



BUILDING PERMIT APPLICATION

BUILDING DEPARTMENT

FOR INSPECTIONS CALL
(708) 534-8303

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|---|--|--|--|
| PROJECT LOCATION (Building Address) | | PERMIT# | |
| PROJECT DESCRIPTION | | TAX KEY# | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY | | | |
| Subdivision Name | | Lot No. | Block No. Lot Area Sq. Ft. |
| Owner's Name | | Mailing Address | |
| General Contractors (Lic. No.) | | Telephone - Include Area Code (Home) (Work) | |
| 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"/> SITE DEVELOPMENT <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 | |
| <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"/> Other _____ | |
| 1b. GARAGE | | 6. ELECTRICAL | |
| <input type="checkbox"/> Attached <input type="checkbox"/> Detached | | Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead | |
| 2. AREA | | 9. HVAC EQUIPMENT | |
| Basement _____ Sq. Ft. 1st Floor _____ Sq. Ft. 2nd Floor _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____ | | <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 _____ | |
| 4. CONST. TYPE | | 12. ENERGY SOURCE | |
| <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured | | Fuel Space Htg. Water Htg. Nat. Gas <input type="checkbox"/> <input type="checkbox"/> Electrical <input type="checkbox"/> <input type="checkbox"/> Other _____ _____ | |
| 5. STORIES | | 7. FOUNDATION | |
| <input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____ | |
| 8. USE | | 10. PLUMBING | |
| <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ | | Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____ | |
| 11. WATER | | 13. NUMBER OF BEDROOMS | |
| <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 ordinance of this municipality relating thereto. The applicant having read this application and fully understanding the intent therefore 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 following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. | | | |
| FEES: | | PERMIT EXPIRATION: | |
| Plan Review Fee _____ Inspection Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____ | | Permit expires six months from date issued unless otherwise noted below: | |
| Sub Total _____ Admin. Fee _____ Bond _____ Total _____ | | PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ | |