

APPLICATION FOR BUILDING PERMIT

City of Kankakee
 Department of Building and Code Enforcement
 850 N Hobbie Ave.
 Kankakee, IL 60901
 (815) 936-7390
 Fax (815) 936-7314

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also part 7. If mechanical work, complete also Part 8. For signs, complete parts 9, 5 & 6. Site plan and plat of survey is to be attached hereto.

App. Date ____/____/____	Permit Type <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Sign	Is owner applicant? (Y/N)
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1. PROPERTY INFORMATION

Street Address	Parcel Index #
Total number of dwelling units	Dwelling Type <input type="checkbox"/> Single-unit <input type="checkbox"/> Two-unit <input type="checkbox"/> Multi-unit <input type="checkbox"/> Rooming House <input type="checkbox"/> Mixed-use

2. OWNER INFORMATION

First Name	Last Name or Business Name		
Address	City	State	Zip
Home Phone	Business Phone		Cell Phone

3. CONTRACTORS INFORMATION

All Contractors must be registered with the City of Kankakee before making application.

TYPE	NAME OF CONTRACTOR	ST. ADDRESS	CITY, ST. ZIP	LICENSE NO.
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Signs				
Masonry				
Mechanical				
Roofing				
Other				

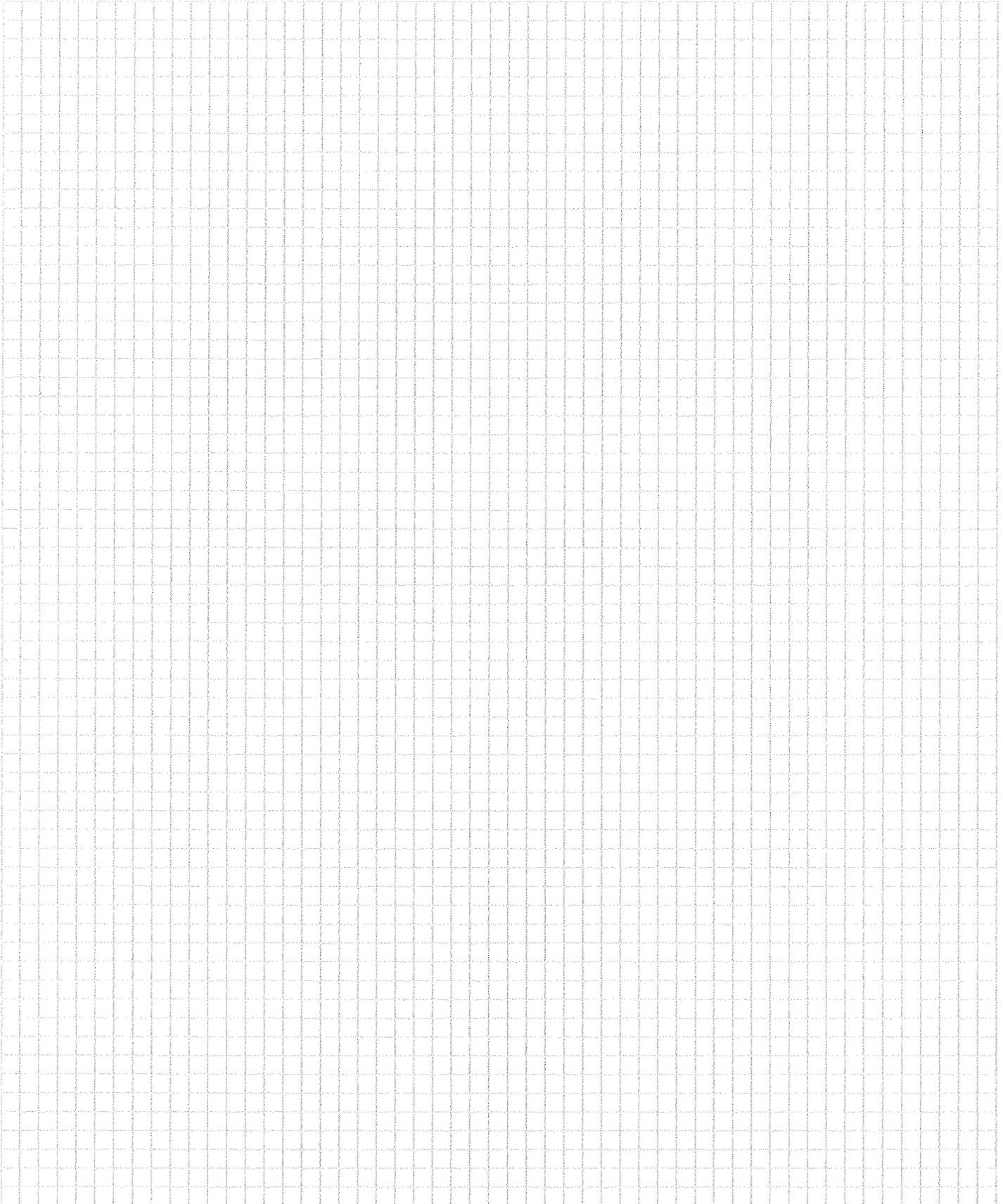
4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of the City of Kankakee. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK ,TITLE	PHONE NO.	

Site Plan

(Show lot line, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

12. LAND USE AND OCCUPANCY

Single Family
 Two Family
 Single Family Attached
 Multi Family
 Mixed Use
 Commercial Office
 Commercial Retail
 Industrial
 Institutional
 Unknown

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 M R-1 R-2 R-3 R-4 S-1 S-2 U

13. FLOODPLAIN / SFHA EVALUATION

(Applicable: YES NO)

Community Panel Number _____ Date _____

Flood Zone _____

14. ZONING EVALUATION

Zoning Certificate Number _____ Date _____

15. PLAN REVIEW FEE RECORD

Plan Review Required	Check	Plan Review Fee	By	Date Plans Approved	By
BUILDING		\$			
PLUMBING		\$			
MECHAICAL		\$			
ELECTRICAL		\$			
OTHER		\$			
TOTAL		\$			

16. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By
CURB OR SIDEWALK CUT				
ELEVATOR				
GRADING				
SEWER				

17. PROJECT DOCUMENTS

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Architectural Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Structural Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Mechanical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Electrical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Plumbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Plat of Survey	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

18. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Utility - Water	
KMU (Sewer)		Utility - Electric	
Engineer		Utility - Gas	
County Health		Zoning	

19. VALIDATION

Building Permit	Date	Number	Permit Fee \$
Electrical Permit	Date	Number	Permit Fee \$
Plumbing Permit	Date	Number	Permit Fee \$
Mechanical Permit	Date	Number	Permit Fee \$
Sign	Date	Number	Permit Fee \$
Plan Review Fee (From Part 14)			\$
Other Fee(s)			\$
TOTAL FEES			\$

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

20. Permit Denied

Reason: _____

Denied By: _____ Title: _____ Date: ____ / ____ / ____