

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&TWOFAMILY

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>		<b>3. TYPE</b>	<b>6. ELECTRICAL</b>	<b>9. HVAC EQUIPMENT</b>	<b>12. ENERGY SOURCE</b>												
<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 border="0"> <tr> <td>Fuel</td> <td>Space Htg.</td> <td>Water Htg.</td> </tr> <tr> <td>Nat. Gas</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td>_____</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	_____	_____															
<b>1b. GARAGE</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>10. PLUMBING</b>		<b>13. NUMBER OF BEDROOMS</b>												
<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. _____		_____												
<b>2. AREA</b> <i>Office Use Only</i>	<b>5. STORIES</b>	<b>8. USE</b>	<b>11. WATER</b>		<b>14. NUMBER OF BATHS</b>												
_____ 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		_____												
				<b>15. ESTIMATED COST</b>													
				\$ _____													

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

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