

CALL 847-233-1246 SAFEbuilt, Inc.	IL UNIFORM PERMIT APPLICATION	PERMIT NO. <u>Misc. Permit</u>
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <u>Volo</u>	<input checked="" type="checkbox"/> VILLAGE	<input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)
				PROJECT DESCRIPTION

Subdivision Name _____ email: _____

Owner's Name _____	Mailing Address _____	Telephone - Include Area Code _____
General Contractor _____	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.....

<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-collapse: collapse;"> <tr> <td style="width:33%;">Fuel</td> <td style="width:33%;">Space Htg.</td> <td style="width:33%;">Water Htg.</td> </tr> <tr> <td>Nat. Gas <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Fuel	Space Htg.	Water Htg.	Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____	_____
Fuel	Space Htg.	Water Htg.														
Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Electric <input type="checkbox"/>	<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. _____													
2. AREA _____ 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	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 _____	Sub Total _____ Admin. Fee _____ Bond _____ Other _____ Total _____	RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	PERMIT EXPIRATION: Permit expires one year from date issued unless otherwise noted below:	PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____
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