

CALL  
847-233-1246  
SAFEbuilt, Inc.

# IL UNIFORM PERMIT APPLICATION

PERMIT NO. \_\_\_\_\_

TAXKEY# \_\_\_\_\_

## ISSUING MUNICIPALITY

TOWN     VILLAGE     CITY

**PROJECT LOCATION**  
(Building Address)

**PROJECT DESCRIPTION**

COMMERCIAL                       ONE&TWO FAMILY

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) \_\_\_\_\_

|   |   |  |  |  |      |            |            |          |                          |                          |          |                          |                          |       |       |       |
|---|---|--|--|--|------|------------|------------|----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|-------|-------|-------|
| <b>1a. PROJECT</b><br><input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze<br><input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move<br><br><input type="checkbox"/> Other _____ | <b>3. TYPE</b><br><input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Multi<br><input type="checkbox"/> _____ | <b>6. ELECTRICAL</b><br>Entrance Panel Size: _____ amp<br>Service:<br><input type="checkbox"/> Underground<br><input type="checkbox"/> Overhead                                | <b>9. HVAC EQUIPMENT</b><br><input type="checkbox"/> Forced Air Furnace<br><input type="checkbox"/> Radiant Baseboard or Panel<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Central Air Conditioning<br><input type="checkbox"/> Other | <b>12. ENERGY SOURCE</b><br><table style="width: 100%;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Space Htg.</td> <td style="text-align: center;">Water Htg.</td> </tr> <tr> <td>Nat. Gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electric</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">_____</td> <td style="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   | _____   | _____  |  |  |      |            |            |          |                          |                          |          |                          |                          |       |       |       |
| <b>1b. GARAGE</b><br><input type="checkbox"/> Attached <input type="checkbox"/> Detached  | <b>4. CONST. TYPE</b><br><input type="checkbox"/> Site Constructed<br><input type="checkbox"/> Manufactured   | <b>7. FOUNDATION</b><br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Treated Wood<br><input type="checkbox"/> Other _____ | <b>10. PLUMBING</b><br>Sewer<br><input type="checkbox"/> Municipal<br><input type="checkbox"/> Septic<br><input type="checkbox"/> Permit No. _____   | <b>13. NUMBER OF BEDROOMS</b><br>_____   |      |            |            |          |                          |                          |          |                          |                          |       |       |       |
| <b>2. AREA</b> <i>Office Use Only</i><br>_____ Sq. Ft.<br>_____ Sq. Ft.<br>_____ Sq. Ft.<br>_____ Sq. Ft.<br>TOTAL _____  | <b>5. STORIES</b><br><input type="checkbox"/> 1-Story<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Other   | <b>8. USE</b><br><input type="checkbox"/> Seasonal<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Other   | <b>11. WATER</b><br><input type="checkbox"/> Municipal Utility<br><input type="checkbox"/> Private On-Site Well  | <b>14. NUMBER OF BATHS</b><br>_____  |      |            |            |          |                          |                          |          |                          |                          |       |       |       |
|   |   |  |  | <b>15. ESTIMATED COST</b><br>\$ _____  |      |            |            |          |                          |                          |          |                          |                          |       |       |       |

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  Bsm. 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 _____<br>Date _____          |
| Electric Fee _____ | Admin. Fee _____ | Amount \$ _____ |  |                                   |
| Plumbing Fee _____ | Bond _____       | Date _____      |  |                                   |
| HVAC Fee _____     | Other _____      | From _____      |  |                                   |
| Other _____        | Total _____      | Rec By. _____   |  |                                   |