

BUILDING PERMIT APPLICATION

LOCATION OR SITE:

911 Address: _____
City: _____
State: _____
Zip: _____
Subdivision: _____
Section: _____ Lot #: _____

CONTRACTOR/BUILDER:

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____

IMPROVEMENT TYPE:

STRUCTURE: Principal Detached Garage Storage
 Other
WORK: New Addition Remodel
USE: Single Family Two Family Multi Family
 Commercial Industrial Mobile

Estimated Cost of Construction:

CONSTRUCTION LOAD TYPE:

Concrete Masonry Steel Engineered Post & Beam
 Wood Frame

USE OF ADVANCED STRUCTURAL COMPONENTS:

None Proposed I-Joists Throughout Roof Trusses Throughout
 I-Joist Partial Use Describe location: _____
 Roof Trusses Partial Use Describe Location: _____

FOUNDATION TYPE:

Crawl Slab Engineered Existing Finished Basement
 Post & Pad Unfn Basement Wood Block Poured

PROPOSED CHARACTERISTICS/SQUARE FOOTAGE

of Floors _____ 1st
of Bedrooms _____ 2nd
of Full Bath _____ Bonus Room
of 1/2 Bath _____ Bsmt Finished
Foundation _____ Bsmt Unfinished
Exterior _____ Covered Porch
Height _____ Garage
Total Sq. Ft. _____ Living Sq. Ft. _____

ENERGY CODE COMPLIANCE

Prescriptive: Traditional R-Value
 Total UA Alternative - Rescheck
 Performance: Report

UTILITIES INFORMATION

Type of Sewer Disposal: Public Private (Septic)
Type of Air Conditioning: Central - Electric Central - Gas
Type of Heating: Gas Electric Oil Propane
Electric Utility _____

DEPARTMENT USE ONLY:

ILP # _____
Building Permit # _____
Permit Fee _____
Receipt # _____
Check # _____
Date _____
Issued By: _____
Section _____ Twp _____ Range _____
Zoning _____
Floodplain _____
Parcel ID # _____

PLUMBER/ELECTRICIAN

Name of Plumber _____
Name of Electrician _____

Property Owners (current):

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____

Applicant:

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____

I ACKNOWLEDGE THAT REQUESTED INSPECTIONS MUST BE CALLED FOR 24 HOURS PRIOR AND THAT I HAVE SUBMITTED PROPER DRAWINGS AND LAYOUT OF STRUCTURE

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY

PRINTED NAME: _____

SIGNATURE: _____