

CALL 815-255-9047 SAFEbuilt, Inc.	<h2 style="margin: 0;">IL UNIFORM PERMIT APPLICATION</h2>	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
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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)
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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 <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	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	12. ENERGY SOURCE Fuel Space Htg. Water Htg. Nat. Gas <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
1b. GARAGE <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 _____	10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____	13. NUMBER OF BEDROOMS _____
2. AREA <i>Office Use Only</i> _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____	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 _____	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. NUMBER OF BATHS _____
				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 _____	CK # _____	Permit expires one year from date issued unless otherwise noted below:	Name _____ Date _____
Electric Fee _____	Amount \$ _____		
Plumbing Fee _____	Date _____		
HVAC Fee _____	From _____		
Other _____	Rec By. _____		
Sub Total _____			
Admin. Fee _____			
Bond _____			
Other _____			
Total _____			

Permit # _____

APPLICATION FOR BUILDING PERMIT

NAME OF OWNER: _____ DATE: _____ PHONE: _____

ADDRESS: _____ CONSTRUCTION SITE ADDRESS: _____

SURVEY/PLOT PLAN RECD: _____ PIN#: _____ ZONING: _____ FLOODPLAIN: _____

DESCRIPTION OF IMPROVEMENT: _____

VALUE OF CONSTRUCTION: _____ SOURCE: _____

CONTRACTORS:

- 1. GENERAL: _____ LICENSE #: _____
- 2. EXCAVATING: _____ LICENSE #: _____
- 3. CONCRETE: _____ LICENSE #: _____
- 4. ROOFER: _____ LICENSE #: _____
- 5. FRAMER: _____ LICENSE #: _____
- 6. SEWER: _____ LICENSE #: _____
- 7. WATER: _____ LICENSE #: _____
- 8. PLUMBING: _____ LICENSE #: _____
- 9. ELECTRIC: _____ LICENSE #: _____
- 10. HVAC: _____ LICENSE #: _____
- 11. PAINTER: _____ LICENSE #: _____
- 12. MASONRY: _____ LICENSE #: _____
- 13. ASPHALT: _____ LICENSE #: _____
- 14. LANDSCAPER: _____ LICENSE #: _____
- 15. OTHER: _____ LICENSE #: _____

OFFICE USE ONLY:

One check for:

Sidewalk escrow \$ _____

Occupancy Escrow Check of \$500

Library Site Ordinance Fees (Receipt) yes N/A

School Site Ordinance Fees (Receipt) yes N/A

One check for:

Development Fees: \$ _____

One check for:

Building Permit Fee \$ _____

Building Inspection Fee \$ _____

One check for:

Water Tap Fee \$ _____

Sewer Tap Fee \$ _____

Water Meter Charge \$ _____ (Give Receipt To Owner)

JULIE MUST BE CALLED BEFORE EXCAVATING 1-800-892-0123

All the supplied information above is true and correct, to the best of my knowledge. Any deviation or changes to the information provided above will be brought to the attention of the Village of Peotone.

APPLICANT SIGNATURE DATE

Reviewed and approved/denied by:

Building Official Date

Conditions (If any): _____

If permit denied, reasons why: _____