

CALL
815-255-9047
SAFEbuilt, Inc.

IL UNIFORM PERMIT APPLICATION

PERMIT NO. _____

TAXKEY# _____

ISSUING MUNICIPALITY

TOWN VILLAGE CITY

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

COMMERCIAL ONE&TWOFAMILY

Subdivision Name _____ Lot No. _____ Block No. _____ Lot Area _____ Sq. Ft.

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: Construction Electrical Plumbing HVAC Erosion Zoning

Types of Rooms: _____

DRIVEWAY

SIGN wall ground illuminated non-illuminated width _____ length _____ area _____ ht. above ground _____ lot frontage _____

FENCE length _____ height _____ type _____ 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 _____ **PRINT NAME** _____ **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. _____

Building Footing Foundation Rough Insulation Bsmt. Fl. Final **Electric** Rough Service Final
Plumbing Rough Underfloor OS Sewer Water Final **HVAC** Rough Final

FEES:		RECEIPT		PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Building Fee _____	Sub Total _____	CK # _____	Permit expires one year from date issued unless otherwise noted below:	Name _____	
Electric Fee _____	Admin. Fee _____	Amount \$ _____		Date _____	
Plumbing Fee _____	Bond _____	Date _____			
HVAC Fee _____	Other _____	From _____			
Other _____	Total _____	Rec By. _____			