



PERMIT # _____

INSPECTION SERVICES DIVISION
APPLICATION FOR BUILDING PERMIT

DATE ISSUED _____

All information requested must be completed on this application

Application is hereby made for a building permit and a Certificate of Compliance / Occupancy as required under Building Code and Zoning Ordinance of the City of Joliet for the erection, moving, alteration and use of building and premises. In making this application the applicant represents all the following statements and any attached maps and drawing as a true description of the proposed new or altered uses and or buildings. The applicant agrees that the permit applied for, if granted; is issued on the representation made herein and that any permit issued may be revoked without notice in breach of representation of conditions.

1. Address of proposed construction _____ LOT# _____

2. PIN # / or attached legal description _____ SUBDIVISION- _____
2a. Zone District _____ 2b. Is property located in floodplain- YES NO

3. **PROPOSED CONSTRUCTION:**

New building Alteration / Addition to existing building Remodel

Describe the use of the existing & proposed structure:

Single-family Multi-family Commercial Industrial School Vacant land Other

Proposed use / description of work to be done:

5. **PLANS AND SPECIFICATIONS REQUIRED:**

a. Building, Electrical, Plumbing and HVAC plans must be submitted.

RP # _____

b. Attach Plat of Survey for "NEW ADDITIONS & NEW CONSTRUCTION" application.

(OFFICE USE ONLY)

c. Finished grade above crown of street (in inches) _____

Will premises be connected with sewer & _____ YES _____ NO _____

Front sidewalk must be completed _____ completion of building.

d. SPECIFICATIONS for each building, structure or use; it must be identified on plat (existing and proposed).

PROPOSED USE GRID FOR ADDITIONS & NEW CONSTRUCTION ONLY

Height in feet	Number of stories	Overall dimensions	Dwelling units	Number of rooms	Material of foundation	Material of walls	Material of roof	Footing (inches)	Overhang (inches)

BUILDING DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES AFTER SUBMITTAL

6. Heating and A/C _____

7. Name of Illinois State Roofing Contractor _____
Phone # _____ - _____
Phone # _____

8. Names of the following are **required:**

Architect: _____
Address: _____
City, State, Zip: _____
Phone: _____

Plumbing Contractor: _____
Address: _____
City, State, Zip: _____
Phone: _____

Owner's Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Heating Contractor: _____
Address: _____
City, State, Zip: _____
Phone: _____

General Contractor: _____
Address: _____
City, State, Zip: _____
Phone: _____

Electric Contractor: _____
Address: _____
City, State, Zip: _____
Phone: _____

9. Estimated Valuation of Construction \$ _____

10. Concrete Contractor: _____

PLEASE NOTE THE FOLLOWING:

Footing forms, framing & completed building must be inspected.
Twenty-four (24) hour notice required for ALL INSPECTIONS.
NO storm or surface water to be emptied into sanitary sewers.

Building Permit fee \$ _____
Construction water \$ _____
Sidewalk \$ _____
Drive(s) \$ _____
TOTAL \$ _____

Director of Building Services

Building Approved by / Date

Plumbing Approved by / Date

Wiring Approved by / Date

Heating Approved by / Date

Building Safety Approved by / Date

Zoning Approved by / Date