

CALL 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD	<h2 style="margin: 0;">IL UNIFORM PERMIT APPLICATION</h2>	PERMIT NO. _____  TAXKEY# _____
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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 & TWO FAMILY

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. above ground.....lot frontage.....

FENCE    length.....height.....type.....     OTHER (specify)

<b>1a. PROJECT</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 _____	<b>3. TYPE</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> _____	<b>6. ELECTRICAL</b> Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<b>9. HVAC EQUIPMENT</b> <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	<b>12. ENERGY SOURCE</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fuel</td> <td style="width:33%;">Space Htg.</td> <td style="width:33%;">Water Htg.</td> </tr> <tr> <td>Nat. Gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electric</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>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> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	<b>4. CONST. TYPE</b> <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	<b>10. PLUMBING</b> Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____	<b>13. NUMBER OF BEDROOMS</b> _____												
<b>2. AREA</b> <i>Office Use Only</i> _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____	<b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	<b>14. NUMBER OF BATHS</b> _____												
				<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. \_\_\_\_\_

<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>Electric</b> <input type="checkbox"/> Rough <input type="checkbox"/> Service <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>HVAC</b> <input type="checkbox"/> Rough <input type="checkbox"/> Final

<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 _____