and/or replace any fence or concrete covering that may prevent utility companies from accessing their equipment for service. _____

ALL WORK TO BE DONE IN ACCORDANCE WITH LOCAL ORDINANCES & ADOPTED CODES. BY LAW ALL WORK MUST BE INSPECTED BEFORE BEING CONCEALED. J.U.L.I.E. MUST BE CALLED PRIOR TO ANY EXCAVATING CALL 811.

Village of Bradley

VILLAGE OF BRADLEY BUILDING PERMIT REQUEST

PLEASE COMPLETE IN FULL & SIGN

DATE _____ / _____ / _____

APPLICANT _____

APPLICANT
ADDRESS _____ PH# _____

ADDRESS OF BUILDING SITE _____ LOT _____

PROJECT DESCRIPTION _____

TYPE OF WORK NEEDED? ELECTRICAL _____ PLUMBING _____ HVAC _____ BUILDING _____

TOTAL VALUE OF PROJECT _____

PROPERTY OWNER _____

ADDRESS _____ PH# _____

GEN. CONTRACTOR _____ PH# _____

ADDRESS _____

EXCAVATOR/CONCRETE _____ PH# _____

ADDRESS _____

PLB CONT. _____ PH# _____

ADDRESS _____

HEATING CONT. _____ PH _____

ADDRESS _____

ELEC. CONT. _____ PH# _____

ADDRESS _____

ROOFING CONT. _____ PH# _____

Address _____

SEWER PERMIT NEEDED? _____ YES _____ NO _____

NOTE: SEWER PERMIT FEE MUST BE PAID WITH A SEPARATE CHECK FROM THE BUILDING PERMIT FEES.

I THE UNDERSIGNED UNDERSTAND THAT ALL OF THE ABOVE INFORMATION SUBMITTED FOR A BUILDING PERMIT TO BE ACCURATE. ANY CHANGES IN THE SUBMITTED PROJECT PLANS MUST BE RE-SUBMITTED FOR APPROVAL. ANY VIOLATION OF THIS PROCEDURE WILL RESULT IN A REVOCATION OF THE BUILDING PERMIT AND ALL WORK WILL BE STOPPED.
SIGNED _____

Village of Buckingham

APPLICATION

Page 1

VILLAGE OF BUCKINGHAM BUILDING DEPARTMENT

Buckingham, Illinois 60917

OFFICE USE ONLY

SEPTIC HOOK-UP FEE _____

WATER HOOK-UP FEE _____

BLDG. PERMIT FEE _____

FOR A VILLAGE OF BUCKINGHAM BUILDING PERMIT
(for building or structure or alteration of existing building or structure)
NOTE: Application consists of 2 pages and 1 set of plans submitted.

To: Building Officer of Village of Buckingham

Item No.

1. Application is hereby made for a building permit involving premises legally described under item No. 5 below.
2. Date of application _____.

Owner of property: Name _____
Address _____

Telephone _____

4. Mail permit to _____

5. Legal description of property. (As it appears on deed or title policy)

6. Proposed construction and/or use. (Indicate below the type and use of building or structure proposed to be erected, constructed, reconstructed, enlarged, altered moved or improved and any establishment of or change of use of land or building in connection therewith, if any. Include plumbing, heating, well, water system and sewage disposal system, if proposed to be installed at the time of building construction.)

7. Name, address, and telephone
General Contractor _____

In consideration of this application and attached forms made a part thereof, and the issuance of permit, I/we will conform to the regulations set forth in the Village of Buckingham Building Ordinance.

FEES AND PLAN MUST BE
ACCOMPANIED WITH
APPLICATION

Signature of owner or agent, authorized.

ESTIMATED COST \$ _____

Village of Buckingham (continued)

PAGE 2

VILLAGE OF BUCKINGHAM BUILDING DEPARTMENT Buckingham, Illinois 60917

CONTINUED

PLOT PLAN

REQUIRED DATA.

- A. Show septic tanks.
- B. State if your facility is existing or proposed.
- C. Lot size, building dimensions and location.
- D. Indicate NORTH direction.

SKETCH YOUR PLOT PLAN

Survey stakes must be in place at property corners. Location of building or structure must be staked out on property as shown. This will be checked before permit is issued. Construction must not be started until permit is issued. No changes in location as shown, may be made without first contacting BUILDING DEPARTMENT.

Location as shown below will be staked out by _____.

DATE

MISCELLANEOUS INFORMATION

Basement _____ sq.ft.	-	Garage _____ sq.ft.	Foundations
1st floor _____ sq.ft.		Other _____ sq.ft.	_____ poured
2nd floor _____ sq.ft.		TOTAL _____ sq.ft.	_____ block
Owner will occupy rent sell	Rooms _____ number bathrooms	Roofing _____ asphalt wood other	Heating _____ electric gas other
Outside walls	brick, _____ concrete, _____ cinder block,	other.	

Not Available

Village of Chebanse

VILLAGE OF CHEBANSE APPLICATION FOR BUILDING PERMIT

BUILDING
PERMIT NO.

DATE _____

COUNTY _____

APPLICANTS NAME: _____

ADDRESS: _____ PHONE #: _____

DESCRIBE TYPE OF WORK TO BE DONE: _____

DIMENSIONS: (PLEASE ATTACH DRAWING SHOWING DIMENSIONS OF EXISTING AND NEW, IF APPLICABLE)

CONTRACTOR: _____ COST OF PROJECT: \$ _____

PERMIT FEE: \$ _____ (REFER TO ATTACHED PERMIT FEE LISTING)

The undersigned herewith applies for a permit to build/alter a _____ story _____ and hereby agrees upon issuance of said permit to conform and comply with the conditions of the same and the ordinances of the Village of Chebanse as far as they may apply to any work set forth in this application, same to be located and built in strict accordance with accompanying description, plans and specifications, which are hereby submitted for your approval.

SIGNATURE _____ DATE _____

DESCRIPTION OF PROPERTY (TO BE COMPLETED BY BUILDING INSPECTOR)		
LOT #	BLOCK #	
SUBDIVISION	SECTION #	TWP

BUILDING INSPECTOR _____ DATE _____

TOTAL COLLECTED \$ _____ CHECK # _____

DATE CHECK TO TREASURER _____

CALL JULIE BEFORE DIGGING TO AVOID A FINE (1-800-892-0123) "IT'S THE LAW"
MAKE CHECKS PAYABLE TO: VILLAGE OF CHEBANSE
PERSON DOING THE WORK IS RESPONSIBLE FOR OBTAINING THE PERMIT

Village of Essex

VILLAGE OF ESSEX BUILDING PERMIT APPLICATION

App. Date ____ / ____ / ____	Type Permit <input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Building (B) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O)			Is Owner Applicant Y/N
---------------------------------	--	--	--	------------------------------

1. PROPERTY INFORMATION

Street Address		Apt.	Zip	Contractor Phone	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)			

2. OWNER INFORMATION

First Name	Last Name of Business Name		Phone	
Street Address		City		State
				Zip

3. CONTRACTORS INFORMATION

	Name of Contractor Last Name, First Name	St. Address	City, State	License No.
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of the Village of Essex. In addition, if a permit for work described in this application is issued, I certify that the Building Inspector for the Village of Essex or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Village of Essex (continued)

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	Plan Number
IMPROVEMENT TYPES		
<input type="checkbox"/> New Construction (1) <input type="checkbox"/> Demolition (5) <input type="checkbox"/> Addition (2) <input type="checkbox"/> Relocation (6) <input type="checkbox"/> Alteration (3) <input type="checkbox"/> Foundation Only (7) <input type="checkbox"/> Repair/Replacement (4) <input type="checkbox"/> Change of Use Only (8)		

6. ELECTRICAL APPLICATION

Electrical Work

YES NO

Total Service	Amps	Number of Circuits: 2 Wire 3 Wire 4 Wire			# of Service Outlets	110V	220V	
		Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1.					6.			
2.					7.			
3.					8.			
4.					9.			
5.					10.			

Electric Work Est. Value \$ _____

7. PLUMBING APPLICATION

Plumbing Work

YES NO

Enter the Number of Fixtures Being Installed, Replaced, or Repaired			
Tubs/Showers		Sinks	Water Softeners
Shower Stalls		Dishwashers	Sump Pumps
Lavatories		Garbage Disposals	Back Flow Preventers
Toilets		Water Heaters	Swimming Pools

8. MISCELLANEOUS BUILDING INFORMATION

Give total number of square feet in overall area of each floor and basement, including breezeways, garages, porches, etc.

Basement	Sq. Ft	Garage	Sq. Ft
1 st Floor	Sq. Ft	Other	Sq. Ft
2 nd Floor	Sq. Ft	TOTAL	Sq. Ft

Fill in the Following Information for Building Only

Will Owner	<input type="checkbox"/> Occupy	<input type="checkbox"/> Rent or	<input type="checkbox"/> Sell Bldg.	No. Rooms _____	No. Bathrooms _____
Work Expected to Start About	Basement <input type="checkbox"/> YES <input type="checkbox"/> NO				

Description of Building

Kinds of Outside Walls:	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Stucco
	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Cinder Blocks	<input type="checkbox"/> Stone Veneer

-Foundations-	-Heating-	-Roofing-
<input type="checkbox"/> Poured <input type="checkbox"/> Block	<input type="checkbox"/> Hot Water <input type="checkbox"/> Coal <input type="checkbox"/> Warm Air <input type="checkbox"/> Oil Burner <input type="checkbox"/> Steam <input type="checkbox"/> Gas	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Built-Up <input type="checkbox"/> Asbestos Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Metal

Village of Essex (continued)

**Attach Your Site Plan & Architectural Plans
Supply Complete Information**

Dimension Building to Lot Lines.

Survey stakes must be in place at property corners. Location of building or structure must be staked out on property as shown. This will be checked before permit is issued. Construction must not be started until permit is issued. No changes in location as shown, may be made without first contacting Building Department.

Locations as shown below will be staked out by _____
(Date)

IMPORTANT: PLEASE READ

Forty-eight (48) hours notice is required from application for building permit to actual issuance of permit. If any repairs/construction started before building permit is issued, the residence will be red tagged and the violator will be subject to a fine of no less than \$25.00 per day and no more than \$500.00 per day-per offense.

Capacity Acquisition Fee @ \$ 300.00 per P.E.		
<input type="checkbox"/>	Efficiency or Studio Apartment	\$ 300.00
<input type="checkbox"/>	1 Bedroom Apartment	\$ 450.00
<input type="checkbox"/>	2 Bedroom Apartment	\$ 900.00
<input type="checkbox"/>	3 Bedroom Apartment	\$ 900.00
<input type="checkbox"/>	Single Family Dwelling	\$ 1050.00
<input type="checkbox"/>	Commercial User	\$ 1200.00

Connection Fee @ \$ 200.00 per P.E.		
<input type="checkbox"/>	Efficiency or Studio Apartment	\$ 200.00
<input type="checkbox"/>	1 Bedroom Apartment	\$ 300.00
<input type="checkbox"/>	2 Bedroom Apartment	\$ 600.00
<input type="checkbox"/>	3 Bedroom Apartment	\$ 600.00
<input type="checkbox"/>	Single Family Dwelling	\$ 700.00
<input type="checkbox"/>	Commercial User	\$ 800.00

*Other methods can be used to calculate fee for commercial and industrial users.

This is the minimum amount allowed per ordinance.

NOTE:

Applicant is required to install only Village of Essex approved sanitary sewer equipment.

Capacity Acquisition Fee	\$
Connection Fee	\$
Sewer Inspection Fee	\$ 20.00
Building Construction Fee	\$
Total Building Permit Application Fee	\$

Village of Grant Park

CALL 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD	IL UNIFORM PERMIT APPLICATION			PERMIT NO. TAX KEY #	
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY _____	PROJECT LOCATION (Building Address)			
		PROJECT DESCRIPTION		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY	
<i>Subdivision Name</i>		<i>Lot No.</i>	<i>Block No.</i>	<i>Lot Area</i>	
		<i>Sq. Ft.</i>			
Owner's Name		Mailing Address		Telephone - Include Area Code (Home) _____ (Work) _____	
General Contractor (Lic. No.)		Mailing Address		Telephone - Include Area Code	
Carpenter (Lic. No.)		Mailing Address		Phone	
Plumber (Lic. No.)		Mailing Address		Phone	
Electrician (Lic. No.)		Mailing Address		Phone	
Heating (Lic. No.)		Mailing Address		Phone	
BUILDING or REMODELING: PERMIT(S) INCLUDE: <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion <input type="checkbox"/> Zoning					
Types of Rooms: <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> SIGN <input type="checkbox"/> wall <input type="checkbox"/> ground <input type="checkbox"/> illuminated <input type="checkbox"/> non-illuminated width.....length.....area.....ht. above ground.....lot frontage.....					
<input type="checkbox"/> FENCE length.....height.....type.....		<input type="checkbox"/> OTHER (specify) _____			
1a. PROJECT		3. TYPE	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> _____	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other	Fuel Nat. Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____
1b. GARAGE		4. CONST. TYPE	7. FOUNDATION	10. PLUMBING	13. NUMBER OF BEDROOMS
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____	
2. AREA <i>Office Use Only</i>		5. STORIES	8. USE	11. WATER	14. NUMBER OF BATHS
_____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft.		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	15. ESTIMATED COST \$ _____
TOTAL _____					
No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.					
SIGNATURE OF APPLICANT _____			DATE _____		
CONDITIONS OF APPROVAL This permit is issued pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.					
FEES:			PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	
Building Fee _____		Sub Total _____	Permit expires one year from date issued unless otherwise noted below:	Name _____	
Electric Fee _____		Admin. Fee _____			Date _____
Plumbing Fee _____		Bond _____			
HVAC Fee _____		Other _____			
Other _____		Total _____			

Village of Herscher

VILLAGE OF HERSCHER HERSCHER, ILLINOIS

INFORMATION REQUIRED TO OBTAIN A BUILDING PERMIT IN THE CORPORATED AREAS OF THE VILLAGE OF HERSCHER

This document is intended to provide essential building information/ guidelines for you and/ your employees to follow. Please read the information and follow our requests to minimize potential problems.

Application for a building permit shall be filed in writing on forms secured from the Village Administrative Assistant, (Amy DuMontelle, 272 E. Second St., Herscher, 426-2131).

The application shall contain the following information:

1. Legal description of the property, the lot, block and the name of the subdivision or meets and bounds description, Tax Identification Number, and street address (includes remodeling or additions to existing structures).
2. General description and location of structures to be built, enlarged, or demolished, including accessory buildings, commercial buildings and description of the uses proposed.
3. Plans and specifications of proposed work showing all dimensions with the size, shape and location of the building to be erected. (1 set full size prints)
4. A plot plan showing dimensions of the property and all of the existing and proposed structures; the location of such structure in reference to the property line; the ingress and egress and the off street parking areas to be provided.
5. Estimated cost of residential, commercial, and industrial building, swimming pools, fences, decks; costs of moving, raising, shoring, underpinning, siding or veneering, etc.
6. Name and address of the owner, applicant and contractor, if any.
7. Location of utilities, actual or proposed, to service the proposed structure.
8. Areas to be surfaced, such as driveways, parking areas, sidewalks, service and loading areas.
9. Water retention or detention areas and dimensions, depths, and capacities.
10. Such other information as may be necessary to provide for enforcement of the Zoning Ordinance, together with copies of drawings and/or sketches as may be required by the Village.

Village of Herscher (continued)

**ALL INSPECTORS MUST BE NOTIFIED 48 HOURS BEFORE INSPECTION IS REQUIRED.
J.U.L.I.E MUST BE CALLED PRIOR TO ANY EXCAVATING (800) 892-0123**

<u>VILLAGE INSPECTIONS</u>	<u>INSPECTOR</u>
FIRST ROUGH INSPECTION:	
1. Staking	CHARLES ENOS 426-2845
2. Footings (After forms, before pouring concrete)	CHARLES ENOS 426-2845
3. Walls (After form, before pouring concrete)	CHARLES ENOS 426-2845
4. Rough plumbing (underground and basement)	LES BLANCHETTE 530-0368
<u>ALL OF THE FOLLOWING INSPECTIONS REQUIRED BEFORE DRY WALLING</u>	
SECOND ROUGH INSPECTION:	
5. Rough frame work	CHARLES ENOS 426-2845
6. Rough inspection - Plumbing	LES BLANCHETTE 530-0368
7. Rough inspection - Wiring	CHARLES ENOS 426-2845
8. Water hook ups (Main to meter)	RANDY BISAILLON 426-2784
9. Sewer hook ups (sanitary & storm)	RANDY BISAILLON 426-2784
FINAL INSPECTION:	
1. Frame	CHARLES ENOS 426- 2845
2. Plumbing	LES BLANCHETTE 530-0368
3. Electrical	CHARLES ENOS 426-2845
4. Water hook up (before covered)	RANDY BISAILLON 426-2784
5. Sewer hook up (before covered)	RANDY BISAILLON 426-2784
6. Driveways, sidewalks & lawn	CHARLES ENOS 426-2845

OCCUPANCY PERMIT (After approval of all above inspections)

-Re-inspection fee will be assessed if building and/or plumbing inspector must return to re-inspect because of a violation and its correction.

Village of Herscher (continued)

ALL WORK TO BE IN ACCORDANCE WITH LOCAL ORDINANCES AND ADOPTED CODES.

The Village of Herscher follows codes listed below in its residential construction program.

International One and Two Family Dwelling Code	2003
International Mechanical Code	2003
International Plumbing Code	2003
National Electric Code	2002
Illinois State Plumbing Code	1998

A Building Permit must first be applied for on any new building or remodeling project.

-Applications must be submitted in advance (10) ten days ahead of time final approval is required.

- Applications for permits must include one (1) complete set of working plans and plat showing location on the lot.

-Cost of Permits:

Building permit: (10-12 inspections by building inspector 3 inspections by plumbing inspector)

R1 Single Dwelling.....	\$750.00
R2 Duplex.....	\$800.00
R3 4 unit.....	\$1200.00
R3 6-8 unit.....	\$1800.00
R3 10-12 unit	\$2300.00

Water Hook Up on: (for 1")

R1 Single Dwelling.....	\$750.00
R2 Duplex.....	\$1000.00
R3 4 unit.....	\$1500.00
R3 6 unit.....	\$2000.00
R3 8 unit	\$2500.00
R3 10 unit	\$3000.00
R3 12 unit	\$3500.00

Sewer Hook Up

R1 Single Dwelling.....	\$1050.00
R2 Duplex.....	\$1200.00
R3 4 unit.....	\$1700.00
R3 6 unit.....	\$2200.00
R3 8 unit.....	\$2700.00
R3 10 unit.....	\$3200.00
R3 12 unit.....	\$3700.00

Village of Herscher (continued)

HEIGHT AND AREA REQUIREMENTS:

	"R-1 SINGLE FAMILY	"R-2" TWO FAMILY
<hr/>		
MAX. HEIGHT OF BUILDING		
Stories	2.5	2.5
Feet	35'	35'
MIN DEPTH OF FRONT YARD *	30'	30'
MIN. EITHER SIDE YARD	10'	10'
MIN. WIDTH OF AGGREGATE SIDE YARD	20'	20'
MIN. DEPTH OF REAR YARD	25'	25'
MIN. LOT SIZE	10,500 SQ. FT.	11,500 SQ. FT.
MIN. YARD WIDTH	80'	85'

*exceptions to front yard provided for line up with existing structures, see code for details

Village of Herscher (continued)

SANITARY SEWER, STORM SEWER AND WATER CONNECTION REGULATIONS:

Permission must be obtained by Village Public Works Employee at 426-6350; Bruce Meredith 426-2632), before excavating is started and before any cut in the street or curb. All cuts must be backfilled with state approved fill and replaced back in the same condition as before the cut was made. Backfill near lines must be clean and approved by Village Public Works Employee.

All sewer and water ditches must be inspected & approved by Village Public Works Employee before back filling.

FAILURE TO DO SO WILL RESULT IN REOPENING OF DITCH.

ESTABLISHMENT OF NEW LAWN:

Grass seed must be planted or sod should be laid before occupancy is granted. If neither can be done due to the time of year or weather, an escrow account will be required (based on the square footage of the lot) before certificate of occupancy is given

SIDEWALK CONSTRUCTION* AND LOCATION:

All sidewalk construction plans must be submitted to the Village Building Inspector before any sidewalk construction can begin. All sidewalk construction shall be a minimum of four (4) feet wide, four (4) inches in depth; six bag mix reinforced or fiber crete. Location parallel to property line one (1) foot outside the property line. New sidewalk base of 3" compacted sand or 3" stone. Top elevation of finished sidewalk minimum of 4" higher than crown of street. No pouring prior to inspection.

All new and replacement sidewalks shall have handicap ramps.

An escrow account will be required if occupancy is requested before sidewalks are installed. (at the rate of \$3.00 per square foot)

(Village will reimburse *replacement* of old residential sidewalks at rate of \$2.00 per square foot, and old commercial sidewalks at rate of \$3.00 per square foot.)

SMOKE DETECTORS:

Smoke detectors are required on every level including basement, hard wired into AC power line so that if one is activated they all will activate. This state law applies to new construction and to remodeling.

This is intended to be a guideline to frequently encountered questions.

**For more detail refer to specific ordinances and
the Village Code of Herscher, Illinois.**

Village of Herscher (continued)

VILLAGE OF HERSCHER BUILDING PERMIT APPLICATION

App. Date	Type Permit			Is Owner Applicant Y/N
____ / ____ / ____	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		
	<input type="checkbox"/> Building (B)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) See item 8	

1. PROPERTY INFORMATION

Street Address		Apt.	Zip	Contractor Phone	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R)	<input type="checkbox"/> Industrial (I)	
			<input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

First Name	Last Name or Business Name			Phone
Street Address		City	State	Zip

3. CONTRACTORS INFORMATION

Applicant (not owner)	NAME OF CONTRACTOR <i>LAST NAME, FIRST NAME</i>	ST. ADDRESS	CITY, ST.	LICENSE NO.
<u>Architect/Engineer</u>				
<u>General Contractor</u>				
<u>Excavation</u>				
<u>Concrete</u>				
<u>Carpentry</u>				
<u>Electrical</u>				
<u>Plumbing</u>				
<u>Sewer</u>				
<u>Mechanical</u>				
<u>Roofing</u>				
<u>Masonry</u>				
<u>Drywall or Lathing</u>				
<u>Sprinkler</u>				
<u>Paving</u>				
<u>Fire Alarm</u>				

Village of Herscher (continued)

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Building Inspector for the Village of Herscher or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	Plan Number
IMPROVEMENT TYPE:		
<input type="checkbox"/> NEW CONSTRUCTION (1)	<input type="checkbox"/> DEMOLITION (5)	
<input type="checkbox"/> ADDITION (2)	<input type="checkbox"/> RELOCATION (6)	
<input type="checkbox"/> ALTERATION (3)	<input type="checkbox"/> FOUNDATION ONLY (7)	
<input type="checkbox"/> REPAIR/REPLACEMENT (4)	<input type="checkbox"/> CHANGE OF USE ONLY (8)	

6. ELECTRICAL APPLICATION

ELECTRICAL WORK

Yes No

Total Service <u> </u> AMPS	Number of Circuits: <u> </u> 2 WIRE <u> </u> 3 WIRE <u> </u> 4 WIRE	No. of Service Outlets <u> </u> 110V <u> </u> 220V			
POWER DEVICES	No.	OUTPUT/LOAD	POWER DEVICES	No.	OUTPUT /LOAD
1.		6.			
2.		7.			
3.		8.			
4.		9.			
5.		10.			
Electrical Work Est. Value \$					

Village of Herscher (continued)

7. PLUMBING APPLICATION

Plumbing Work
 Yes No

Enter the Number of Fixtures Being Installed, Replaced, or Repaired				
Tubs/Showers		Sinks		Water Softeners
Shower Stalls		Dishwashers		Sump Pumps
Lavatories		Garbage Disposals		Back Flow Preventers
Toilets		Water Heaters		Swimming Pools

8. OTHER REQUIRED APPLICATION(S)

Permit Type:
Description of Work:
Est. Start <u> </u> / <u> </u> / <u> </u> Est. Finish <u> </u> / <u> </u> / <u> </u> Est. Value \$

IMPORTANT: PLEASE READ

Forty-eight (48) hours notice is required from application for building permit to actual issuance of permit. If any repair/construction is started before building permit is issued, the residence will be red tagged and the violator will be subject to a fine of no less than \$25.00 per day and no more than \$500.00 per day-per offense.

Village of Hopkins Park

PERMIT NUMBER: _____

Village of Hopkins Park
P.O. Box Ak
Hopkins Park, Illinois 60944
Phone: 815-944-8625 Fax: 815-944-6809

APPLICATION FOR BUILDING PERMIT

NAME OF OWNER: _____ TELEPHONE: _____

ADDRESS: _____

CONSTRUCTION SITE ADDRESS: _____

LOT: _____ PIN: _____

DESCRIBE IN BRIEF THE NATURE OF IMPROVEMENT: _____

CURRENT ESTIMATED COST OF MATERIAL/LABOR SERVICES: \$ _____

SIGNED THIS _____ DAY OF _____ SIGNATURE: _____

APPLICATION APPROVED: _____ (ZONING ADM.) (BUILDING INSP.)

APPLICATION APPROVED ON THE FOLLOWING CONDITIONS: _____

APPLICATION DISAPPROVED FOR FOLLOWING CONDITIONS: _____

CONTRACTORS:

General Contractor:	State License#	Village Reg. No.
EXCAVATING:	State License#	Village Reg. No.
FOOTING & WALLS:	State License #	Village Reg. No.
ROOFER:	State License#	Village Reg. No.
CARPENTER:	State License#	Village Reg. No.
SEWER & WATER:	State License#	Village Reg. No.
PLUMBING:	State License#	Village Reg. No.
ELECTRICAL:	State License#	Village Reg. No.
HTG. & AIR A/C:	State License#	Village Reg. No.
DRYWALL:	State License#	Village Reg. No.
PAINTER:	State License#	Village Reg. No.
MASONRY:	State License#	Village Reg. No.
SIDEWALK/FLATWORK:	State License#	Village Reg. No.

JULIE MUST BE CALLED BEFORE EXCAVATING: 1-800-892-0123

RECEIVED BUILDING REGULATIONS SHEET & SIGNED VILLAGE INSPECTION SHEET:

APPLICANT'S SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

FEES REQUIRED ON ISSUANCE OF PERMIT:

CLERK SIGNATURE: _____

ONE MONEY ORDER REQUIRED FOR:

BUILDING PERMIT: \$ _____

INSPECTION FEE: \$ _____

COMED FEE: \$ _____

No Permit Application Needed

City of Kankakee

City of Kankakee
Planning and Code Enforcement Department
850 N Hobbie Ave.
Kankakee, IL 60901

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also part 7. If mechanical work, complete also Part 8. For other permits, complete also part 9. Site plan is to be attached hereto.

App. Date _____/_____/_____	Permit Type <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other	Is owner applicant? (Y/N) (See item 9)
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1. PROPERTY INFORMATION

Street Address _____ _____	Parcel Index # _____
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2. OWNER INFORMATION

First Name _____ _____	Last Name or Business Name _____ _____		
Address _____ _____	City _____ _____	State _____ _____	Zip _____ _____
Home Phone _____ _____	Business Phone _____ _____	Cell Phone _____ _____	

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	ST. ADDRESS	CITY, ST. ZIP	LICENSE NO.
Applicant (not owner)	_____ _____	_____ _____	_____ _____	_____ _____
Architect/Engineer	_____ _____	_____ _____	_____ _____	_____ _____
General Contractor	_____ _____	_____ _____	_____ _____	_____ _____
Excavation	_____ _____	_____ _____	_____ _____	_____ _____
Concrete	_____ _____	_____ _____	_____ _____	_____ _____
Carpentry	_____ _____	_____ _____	_____ _____	_____ _____
Electrical	_____ _____	_____ _____	_____ _____	_____ _____
Plumbing	_____ _____	_____ _____	_____ _____	_____ _____
Sewer	_____ _____	_____ _____	_____ _____	_____ _____
Mechanical	_____ _____	_____ _____	_____ _____	_____ _____
Roofing	_____ _____	_____ _____	_____ _____	_____ _____
Masonry	_____ _____	_____ _____	_____ _____	_____ _____
Other	_____ _____	_____ _____	_____ _____	_____ _____

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the City of Kankakee. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK .TITLE

PHONE NO.

City of Kankakee (continued)

5. BUILDING PERMIT APPLICATION

6. ELECTRICAL PERMIT APPLICATION

Description of Work:		
<p> </p>		
Est. Start Date	Est. Finish Date	Est. Value \$

City of Kankakee (continued)

7. PLUMBING PERMIT APPLICATION

Description of Work:		
<p> </p>		
Est. Start Date	Est. Finish Date	Est. Value \$
_____ / _____ / _____	_____ / _____ / _____	_____

8. MECHANICAL PERMIT APPLICATION

City of Kankakee (continued)

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:			
Description of Work:			
Est. Start Date	Est. Finish Date	Est. Value \$	
_____ / _____ / _____	_____ / _____ / _____	_____	_____

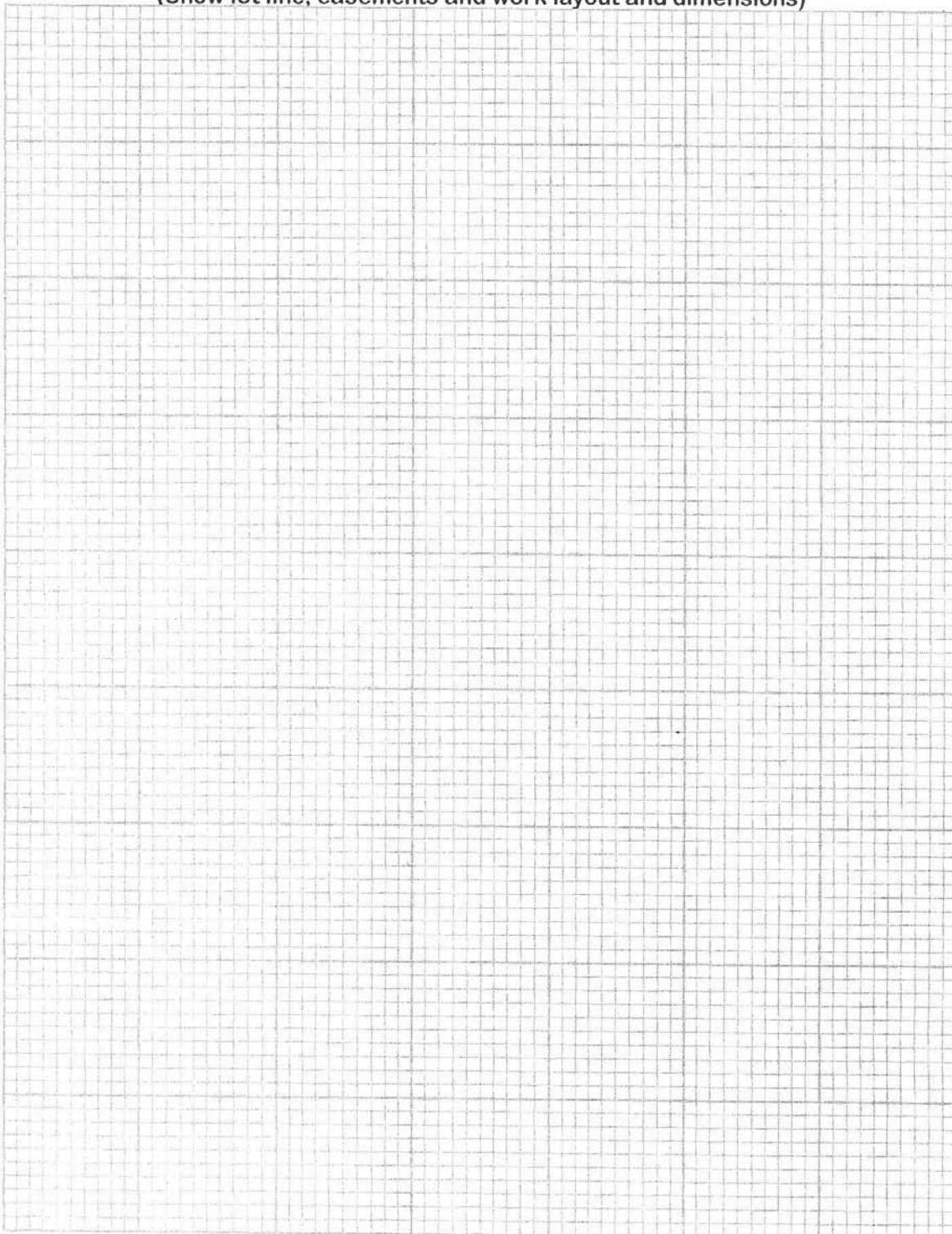
10. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:			
Description of Work:			
Est. Start Date	Est. Finish Date	Est. Value \$	
_____ / _____ / _____	_____ / _____ / _____		

City of Kankakee (continued)

11. SITE PLAN

(Show lot line, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

City of Kankakee (continued)

THIS PAGE FOR DEPARTMENT USE ONLY

12. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

13. FLOODPLAIN / SFHA EVALUATION

(Applicable: YES NO)

Community Panel Number _____ Date _____

Flood Zone _____

14. ZONING EVALUATION

Zoning Certificate Number _____ Date _____

15. PLAN REVIEW FEE RECORD

Plan Review Required	Check	Plan Review Fee	By	Date Plans Approved	By
BUILDING		\$			
PLUMBING		\$			
MECHAICAL		\$			
ELECTRICAL		\$			
OTHER		\$			
TOTAL		\$			

16. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By
CURB OR SIDEWALK CUT				
ELEVATOR				
GRADING				
OTHER				

City of Kankakee (continued)

THIS PAGE FOR DEPARTMENT USE ONLY

17. PROJECT DOCUMENTS

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Architectural Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Structural Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Mechanical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Electrical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Plumbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other(_____)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

18. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Utility - Water	
KMU (Sewer)		Utility - Electric	
Engineer		Utility - Gas	
County Health		Other (_____)	

19. VALIDATION

Building Permit	Date	Number	Permit Fee \$
Electrical Permit	Date	Number	Permit Fee \$
Plumbing Permit	Date	Number	Permit Fee \$
Mechanical Permit	Date	Number	Permit Fee \$
Other	Date	Number	Permit Fee \$
Plan Review Fee (From Part 14)			\$
Other Fee(s)			\$
TOTAL FEES			\$

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

City of Kankakee (continued)

THIS PAGE FOR DEPARTMENT USE ONLY

20. Permit Denied

Reason: _____

Denied By: _____ Title: _____ Date: ____ / ____ / ____

Village of Limestone

BUILDING PERMIT APPLICATION

Date: _____ Building Permit Fee \$ _____ Deposit Fee \$ _____

Building Permit Fee Minus the Deposit Fee \$ _____

1. Owner of Property Name: _____

Current Address: _____

Telephone: _____ hm. _____ wk. _____

2. Parcel #: _____ Township: _____

Check PI File: Date: _____ Initials: _____ School District: _____

911 Address: _____

3. Subdivision: _____ Lot #: _____

4. Describe proposed construction: _____

5. Total estimated value of above: _____

Source of Value: Signed Contract Means Square Footage Book Other

6. Zoning of Property: _____ 7. Use of Improvement: _____

8. Is property in floodplain, floodway, or wetland?

Reviewed By: _____

ITEM	DATE FORM GIVEN	DATE RECEIVED	DATE APPROVED
Referral Form/Septic Permit			
911 Form			
Culvert Permit			
Plot Plan			
Erosion Control Permit			
Plans – 2 Sets			
Plan Review Sheet			
Copy of Recorded Deed			
Contractor List			
Impact Fees			(Pd)
Farm Affidavit			

9. Name and phone number of
Contract Person: _____ Phone #: _____
Cell #: _____

Signature of Owner or Authorized Agent

Application reviewed by: _____

Application is approved/denied. If application is denied, state reasons below:

Date Permit Issued: _____ Permit Number: _____

Application Taken By: _____

Village of Manteno

C of O:	VILLAGE OF MANTENO APPLICATION FOR BUILDING PERMIT (815)929-4803		Expires:
DATE: _____	PERMIT #:	PHONE: _____	
NAME OF OWNER: _____			
OWNER ADDRESS: _____			
CONSTRUCTION SITE ADDRESS (if different): _____			
DESCRIPTION OF IMPROVEMENT(S): _____			
DIMENSIONS: _____			
NEW CONSTRUCTION FILL-OUT THIS SECTION			
SUBD: _____	ADDITION: _____	LOT#: _____	DRAINAGE EASE.: _____
ZONING: _____			
# STORIES: _____	# BED: _____	# BATH: _____	BASEMENT: _____
CRAWL: _____	BONUS RM: _____		
FINISH BASEMENT: _____	HOUSE SQ FTG: _____	GARAGE SQ FTG: _____	SURVEY RECD: _____
CONTRACTORS: GENERAL: _____ #: EXCAVATING: _____ #: CONCRETE: _____ #: ROOFER: _____ #: FRAMER: _____ #: SEWER: _____ #: WATER: _____ #: PLUMBING: _____ #: ELECTRIC: _____ #: HVAC: _____ #: MASONRY: _____ #: ASHPALT: _____ #: DRYWALLER: _____ #: INSULATOR: _____ #: SIDING: _____ #: LANDSCAPER: _____ #: OTHER: _____ #		MANTENO CONTRACTOR #	
		OFFICE USE ONLY	
		CHECK CASH	
PERMIT FEE: _____		CK# _____	
INSP. FEE: _____			
SEWER FEE: _____		CK# _____	
SEWER RECAP: _____			
SCHOOL LAND: _____		CK# _____	
PARK: _____			
SCHL. CONST: _____			
ANNEX FEE: _____		CK# _____	
TOTAL FEES: _____			
FGF ELEVATION: _____			
ALL CONTRACTORS MUST REGISTER ANNUALLY WITH THE VILLAGE OF MANTENO.			
CALL JULIE 1-800-892-0123 BEFORE YOU DIG			

All the supplied information above is true and correct, to the best of my knowledge. Any deviation or changes to the information provided above will be brought to the attention of the Village of Manteno. **Residential work must be completed within 8 months. Commercial work must be completed within 12 months.** The land and building will be used in accordance with all the provisions of the zoning ordinances of the Village of Manteno. I have read and am familiar with the applicable codes and regulations related to this building permit. If permit is not picked up within 30 days of application, it will be void and you will have to reapply.

Reviewed and approved/denied by:

Signature of Owner _____ Date _____ Building Official _____ Date _____

If permit denied, reasons why:

Office - White Copy Owner - Yellow Copy Assessor - Pink Copy

City of Momence

CALL 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD	IL UNIFORM PERMIT APPLICATION			PERMIT NO. TAX KEY #					
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY _____	PROJECT LOCATION (Building Address)	PROJECT DESCRIPTION						
<i>Subdivision Name</i>		<i>Lot No.</i>	<i>Block No.</i>	<i>Lot Area</i> <i>Sq. Ft.</i>					
Owner's Name		Mailing Address		Telephone - Include Area Code <i>(Home)</i> <i>(Work)</i>					
General Contractor (Lic. No.)		Mailing Address		Telephone - Include Area Code					
<i>Carpenter (Lic. No.)</i>		<i>Mailing Address</i>		<i>Phone</i>					
<i>Plumber (Lic. No.)</i>		<i>Mailing Address</i>		<i>Phone</i>					
<i>Electrician (Lic. No.)</i>		<i>Mailing Address</i>		<i>Phone</i>					
<i>Heating (Lic. No.)</i>		<i>Mailing Address</i>		<i>Phone</i>					
BUILDING or REMODELING: PERMIT(S) INCLUDE: <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion <input type="checkbox"/> Zoning Types of Rooms: <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> SIGN <input type="checkbox"/> wall <input type="checkbox"/> ground <input type="checkbox"/> illuminated <input type="checkbox"/> non-illuminated width.....length.....area.....ht. above ground.....lot frontage..... <input type="checkbox"/> FENCE length.....height.....type..... <input type="checkbox"/> OTHER (specify) _____									
1a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____		3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> _____		6. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other		12. ENERGY SOURCE Fuel Space Htg. Water Htg. Nat. Gas <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> Other _____	
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached		4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured		7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____		10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____		13. NUMBER OF BEDROOMS _____	
2. AREA <i>Office Use Only</i> _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____		5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		14. NUMBER OF BATHS _____	
15. ESTIMATED COST \$ _____									
No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.									
SIGNATURE OF APPLICANT _____					DATE _____				
CONDITIONS OF APPROVAL This permit is issued pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.									
FEES: Building Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____					PERMIT EXPIRATION: Permit expires one year from date issued unless otherwise noted below: Sub Total _____ Admin. Fee _____ Bond _____ Other _____ Total _____		PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____		
White - Municipal Files BUILDINGIL -09/04					Yellow - Applicant		Pink - Clerk/Assessor		

Village of Reddick

BUILDING PERMIT APPLICATION

Date: _____ Building Permit Fee \$ _____ Deposit Fee \$ _____

Building Permit Fee Minus the Deposit Fee \$ _____

1. Owner of Property Name: _____

Current Address: _____

Telephone: _____ hm. _____ wk. _____

2. Parcel #: _____ Township: _____

Check PI File: Date: _____ Initials: _____ School District: _____

911 Address: _____

3. Subdivision: _____ Lot #: _____

4. Describe proposed construction: _____

5. Total estimated value of above: _____

Source of Value: Signed Contract Means Square Footage Book Other

6. Zoning of Property: _____ 7. Use of Improvement: _____

8. Is property in floodplain, floodway, or wetland?

Reviewed By: _____

ITEM	DATE FORM GIVEN	DATE RECEIVED	DATE APPROVED
Referral Form/Septic Permit			
911 Form			
Culvert Permit			
Plot Plan			
Erosion Control Permit			
Plans – 2 Sets			
Plan Review Sheet			
Copy of Recorded Deed			
Contractor List			
Impact Fees			(Pd)
Farm Affidavit			

9. Name and phone number of
Contract Person: _____ Phone #: _____
Cell #: _____

Signature of Owner or Authorized Agent

Application reviewed by: _____

Application is approved/denied. If application is denied, state reasons below:

Date Permit Issued: _____ Permit Number: _____

Application Taken By: _____

Village of Saint Anne

BUILDING PERMIT APPLICATION

Date: _____ Building Permit Fee \$ _____ Deposit Fee \$ _____

Building Permit Fee Minus the Deposit Fee \$ _____

1. Owner of Property Name: _____

Current Address: _____

Telephone: _____ hm. _____ wk. _____

2. Parcel #: _____ Township: _____

Check PI File: Date: _____ Initials: _____ School District: _____

911 Address: _____

3. Subdivision: _____ Lot #: _____

4. Describe proposed construction: _____

5. Total estimated value of above: _____

Source of Value: Signed Contract Means Square Footage Book Other

6. Zoning of Property: _____ 7. Use of Improvement: _____

8. Is property in floodplain, floodway, or wetland? _____
Reviewed By: _____

ITEM	DATE FORM GIVEN	DATE RECEIVED	DATE APPROVED
Referral Form/Septic Permit			
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Plot Plan			
Erosion Control Permit			
Plans – 2 Sets			
Plan Review Sheet			
Copy of Recorded Deed			
Contractor List			
Impact Fees			(Pd)
Farm Affidavit			

9. Name and phone number of
Contract Person: _____ Phone #: _____
Cell #: _____

Signature of Owner or Authorized Agent

Application reviewed by: _____

Application is approved/denied. If application is denied, state reasons below:

Date Permit Issued: _____ Permit Number: _____

Application Taken By: _____

Not Available

Village of Sun River Terrace

ILLAGE of SUN RIVER TERRACE BUILDING DEPARTMENT

SUN RIVER TERRACE, ILLINOIS

APPLICATION

for a SUN RIVER TERRACE BUILDING PERMIT

(For any building or structure or alteration of existing buildings or structures.)

NOTE: Permit will not be issued unless both sides of application are completed and two sets of plans submitted.

TO: — Building Officer of SUN RIVER TERRACE
Item No.

1. Application is hereby made for a building permit involving premises legally described under item 5 below.

2. Date of application _____

3. Owner of Property: Name _____

Address _____

Telephone _____

4. Mail Permit to _____

5. Legal description of property (Print, type or write legal description as it appears on deed, abstract or title policy. DO NOT use description from tax bill. (Make drawing on the reverse side of this form)

Lot # _____

Block # _____

Section # _____

6. Proposed construction and/or use. (Indicate below the type, and use of building or structure proposed to be erected, constructed, reconstructed, enlarged, altered, moved or improved and any establishment of or change of use of land or building in connection therewith, if any. Include plumbing, heating, wiring, well, water system and sewage disposal system, if proposed to be installed at the same time as building construction.)

Total estimated value of above _____ \$ _____

7. If sewage disposal system is to be installed attach completed percolation test sheet hereto.

8. Name, address and telephone.

Architect: _____

General Contractor: _____

Sewer Contractor: _____

In consideration of this application and attached forms being made a part thereof, and the issuance of permit, I/We will confirm to the regulations set forth in the Sun River Terrace Building Ordinance. I/We also agree that all work performed under said permit will be in accordance with the plans and plot diagram which accompany this application, except for such charges as may be authorized or required by the Building Officer.

8 AND PLOT PLAN MUST
COMPANY APPLICATION

Signature of Owner or Authorized Agent

Village of Sun River Terrace (continued)

PLOT PLAN

IMPORTANT

REQUIRED DATA

- A. Show all cisterns, septic tanks, cesspools, privies and wells within 100 feet of your well site.
- B. State if your facility is existing or proposed.
- C. On all sewers and drains, show style of pipe to be used.
- D. Lot size, building dimensions and location.
- E. Profile of ground, whether flat or hilly.
- F. Indicate North direction.

NOTE:—Where unfavorable ground conditions prevail, or where the sewage disposal system is to serve 15 or more persons plans and specifications executed by a Registered Professional Engineer must be submitted.

SKETCH YOUR PLOT PLAN BELOW
SUPPLY COMPLETE INFORMATION

Locate Building on Lot by Dimensions to Lot Lines.

Survey stakes must be in place at property corners. Location of building or structure must be staked out on property as shown. This will be checked before permit is issued. Construction must not be started until permit is issued. No change in location as shown, may be made without first contacting The Sun River Terrace Building Department.

Locations as shown below will be staked out by _____

(Date)

(Check or Circle items below as applicable.)

Miscellaneous Information - Buildings

Give Total number of square feet in overall area of each floor and basement, including breezeways, garages, porches, etc.

Basement.....	Sq. Ft.	Garage.....	Sq. Ft.
1st Floor.....	Sq. Ft.	Other.....	Sq. Ft.
2nd Floor.....	Sq. Ft.	TOTAL.....	Sq. Ft.

Fill in Following Information for Buildings Only

Will Owner:Occupy -Rent -Sell Bldg. No. Rooms _____ No. Bathrooms _____
Work Expected to start About _____ Basement _____ Yes _____ No _____

Description of Building:

Kind of outside WallsFrameBrick VeneerStuccoConcrete Block
....Cinder BlockStone Veneer

Foundation

Heating

Roofing

Village of Union Hill

VILLAGE OF UNION HILL, ILLINOIS

Building Permit

Permit Number _____ **Date** _____

Project _____

Lot _____ **Block** _____ **Subdivision** _____

Section _____ **Township** _____

Owner _____

By _____ **MARK KEMP**
BUILDING OFFICER

Inspections to be made and the date inspected

Footings _____

Foundation _____

Electric _____

Plumbing _____

Framing _____

Septic _____

Well _____

Other _____

**Mark Kemp
Enforcing Officer**