

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

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

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 other permits, complete also part 9. Site plan 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"/> Other | Is owner applicant? (Y/N) (See item 9) |
|-----------------------------|---|---|

1. PROPERTY INFORMATION

| | |
|----------------|----------------------------------|
| Street Address | Parcel Index # ____-____-____ |
|----------------|----------------------------------|

2. OWNER INFORMATION

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

3. CONTRACTORS INFORMATION

| | NAME OF CONTRACTOR | ST. ADDRESS | CITY, ST. ZIP | LICENSE NO. |
|-----------------------|--------------------|-------------|---------------|-------------|
| Applicant (not owner) | | | | |
| Architect/Engineer | | | | |
| General Contractor | | | | |
| Excavation | | | | |
| Concrete | | | | |
| Carpentry | | | | |
| Electrical | | | | |
| Plumbing | | | | |
| Sewer | | | | |
| Mechanical | | | | |
| Roofing | | | | |
| Masonry | | | | |
| 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.

11. 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: ____ / ____ / ____