

<b>CALL</b> 815-255-9047 SAFEbuilt, Inc.	<h2 style="margin: 0;">IL UNIFORM PERMIT APPLICATION</h2>	<b>PERMIT NO.</b>  <b>TAXKEY#</b>
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<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY _____	<b>PROJECT LOCATION</b> (Building Address)	<b>PROJECT DESCRIPTION</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE&TWOFAMILY
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Subdivision Name	Lot No.	Block No.	Lot Area <span style="float: right;">Sq. Ft.</span>
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Owner's Name	Mailing Address	Telephone - Include Area Code
		(Home)                      (Work)

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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<b>BUILDING or REMODELING: PERMIT(S) INCLUDE:</b> <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.aboveground.....lotfrontage.....		
<input type="checkbox"/> FENCE    length.....height.....type..... <input type="checkbox"/> OTHER (specify)		

<b>1a. PROJECT</b>	<b>3. TYPE</b>	<b>6. ELECTRICAL</b>	<b>9. HVAC EQUIPMENT</b>	<b>12. ENERGY SOURCE</b>
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<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 style="width:100%; border-collapse: collapse;"> <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 style="text-align: center;">Nat. Gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Electric</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">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>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>10. PLUMBING</b>	<b>13. NUMBER OF BEDROOMS</b>
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<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>14. NUMBER OF BATHS</b>
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<b>2. AREA</b> <i>Office Use Only</i>	<b>5. STORIES</b>	<b>8. USE</b>	<b>11. WATER</b>	<b>15. ESTIMATED COST</b>
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_____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. <b>TOTAL</b> _____	<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	\$ _____
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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. \_\_\_\_\_

<b>Building</b> <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 <b>Plumbing</b> <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> OS Sewer <input type="checkbox"/> Water <input type="checkbox"/> Final	<b>Electric</b> <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final <b>HVAC</b> <input type="checkbox"/> Rough <input type="checkbox"/> Final
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<b>FEES:</b>	<b>RECEIPT</b>	<b>PERMIT EXPIRATION:</b>	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>
Building Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____	Sub Total _____ Admin. Fee _____ Bond _____ Other _____ Total _____	CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	Permit expires one year from date issued unless otherwise noted below:  Name _____ Date _____

Permit # \_\_\_\_\_

APPLICATION FOR BUILDING PERMIT

NAME OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONSTRUCTION SITE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

VALUE OF CONSTRUCTION: \_\_\_\_\_ ZONING: \_\_\_\_\_

CONTRACTORS:

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

OFFICE USE ONLY:

- LIBRARY FEE RECEIPT     YES     NO AMT \_\_\_\_\_
- SCHOOL FEE RECEIPT     YES     NO AMT \_\_\_\_\_
- PARK DIST. FEE RECEIPT     YES     NO AMT \_\_\_\_\_
- FIRE DIST. FEE RECEIPT     YES     NO AMT \_\_\_\_\_

ONE CHECK FOR:

- SIDEWALK ESCROW \$ \_\_\_\_\_
- OCCUPANCY ESCROW (PER DU) \$500(R) \$1000(C)

ONE CHECK FOR:

- DEVELOPMENT FEES: \$ \_\_\_\_\_

ONE CHECK FOR:

- BUILDING PERMIT FEE \$ \_\_\_\_\_
- BUILDING INSPECTION FEE \$ \_\_\_\_\_
- OCCUPANCY PERMIT (PER DU) \$25(R) \$100(C)

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