

CALL 847-233-1246 SAFEbuilt, Inc.	IL UNIFORM PERMIT APPLICATION	PERMIT NO. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Misc Permit </div>												
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY <div style="text-align: center; padding: 5px;">Volo</div>	PROJECT LOCATION (Building Address)												
	PROJECT DESCRIPTION													
Subdivision Name		email:												
Owner's Name		Mailing Address												
General Contractor		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: <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion <input type="checkbox"/> Zoning Types of Rooms:														
<input type="checkbox"/> DRIVEWAY														
<input type="checkbox"/> SIGN <input type="checkbox"/> wall <input type="checkbox"/> ground <input type="checkbox"/> illuminated <input type="checkbox"/> non-illuminated width.....length.....area.....ht. above ground.....lot frontage.....														
<input type="checkbox"/> FENCE length..... height..... type.....		<input type="checkbox"/> OTHER (specify)												
<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	3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> _____	6. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead												
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other												
2. AREA	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other												
_____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____	9. HVAC EQUIPMENT <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-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; text-align: center;">Fuel</td> <td style="border-right: 1px solid black; text-align: center;">Space Htg.</td> <td style="text-align: center;">Water Htg.</td> </tr> <tr> <td style="border-right: 1px solid black;">Nat. Gas</td> <td style="border-right: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Electric</td> <td style="border-right: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Other</td> <td style="border-right: 1px solid black;"></td> <td></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														
10. PLUMBING <input type="checkbox"/> Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____		11. WATER <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												
Building Fee _____	Sub Total _____	CK # _____												
Electric Fee _____	Admin. Fee _____	Amount \$ _____												
Plumbing Fee _____	Bond _____	Date _____												
HVAC Fee _____	Other _____	From _____												
Other _____	Total _____	Rec By. _____												
PERMIT EXPIRATION:		PERMIT ISSUED BY MUNICIPAL AGENT:												
Permit expires one year from date issued unless otherwise noted below:		Name _____												
		Date _____												

White - Municipal Files
NorthLL12.16

Yellow - IIL Office

Pink - Clerk/Assessor