



PERMIT # \_\_\_\_\_

INSPECTION SERVICES DIVISION

DATE ISSUED \_\_\_\_\_

APPLICATION FOR BUILDING PERMIT

**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. Zoning District \_\_\_\_\_ 2b. Is property located in floodplain-  YES  NO

3. PROPOSED CONSTRUCTION:

New building  Alteration / Addition to existing building  Remodel

4. Describe the use of the existing & proposed structure:

Single family  Multi-family  Commercial  Industrial  School  Vacant land  Other

4a. 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 & water?  YES \_\_\_\_\_  NO \_\_\_\_\_

Front sidewalk must be completed on 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 \_\_\_\_\_ Units \_\_\_\_\_

7. Name of Illinois State Roofing Contractor \_\_\_\_\_ Lic # \_\_\_\_\_ - \_\_\_\_\_

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