# APPLICATION FOR BUILDING PERMIT 209 S. Prairie Avenue, Dwight, Illinois 60420 815-584-3077 or 3083 Fax 815-584-2680

#### I. LOCATION OF BUILDING:

At (Location)	Zoning			
No. St	treet	C		
Between	а	nd		
Cross Street	u	Cross Street		
Subdivision	Lot	Block	Lot Size	
II. TYPE AND COST OF BUILDING:				
<i>Type:</i>	Cost:			
1. New Building	Cost of Im	provement		
2. Addition	a. Elect	a. Electrical		
3. Other	b. Plum	b. Plumbing		
	c. Heati	ng & Air		
	d. Other	r		
Tota	al Cost of Impro	ovement:	PROPOSED	)
USE:	<b>v</b> 1			
Residential:				
1. One family				
2. Two or more family (#	of units)			
3. Mobile Home		<b>Ownership:</b> (please mark one)		
4. Transient Hotel or Motel	F	Private (individual, corporation,		
5. Other	▲ · · · · · · · · · · · · · · · · · · ·			
	Public (Federal, State or local			
		Government	)	
Commercial:				
1. Amusement, Recreational	7. (	7. Office, Bank, Professional		
2. Church, other religious	8. F	8. Public Works, Utility Building		
3. Industrial	9. 5	9. School, Library, College, & other Education		
4. Parking Garage	10.	10. Stores, mercantile		
5. Service Station, Repair Garage	e 11.'	11. Tanks, Towers, Sign Structure		
6. Hospital, Institution	12.	Other		

<u>Nonresidential</u> – Describe in detail proposed use of buildings, e.g., food processing plant, machine ship, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

## **III. SELECTED CHARACTERISTICS OF BUILDING:**

## Principal Type of Frame: \_\_\_\_\_ **Dimensions:** - Number of stories... 1. Masonry 2. Wood 3. Structural Steel 4. Reinforced Concrete 5. Other \_\_\_\_\_ Type of Sewage Disposal: \_\_\_\_\_ Type of Water Supply: \_\_\_\_\_ 1. Public or private company 1. Public or private company 2. Private (septic tank, etc) 2. Private (well, cistern) Principal Type of Heating Fuel: \_\_\_\_\_

Will there be central air? \_\_\_Yes \_\_\_No Will there be an elevator? \_\_\_Yes \_\_\_No

## Number of off-street parking spaces

1. Gas

2. Oil

3. Electricity 4. Coal

Outdoors\_\_\_\_\_

## **Residential Buildings Only**

Number of bedrooms Number of bathrooms Full \_\_\_\_\_ Partial

**IV. IDENTIFICATION** - To be completed by all applicants.

Owner	Address	Phone
Applicant	Address	Phone
Contractor	Address	Phone

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Address

Application Date

- Total sq. ft. of floor area, all floors, based on exterior dimensions.... - Total land area, sq ft...

## Type of Mechanical

5. Other

Enclosed \_\_\_\_\_

### V. ZONING PLAN EXAMINING NOTES:

District	Foundation Elevation	
Use		
Front Yard	_Rear Yard	
Side Yard	_Side Yard	
Notes		

## VI. SITE OR PLOT PLAN - For Applicant Use

VII.	<b>VALIDATION:</b>	
V 11.		

Building Permit Number	
Building Permit Issued	20
Building Permit Fee \$	
Certificate of Occupancy \$	

## APPLICATION REVIEWED BY:\_\_

**Building Inspector** 

APPROVED BY:\_\_\_\_\_

Village Administrator

## OTHER PERMITS RETURNED

Electrical\_\_\_\_\_ Plumbing\_\_\_\_\_ Info. Sheet\_\_\_\_\_