

| | | |
|--|---|---|
| CALL 847-233-1246 SAFEbuilt, Inc. | <h1 style="margin: 0;">IL UNIFORM PERMIT APPLICATION</h1> | PERMIT NO. TAXKEY# |
|--|---|---|

| | | | |
|-----------------------------|---|---|--|
| ISSUING MUNICIPALITY | <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY <u>Wonder Lake</u> | PROJECT LOCATION (Building Address) | PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE&TWOFAMILY |
|-----------------------------|---|---|--|

| | | | |
|------------------|---------|-----------|---------------------|
| Subdivision Name | Lot No. | Block No. | Lot Area Sq. Ft. |
|------------------|---------|-----------|---------------------|

| | | |
|--------------|-----------------|---|
| Owner's Name | Mailing Address | Telephone - Include Area Code (Home) (Work) |
|--------------|-----------------|---|

| | | |
|-------------------------------|-----------------|-------------------------------|
| General Contractor (Lic. No.) | Mailing Address | Telephone - Include Area Code |
|-------------------------------|-----------------|-------------------------------|

| | | |
|------------------------|-----------------|-------|
| Carpenter (Lic. No.) | Mailing Address | Phone |
| Plumber (Lic. No.) | Mailing Address | Phone |
| Electrician (Lic. No.) | Mailing Address | Phone |
| Heating (Lic. No.) | Mailing Address | Phone |

BUILDING or REMODELING: PERMIT(S) INCLUDE: Construction Electrical Plumbing HVAC Erosion Zoning

Types of Rooms:
 DRIVEWAY

SIGN wall ground
 illuminated non-illuminated width.....length.....area.....ht. above ground.....lot frontage.....

FENCE length.....height.....type..... OTHER (specify)

| | | | | | | | | | | | | | | | | |
|---|---|--|--|---|------|------------|------------|----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|-------|-------|-------|
| 1a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____ | 3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> _____ | 6. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead | 9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other | 12. ENERGY SOURCE <table style="width:100%; border: none;"> <tr> <td style="border: none;">Fuel</td> <td style="border: none;">Space Htg.</td> <td style="border: none;">Water Htg.</td> </tr> <tr> <td style="border: none;">Nat. Gas</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Electric</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Other</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> | Fuel | Space Htg. | Water Htg. | Nat. Gas | <input type="checkbox"/> | <input type="checkbox"/> | Electric | <input type="checkbox"/> | <input type="checkbox"/> | Other | _____ | _____ |
| Fuel | Space Htg. | Water Htg. | | | | | | | | | | | | | | |
| Nat. Gas | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Electric | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Other | _____ | _____ | | | | | | | | | | | | | | |
| 1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached | 4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured | 7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____ | 10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____ | 13. NUMBER OF BEDROOMS _____ | | | | | | | | | | | | |
| 2. AREA Office Use Only _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____ | 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____ | 8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ | 11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well | 14. NUMBER OF BATHS _____ | | | | | | | | | | | | |
| 15. ESTIMATED COST \$ _____ | | | | | | | | | | | | | | | | |

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____ **PRINT NAME** _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. _____

Building Footing Foundation Rough Insulation Bsmt. Fl. Final **Electric** Rough Service Final

Plumbing Rough Underfloor OS Sewer Water Final **HVAC** Rough Final

| | | | |
|---|---|---|--|
| FEES: Building Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____ | RECEIPT Sub Total _____ Admin. Fee _____ Bond _____ Other _____ Total _____ | PERMIT EXPIRATION: CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____ | PERMIT ISSUED BY MUNICIPAL AGENT: Permit expires one year from date issued unless otherwise noted below: Name _____ Date _____ |
|---|---|---|--|