



APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

3 sets of drawings and \$100 review fee required. Construction hours are from 7 AM to 9 PM from September through May and from 6:30 AM to 9 PM June through August in accordance with the City's Code of Ordinances section 25-2-1 (A)(5), Building Operations. Please complete all sections of the permit that apply to your project.

Application Date: _____

Type of Permit:
 Building Electrical Mech
 Plumbing Other (complete section 9)

Section 1: Property Information			
Section 1: Property Information	Address _____	Zoning _____	
	Parcel No. _____	Circle One: Res Comm Ind	
	Subdivision _____	Lot _____	
Section 2: Owner's Information			
Section 2: Owner's Information	Owner's Name _____		
	Owner's Address _____		
	Email: _____		
	Owner's Phone No. _____ Business Name: _____		
Section 3: Contractor Information			
	Last Name, First Name	Street Address, City, State, Zip	License #
Applicant			
Architect / Engineer			
General Contractor			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall			
Sprinkler			
Paving			
Fire Alarm			

Section 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/her 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.

Printed Name of Applicant _____

_____ Date of Application

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

_____ Applicant Phone No.

Signature of Applicant _____

_____ Email Address

Signature of Owner (if different from Applicant) _____

CODES ENFORCED BY CITY OF FAIRVIEW HEIGHTS:

- 2012 International Building Code
- 2012 International Existing Building Code
- 2011 NEC
- 2012 International Fire Code
- 2012 International Residential Code (Addendum)
- 2012 International Energy Conservation Code
- 2012 International Mechanical Code
- 2006 International Property Maintenance Code
- 2014 Illinois Plumbing Code
- ADA American Disabilities Act
- IAC Illinois Accessibility Code (4/24/97)

INSPECTION REQUESTS MUST BE CALLED FOR AT LEAST **24 HOURS** IN ADVANCE

INSPECTIONS ARE PERFORMED MONDAY - FRIDAY (NONE ON HOLIDAYS OR WEEKENDS)

PLEASE CONTACT CHIEF BRYAN DOYLE AT (618) 233-2121 REGARDING PERMITS REQUIRED BY THE FIRE DISTRICT IN ADDITION TO THIS PERMIT

YOU MUST BEGIN CONSTRUCTION WITHIN SIX MONTHS OF PERMIT ISSUANCE
PERMITS ARE VALID FOR TWO YEARS

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

Section 5: Building Permit Application

For Dept Use Only

Plan No. _____

Proposed Use:	<u>Assembly</u>	<u>Educational</u>	<u>Factory</u>
	<input type="checkbox"/> Theatre	<input type="checkbox"/> Grades 1-12	<input type="checkbox"/> Mod Hazard
	<input type="checkbox"/> Night Club	<input type="checkbox"/> Day Care	<input type="checkbox"/> Low Hazard
	<input type="checkbox"/> Restaurant		<input type="checkbox"/> High Hazard
	<input type="checkbox"/> Church	<u>Storage</u>	
	<input type="checkbox"/> Other	<input type="checkbox"/> Mod Hazard	<input type="checkbox"/> <u>Mercantile</u>
	<input type="checkbox"/> <u>Business</u>	<input type="checkbox"/> Low Hazard	
	<u>Institutional</u>	<u>Residential</u>	<u>Other</u>
	<input type="checkbox"/> Group Home	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Parking Garage
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Carport
	<input type="checkbox"/> Jail	<input type="checkbox"/> Single Family	<input type="checkbox"/> Motor Fuel Serv
		<input type="checkbox"/> Two Family	<input type="checkbox"/> Repair Garage
			<input type="checkbox"/> Public Utility

Improvement Type:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition
	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair/Replacement
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Relocation
	___ Destroy Notices	<input type="checkbox"/> Foundation Only
	___ Asbestos removal	<input type="checkbox"/> Change of Use Only
	___ Erosion Control	
	___ Fencing	

Structural Frame:	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other (Identify)
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	_____

Exterior Walls:	<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? Yes No

Est. Start Date: ___/___/___ Est. Finish Date: ___/___/___

Est. Value (Building): \$ _____

Street Frontage (Feet)	_____	Garages (Number)	_____
Front Setback (Feet)	_____	Windows (Number)	_____
Rear Setback (Feet)	_____	Fireplaces (Number)	_____
Left Setback (Feet)	_____	Enclosed Parking (Number)	_____
Right Setback (Feet)	_____	Outside Parking (Number)	_____
Height Above Grade (Feet)	_____	Lot Area (Sq ft)	_____
New Residential Units (Number)	_____	Building Area (Sq ft)	_____
Exist Residential Units (Number)	_____	Parking Area (Sq ft)	_____
Elevators/Escalator (Number)	_____	Living Area (Sq ft)	_____
Stories (Number)	_____	Basement Area (Sq ft)	_____
Bed Rooms (Number)	_____	Garage Area (Sq ft)	_____
Full Baths (Number)	_____	Office/Sales (Sq ft)	_____
Partial Bath (Number)	_____	Service (Sq ft)	_____
Private Subdivisio	_____	Manufacturing (Sq ft)	_____
Tree Removal (Number)	_____	Floodplain (Y/N)	_____

***If yes, please consult with Trustees before application**

Section 6: Electrical Permit Application

Total Service: _____ AMPS

Number of Circuits: _____ 2 Wire _____ 3 Wire _____ 4 Wire

	POWER DEVICES	NO.	OUTPUT/LOAD
1			
2			
3			
4			
5			
6			
7			
8			
	Total Number of Motors:		

Utility Service Revisions:

Est. Start Date: _____/_____/_____

Est. Finish Date: _____/_____/_____

Est. Value (Electrical Work): \$ _____

Section 7: Plumbing Permit Application

Enter the number of fixtures being installed, replaced or repaired	Tubs/Showers		Sewage Ejectors	
	Shower Stalls		Sump Pumps	
	Lavatories		Grease Traps	
	Toilets		Bidets	
	Urinals		Back Flow Preventers	
	Sinks		Water Pumps	
	Laundry Tubs		Roof Openings	
	Dishwashers		Parking Lot Drains	
	Garbage Disposals		Inside Downspouts	
	Drinking Fountains		Swimming Pools	
	Floor Drains		Standpipes (# of heads)	
	Water Heaters		Fire Sprinklers (# of heads)	
	Water Softeners		Lawn Sprinklers (# of head)	
			Total Fixtures:	

Public Water Yes No

Public Sewer Yes No

Water Service Size _____ IN.

Water Meter Size _____ IN.

Avg Daily Water Use _____ GPD

Utility Service Revisions:

Est. Start Date: _____/_____/_____

Est. Finish Date: _____/_____/_____

Est. Value (Plumbing Work): \$ _____

Section 8: Mechanical Permit Application

Enter the number of New or Replacement Units	Forced Air Furnace		Window A/C Unit	
	Unit Heater		Split System A/C	
	Gas/Oil Conversion		A/C Compressor	
	Space Heater		Air Handling Unit	
	Gravity Furnace		Heat Pump	
	Solid Fuel Appliance		Air Cleaner	
	Incinerator		Kitchen Exhaust Hood	
	Boiler		Hazardous Exhaust System	
	Coil Unit		Electric Furnace	

Utility Service Revisions:

Type of Heating Fuel (Check One)
 Gas (1) Oil (2) Electric (3) Coal (4) Wood (5) Other (6)

Est. Start Date: ___/___/___ Est. Finish Date: ___/___/___

Est. Value (Mechanical Work): \$ _____

Section 9: Other Required Permit Application(s)

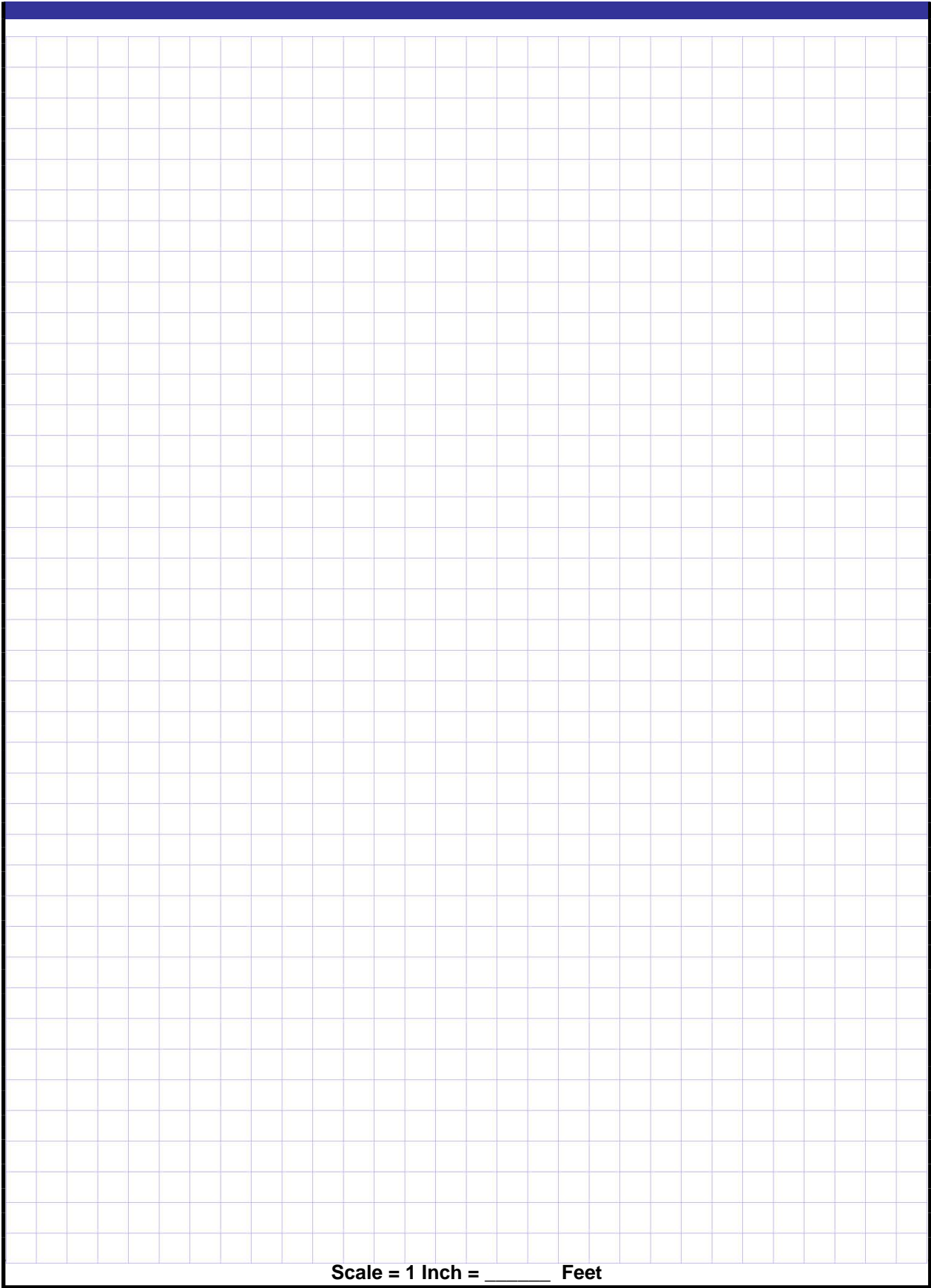
Permit Type: _____

Description of Work: _____

Est. Start Date: ___/___/___ Est. Finish Date: ___/___/___

Est. Value (Other Work): \$ _____

Section 10: Site Plan (Show lot lines, easements, work layout & dimensions)



Scale = 1 Inch = _____ Feet

For Department Use Only:

Application Recvd By: _____

Date Recvd: _____

App Reviewed By: _____

Date Review: _____

Zoning Plan Evaluation

Zoning District	_____	Map Number	_____
Lot Area (From Page 2)	_____	Lot Coverage (%)	_____
Lot Area Per Room	_____	Encroachments	_____
Off Street Parking Spaces (Required)	_____	Spaces (Provided)	_____
Loading Space	_____		
Signs: (Number of Signs)	_____	Size of Signs	_____

Planning Commission Approval Required Yes No

Zoning Board of Appeals Approval Required Yes No

Plan Review Record

Plan Review Req	Plan Rvw Fee	Date Plans Started	Date Plans Approved	Notes
Building	\$ _____			
Plumbing	\$ _____			
Mechanical	\$ _____			
Electrical	\$ _____			
Other	\$ _____			
Total	\$ _____			

Additional Permits Required

Permit or Approval	Check	Date Obtain	Number	Received By	Notes
Boiler					
Curb or Sidewalk Cut					
Elevator					
Furnace					
Grading					
Oil Burner					
Plumbing					
Roofing					
Sewer					
Sign or Billboard					
Street Grades					
Use of Public Area					
Demolition					

For Department Use Only:

Project Documents (Drawings & Calculations)

<u>Type Drawings/Receipt</u>	<u>Submitted</u>		<u>Signed & Sealed</u>		<u>Date</u>	<u>Revision</u>
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		
Struct Connect Draw	<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 Inspect 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		

Other Department Approvals

<u>Department</u>	<u>Approved By:</u>	<u>Date</u>
Fire District		
Public Works		
Zoning & Planning		
Health & Sanitation		
Water		
Architectural Review		

Other Department Approvals

<u>Permit Type</u>	<u>Date</u>	<u>Number</u>	<u>Permit/Insp Fee</u>
Building Permit			\$
Electrical Permit			\$
Plumbing Permit			\$
Mechanical Permit			\$
		Plan Review Fee (From Plan Review Record)	\$
		Certificate of Occupancy Fee	\$
		Other Fees	\$
		Total Fees	\$

Prepared By: _____ Date _____

Approved By: _____ Date _____