



City of Fairview Heights

Application for Plan Examination Building Permit

Section 9: Selected Characteristics Of Building	
Principal Type of Frame	<input type="checkbox"/> Masonry <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced Concrete
Principal Type of Heating Fuel	<input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Oil <input type="checkbox"/> Coal
Sewage Disposal	<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (septic tank)
Water Supply	<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (well, cistern)
Dimensions	Number of Stories _____ Total Square Feet of Floor Area (all floors) _____ Total Land Area (square feet) _____
Residential Buildings	Number of Bedrooms _____ Number of Bathrooms _____ <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> Full <input type="checkbox"/> Half </div>
Type of Construction	<input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A <input type="checkbox"/> 1B <input type="checkbox"/> 2B <input type="checkbox"/> 3B <input type="checkbox"/> 5B

Section 10: Applicant's Certificate

As Owner / Owner's authorized agent of the property for which this application is being filed, I hereby certify:

1. The description of use & information contained on this application is correct and;
2. The structure will not be occupied or used until a Certificate of Occupancy is issued by the Land Use & Development Dept and;
3. The project will comply with all conditions of applicable City Ordinances and pay all fees required by such ordinances and;
4. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf.

Printed Name of Applicant

Date of Application

Applicant's Address (No P.O. Boxes)

Applicant Phone No.

Signature of Applicant

Signature of Owner (if different than applicant)

City of Fairview Heights
 10025 Bunkum Rd.
 Fairview Heights, IL 62208
 (618)489-2060 / (618) 489-2067 fax



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For Office Use Only:

Plan Review Record		
Plan Review Required	Date Plans Started	Date Plans Approved
Building <input type="checkbox"/>	_____	_____
Plumbing <input type="checkbox"/>	_____	_____
Mechanical <input type="checkbox"/>	_____	_____
Electrical <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____
Zoning <input type="checkbox"/>	_____	_____
Validation		
Building Permit Fee	\$ _____	Approved: _____
Electrical Fee	\$ _____	_____
Plumbing Fee	\$ _____	Title
Stop Work Order	\$ _____	Date Approved: _____
Other	\$ _____	_____
Plan Review Fee	\$ _____	Director Approval: _____
Total Fee Due	\$ _____	Date Approved: _____
For Department Use Only:		
Use Group _____	Live Load _____	Occupancy Load _____
Additional Notes:	_____	



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Section 11: Plan Examiner's Notes

District	
Use	
Front Yard	
Side Yard	Side Yard
Rear Yard	
Notes	

Site or Plot Plan