



**PLAN REVIEW SUBMITTAL**  
CITY OF KANKAKEE  
BUILDING & CODE DEPARTMENT  
850 N. HOBBIE AVENUE, KANKAKEE, IL 60901  
PHONE: 815.936.7390  
*Print or type all information requested*

**Project Information:**

Date of Request:		
Name of Project:		
Location of Project:		
Contact Name:	Contact Phone Number:	Contact Email Address:

**Party Responsible for Plan Review Fees:**

Business Name:		
Contact Name:	Contact Phone Number:	Contact Email Address:
Address:	City/State:	Zip:

**AUTHORIZATION:** I understand that plan review fees must be paid upon receipt of the invoice.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date