

INSPECTION SERVICES DIVISION

APPLICATION FOR BUILDING PERMIT

Permit No. _____

Date Issued _____

ALL INFORMATION REQUESTED MUST BE COMPLETED ON THIS APPLICATION

Application is hereby made for a Building Permit and a Certificate of Occupancy as required under the Building Code and Zoning Ordinance of the City of Joliet for the erection, moving, or alteration, and use of buildings and premises. In making this application the applicant represents all the following statements and any attached maps and drawings 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 representations made herein and that any permit issued may be revoked without notice on any breach of representations or conditions.

1. ADDRESS OF PROPOSED CONSTRUCTION: _____
2. PIN #/OR ATTACH LEGAL DESCRIPTION: _____
Property located in _____ Zoning District. Floodplain? Yes _____ No _____
3. PROPOSED CONSTRUCTION: _____
A. () New Building; B. () Alterations/Additions to existing building; (C) Other: _____
4. USE OF EXISTING & PROPOSED STRUCTURES: _____

Existing Use: _____
(single-family home, grocery, factory, etc.)

Proposed Use: _____

5. PLANS AND SPECIFICATIONS REQUIRED:
 - A. Building, Electrical, Plumbing and HVAC plans must be submitted.
 - B. Please attach a plat of the lot or parcel of land.
 - C. Finished grade above crown of street (in inches) _____ Will premises be connected with sewer & water? _____
Frontage sidewalk must be completed on completion of building. Sidewalk Contractor _____
 - D. Specifications. For each building, structure, or use (existing and proposed (identified on plat) give the following:

	Height in Feet	No. of Stories	Overall Dimensions	No. of Dwelling Units	No. of Rooms	Material of Foundation	Material of Walls	Parking Spaces	Material of Roof	Footing (inches)	Overhang (in inches)
PROPOSED STRUCTURE											

BUILDING DEPARTMENT MUST BE NOTIFIED OF ANY CHANGE IF ANY CHANGE OF PLANS IS MADE

6. HEATING AND A/C _____ UNITS

Hot Water	Hot Air	A/C
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7. ILLINOIS ROOFING LICENSE NO. _____ Expiration Date _____

8. NAMES OF THE FOLLOWING ARE REQUIRED:

Architect _____ Address _____ City, State, Zip _____ Phone _____ Owner's Name _____ Address _____ City, State, Zip _____ Phone _____ General Contractor _____ Address _____ City, State, Zip _____ Phone _____	Plumbing Contractor _____ Address _____ City, State, Zip _____ Phone # _____ Heating Contractor _____ Address _____ City, State, Zip _____ Phone # _____ Electrical Contractor _____ Address _____ City, State, Zip _____ Phone # _____
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9. ESTIMATED VALUATION OF CONSTRUCTION \$ _____

Permit Fee \$ _____
 Construction Water \$ _____
 Sidewalk \$ _____
 Drive(s) \$ _____
 TOTAL \$ _____

10. PLEASE NOTE THE FOLLOWING:
 Footing forms, framing and completed building must be inspected.
 Twenty-four (24) hours' notice required for ALL INSPECTIONS.
 NO storm or surface water to be emptied into sanitary sewers.
11. Concrete Contractor Name & Num. _____

Director/Inspection Division

_____ Building Approved by _____ Date _____ _____ Wiring Approved by _____ Date _____ _____ Building Safety Approved by _____ Date _____	_____ Plumbing Approved by _____ Date _____ _____ Heating Approved by _____ Date _____ _____ Zoning Approved by _____ Date _____
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