

FOR OFFICE USE ONLY	
Filed:	_____
Permit #:	_____
Fee:	_____
Issued:	_____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT
CITY OF CLINTON
DEPARTMENT OF ZONING, BUILDING & PUBLIC SAFETY
118 W. WASHINGTON ST., P.O. BOX 378, CLINTON,
ILLINOIS 61727 PHONE: (217) 935-6552

APPLICANT INSTRUCTIONS: For all applications, complete parts 1, 2, 3 and 4 of this form. This should be completed by the General/Prime Contractor. A single permit application will include all Sub-contractor's work, including Electrical, Plumbing, Mechanical, Sprinkler Systems and Fire Alarm.

Application Date	Work to be completed by Applicant:	Is the applicant the owner?
/ /	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Sewer <input type="checkbox"/> Mechanical <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm	Y / N

1. OWNER OF PROPERTY INFORMATION

Name:		City:	Zoning Class
Address:		State:	
Construction Address:		Zip Code:	
Subdivision	Parcel Number	Parcel Type	
		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other_____	

2. CONTRACTORS INFORMATION

	Name	Address	City, St.	Zip Code	License No.
Applicant (not owner)					
Architect					
General Contractor					
Engineer					
Electrical					
Plumbing Contractor					058- 055-
Sewer					
Mechanical					
Sprinkler System					
Fire Alarm System					
Roofing					104- 105-

3. 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 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. **The work needs to be started within 6 months of issuance or the permit will be revoked and it needs to be finished within 1 year unless authorized by the Zoning Officer.**

PRINT & SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK (TITLE) PHONE NO.
(PRINT & SIGNATURE)

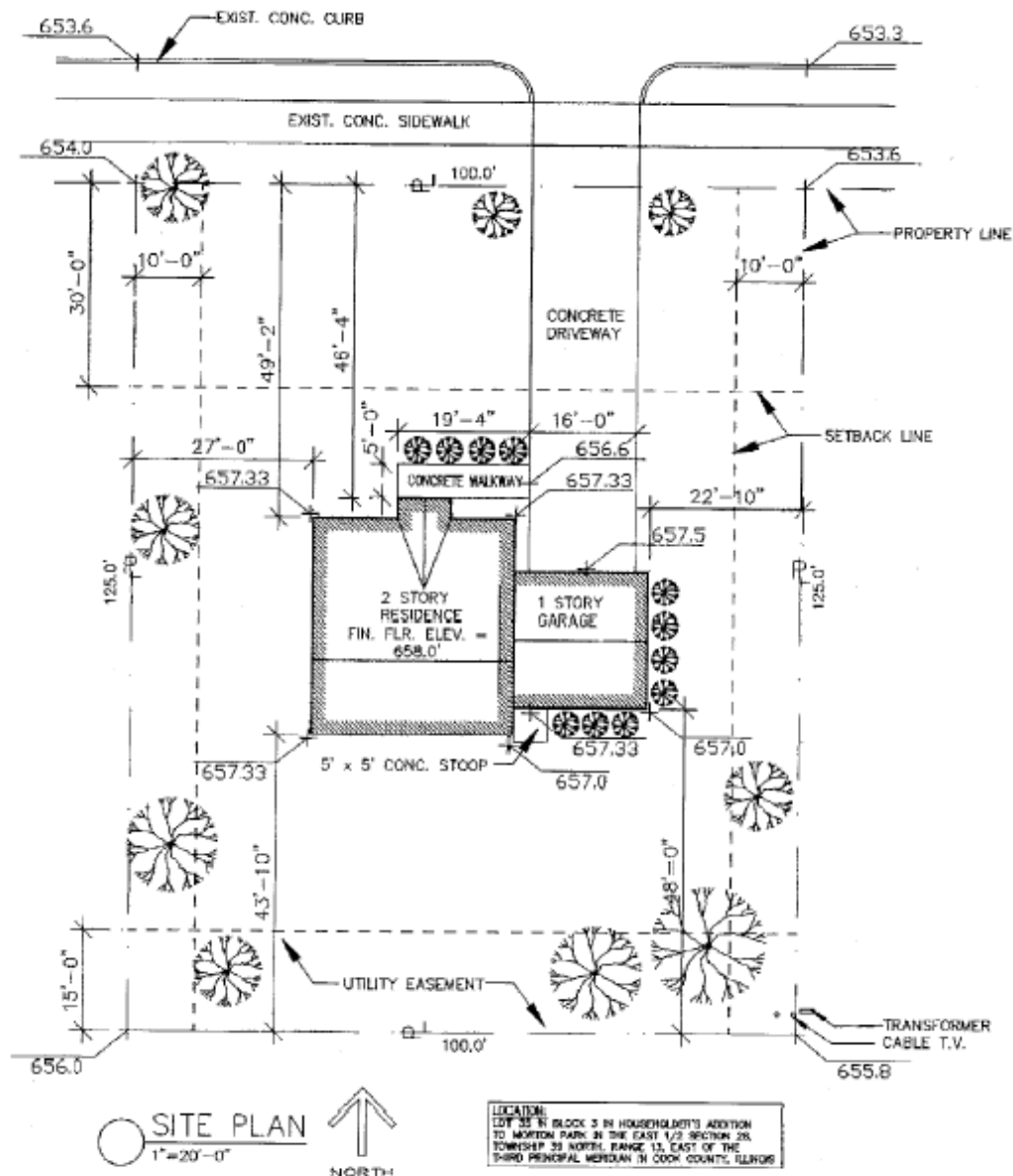
4. BUILDING PERMIT APPLICATION

CURRENT USE: PROPOSED USE: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> ASSEMBLY <input type="checkbox"/> Theater <input type="checkbox"/> Restaurant <input type="checkbox"/> Church <input type="checkbox"/> Other Assembly </td> <td style="width: 33%; border: none;"> FACTORY <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> High Hazard INSTITUTIONAL <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> MERCANTILE </td> <td style="width: 33%; border: none;"> RESIDENTIAL <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-Family <input type="checkbox"/> Two Family <input type="checkbox"/> Single Family STORAGE <input type="checkbox"/> Mod. Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> Other _____ </td> </tr> </table> EDUCATIONAL <input type="checkbox"/> Grades 1 – 12 <input type="checkbox"/> Day Care Facility		ASSEMBLY <input type="checkbox"/> Theater <input type="checkbox"/> Restaurant <input type="checkbox"/> Church <input type="checkbox"/> Other Assembly	FACTORY <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> High Hazard INSTITUTIONAL <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> MERCANTILE	RESIDENTIAL <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-Family <input type="checkbox"/> Two Family <input type="checkbox"/> Single Family STORAGE <input type="checkbox"/> Mod. Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> Other _____	IMPROVEMENT TYPE: Check all that apply <input type="checkbox"/> New construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation only <input type="checkbox"/> Change of use only <input type="checkbox"/> Pool <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Other _____	
ASSEMBLY <input type="checkbox"/> Theater <input type="checkbox"/> Restaurant <input type="checkbox"/> Church <input type="checkbox"/> Other Assembly	FACTORY <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> High Hazard INSTITUTIONAL <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> MERCANTILE	RESIDENTIAL <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-Family <input type="checkbox"/> Two Family <input type="checkbox"/> Single Family STORAGE <input type="checkbox"/> Mod. Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> Other _____				
STRUCTURAL FRAME (Check all that apply) <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other: Identify _____ <input type="checkbox"/> Masonry <input type="checkbox"/> Wood _____		EXTERIOR WALLS (Check all that apply) <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other: Identify _____ <input type="checkbox"/> Masonry <input type="checkbox"/> Wood _____				
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No List _____						
Street Frontage (Ft.)	Stories (#)	Lot Area (Sq. Ft.)				
Front Setback (Ft.)	Bedrooms (#)	Building Area (Sq. Ft.)				
Rear Setback (Ft.)	Full Baths (#)	Parking Area (Sq. Ft.)				
Left Setback (Ft.)	Partial Baths (#)	Living Area (Sq. Ft.)				
Right Setback (Ft.)	Garages (#)	Basement Area (Sq. Ft.)				
Height Above Grade (Ft.)	Windows (#)	Garage Area (Sq. Ft.)				
New Residential Units (#)	Fireplaces (#)	Office/Sales Area (Sq. Ft.)				
Existing Residential Units (#)	Enclosed Parking (#)	Service Area (Sq. Ft.)				
Elevators/Escalator (#)	Outside Parking (#)	Manufacturing (Sq. Ft.)				
Estimate Start (within 6 mos.) / /	Estimate Finish / /	Estimated Total Value of Project				
Water tap needed yes no	Sewer tap needed yes no	\$				
Mail permit to what address?						

SITE PLAN (Please attach your site plan to this application)

1. Show all lot dimensions, lot size and lot shape.
2. Show all utilities, easements, buildings.
3. Locate all buildings/structures on lot with dimensions of each to property lines and road right-of-ways.
4. Show proposed structures, access ways, parking areas, loading and unloading areas, sign location and surface drainage.
5. State if your facility is existing or proposed.
6. Arrow indicating NORTH direction.
7. Indicate any other exiting roadways and/or alleys.

EXAMPLE



PERMIT

Date of Issuance _____

This permit is granted upon the express condition that only such construction or improvements as located on the plans forming a part hereof and described in the application appearing herein may be affected, that no error or omission in either plans or application, whether said plans and application have been approved by this Department or not, shall permit the applicant to construct or to use in any manner other than that provided for in the Ordinances of the City of Clinton, Illinois.

Fee of \$ _____ paid _____ Ck #: _____ Cash _____

Zoning Officer: Tim Followell

Approval for Sewer Tap: _____
Sewer Superintendent: Steve Lobb

Approval for Water Tap: _____
Water Superintendent: Lloyd Francis

****Building Permits are conditional upon the following****

Submittals:

- Detailed plans showing building elevation, floor plan and site plans with finished elevation must be submitted for approval. Additional plans specific to the project may be required.
- Site plan is to show all easements, sanitary or storm sewer manholes or inlets and sump pump drains and connections.
- All plans must be approved and permitted prior to the start of any work. The permit applicant is responsible for contacting this office to assure their plans have been approved before construction.
- This office, as required in the International Building Codes, reserves the right and may require signed and sealed drawings by a Licensed Architect/Engineer.
- Applicant must show proof of the Clinton Sanitary District Sewer permit if applicable.
- Permit payment in full before any work or Inspections are performed.

Contractor To Provide:

- Adequate notice for inspections: **48 to 72 hours** (same day request may not be honored).
- Lot pins must be exposed for the stake layout approval. Inspector will not locate.
- On-site dumpster emptied regularly. No dumpsters are to be located in the street or over public sidewalks without a permit. Permit holder is responsible for any damage to public improvements or property.
- Siltation fencing must be (properly) erected prior to the initial stake layout inspection and/or construction.
- All materials both new and scrap must be contained on the subject lot.
- The lot is to be kept free of weeds and or tall grass at ALL times – ordinances require no taller than 8 inches.
- DAILY, cleaning the streets of mud, rock, etc.
- Maintain proper parking of all contractors/sub-contractors vehicles at all times to assure emergency vehicle access. Vehicles in violation will be ticketed and towed.
- Contractor shall relocate driveways when in conflict with storm or sanitary sewer manholes. In the event that the storm sewer inlet interferes with driveway approach, the permit holder is responsible for all cost, changes or necessary corrections made to make the approach accessible. The Superintendent of Public Works and/or the Zoning Administrator must approve any changes.

Final Inspections:

- The permit holder/general contractor is responsible for assuring that all required inspections have been performed and approved before any final occupancy is granted.
- The permit holder shall locate and expose lot pins for final occupancy inspection.

Grading Statement:

As applicant of said permit, I certify that I will provide final grading as approved by the City of Clinton Zoning Department. All swales shall be cut to assure proper drainage and flow. In no case shall the building site be at such an elevation that proper slopes cannot be maintained and ditches/swales obstruct the flow to or from adjoining lots or inlets. The grading or construction shall not destroy any lot pins, sidewalks and utility easements. The permit holder must assure that all sanitary sewer manholes are flush with final grading. Damaged or missing lot pins or misalignment to sanitary sewer manholes are at the responsibility and expense of the permit holder.

I fully understand and agree to the above terms as condition of obtaining this building permit.

Signed: _____ Date: _____