

CALL 847-233-1246 SAFEbuilt, Inc.	IL UNIFORM PERMIT APPLICATION	PERMIT NO. Sign Permit
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY Volo	PROJECT LOCATION (Building Address)
		PROJECT DESCRIPTION

Subdivision Name _____ email: _____

Owner's Name	Mailing Address	Telephone - Include Area Code
		(Home)
General Contractor	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) _____

<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	6. ELECTRICAL	9. HVAC EQUIPMENT	Fuel _____ Space Htg. _____ Water Htg. _____ Nat. Gas <input type="checkbox"/> Electric <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 _____	
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING	
	<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	5. STORIES	8. USE	11. WATER	
_____ 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 Footing Foundation Rough Insulation Bsmt. 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 _____	
Electric Fee _____	Admin. Fee _____	Amount \$ _____	Date _____	Date _____	
Plumbing Fee _____	Bond _____	From _____	Rec By. _____		
HVAC Fee _____	Other _____				
Other _____	Total _____				