

CALL 815-255-9047 SAFEbuilt, Inc.	<h1 style="margin: 0;">IL UNIFORM PERMIT APPLICATION</h1>	PERMIT NO. TAXKEY#
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY _____	PROJECT LOCATION (Building Address)	
		PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE&TWOFAMILY

Subdivision Name	Lot No.	Block No.	Lot Area Sq. Ft.
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Owner's Name	Mailing Address	Telephone - Include Area Code
		(Home) (Work)

General Contractor (Lic. No.)	Mailing Address	Telephone - Include Area Code
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Carpenter (Lic. No.)	Mailing Address	Phone
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Plumber (Lic. No.)	Mailing Address	Phone
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Electrician (Lic. No.)	Mailing Address	Phone
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Heating (Lic. No.)	Mailing Address	Phone
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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.aboveground.....lotfrontage.....

FENCE length.....height.....type..... OTHER (specify)

1a. PROJECT	3. TYPE	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE												
<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"/> Multi <input type="checkbox"/> _____	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<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	<table style="width:100%; border: none;"> <tr> <td style="border: none;">Fuel</td> <td style="border: none;">Space Htg.</td> <td style="border: none;">Water Htg.</td> </tr> <tr> <td style="border: none;">Nat. Gas</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Electric</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Other</td> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> </table>	Fuel	Space Htg.	Water Htg.	Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____
Fuel	Space Htg.	Water Htg.														
Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>														
Electric	<input type="checkbox"/>	<input type="checkbox"/>														
Other	_____	_____														
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING	13. NUMBER OF BEDROOMS												
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____													
2. AREA Office Use Only	5. STORIES	8. USE	11. WATER	14. NUMBER OF BATHS												
_____ Sq.Ft. _____ Sq.Ft. _____ Sq.Ft. _____ Sq.Ft. TOTAL _____	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well													
				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	<input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final	Electric	<input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final
Plumbing	<input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> OS Sewer <input type="checkbox"/> Water <input type="checkbox"/> Final	HVAC	<input type="checkbox"/> Rough <input type="checkbox"/> Final

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