

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**Village of Deer Park
23680 W. Cuba Rd
Deer Park, IL 60010-2490**

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 (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date	Type Permit <input type="checkbox"/> Building (B) <input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (see item 9)	Is Owner Applicant (Y / N)	Permit Number
-----------	---	-------------------------------	---------------

1. PROPERTY INFORMATION-TENANT INFORMATION

Business Name	Unit#	Zip	Parcel Number	Zoning	Square Ft.
Business Address	Lot#	Subdivision	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial(C) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)		

2. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. 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. _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
Plan Number		ASSEMBLY	<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> GROUP HOME (12)	<input type="checkbox"/> PARKING GARAGE
IMPROVEMENT TYPE:	<input type="checkbox"/> NEW CONSTRUCTION (1)	<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> HOSPITAL (13)	<input type="checkbox"/> CARPORT
	<input type="checkbox"/> ADDITION (2)	<input type="checkbox"/> CHURCH (4)	<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> JAIL (14)	<input type="checkbox"/> MOTOR FUEL SERV.
	<input type="checkbox"/> ALTERATION (3)	<input type="checkbox"/> BUSINESS (6)	EDUCATIONAL	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> REPAIR GARAGE
	<input type="checkbox"/> REPAIR / REPLACEMENT (4)	FACTORY	<input type="checkbox"/> (GRADES 1-12) (7)	RESIDENTIAL	<input type="checkbox"/> PUBLIC UTILITY
	<input type="checkbox"/> DEMOLITION (5)	<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> HOTEL, MOTEL (16)	<input type="checkbox"/> HPM
	<input type="checkbox"/> RELOCATION (6)	<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> MULTI-FAMILY (17)	_____
	<input type="checkbox"/> FOUNDATION ONLY (7)			<input type="checkbox"/> BOCA TWO FAMILY (18)	_____
	<input type="checkbox"/> CHANGE OF USE ONLY (8)			<input type="checkbox"/> CABO TWO FAMILY (19)	_____
			<input type="checkbox"/> BOCA SINGLE FAMILY (20)	_____	
			<input type="checkbox"/> CABO SINGLE FAMILY (21)	_____	
			STORAGE	_____	_____
			<input type="checkbox"/> MODERATE HAZARD (22)	_____	_____
			<input type="checkbox"/> LOW HAZARD (23)	_____	_____
Structural (check that applicable)			Exterior (Check those applicable)		
Frame			Walls		
<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Concrete (3)	<input type="checkbox"/> Other (5), Identify: _____	<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Concrete (3)	<input type="checkbox"/> Other (5), Identify: _____
<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Wood (4)	_____	<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Wood (4)	_____
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)			
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)			
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)			
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)			
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)			
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)			
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)			
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)			
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)			
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Building Est. Value \$			

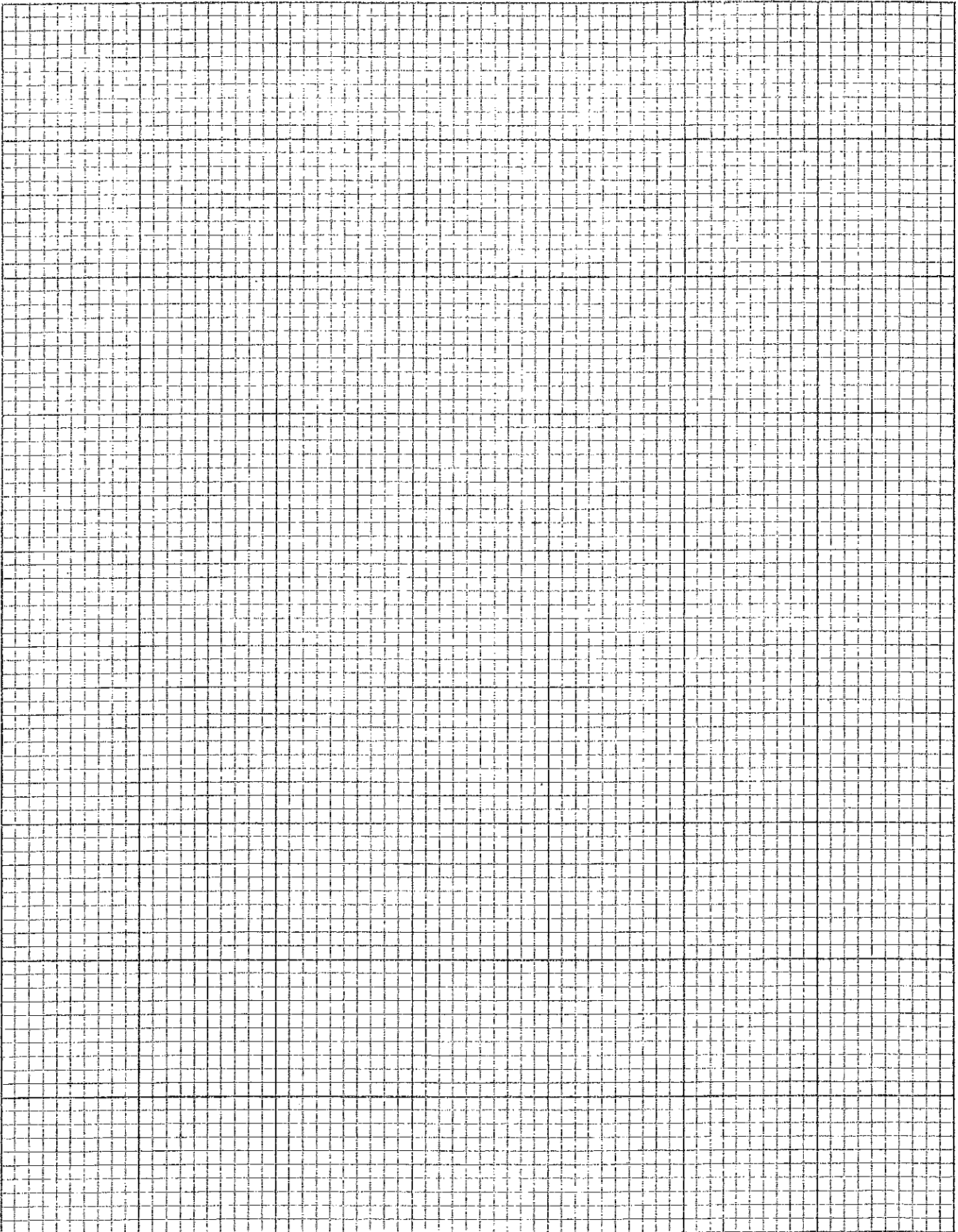
6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE			Number of Service Outlets: _____ 110V _____ 220V	
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.
1			7			
2			8			
3			9			
4			10			
5						
6				Total Number of Motors		
Utility Service Revisions:						
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____			Electrical Work Est. Value \$	

10. SITE PLAN

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



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /

By: _____

Application Reviewed: / /

By: _____

Data Entry: / /

By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

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		
Soil Report	<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		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs ,	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee

Plan Review Fee (From Part 14)

Certificate of Occupancy Fee

Other Fee

TOTAL FEES

DEPOSIT

CHECK # _____

CHECK # _____

BALANCE DUE

Prepared By: _____ Date _____

Approved By: _____ Title _____