



## City of Fairview Heights Application for Plan Examination Building Permit Simplified Version

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.

<b>Section 2: Owner's Information</b>	
<b>Section 2: Owner's Information</b>	Owner's Name _____ Zoning: _____ Owner's Address _____ City, State & Zip _____ Owner's Phone No. _____
Location of Project _____	
<b>Section 3: Contractor Information</b>	
<b>Section 3: Contractor Information</b>	Contractor Name _____ Contractor Address _____ City, State & Zip _____ Contractor Phone No. _____
<b>Applicant Is:</b> Owner : <input type="checkbox"/> Lessee: <input type="checkbox"/> Contractor: <input type="checkbox"/> Architect: <input type="checkbox"/>	
<b>Section 4: Type of Improvement</b>	<input type="checkbox"/> New Building <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/> Addition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Remodel / Alteration <input type="checkbox"/> Excavation / Grading
<b>Section 5: Ownership</b>	<input type="checkbox"/> Private (Individual, Corp) <input type="checkbox"/> Public (Federal, State, Govt)
<b>Section 6: Proposed Use of Building</b>	<input type="checkbox"/> One Family <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Garage / Carport <input type="checkbox"/> Public Utility <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Other - Specify _____
<b>Section 7: Cost</b>	Building/Renovation Cost: _____ Electrical Cost: _____ Plumbing Cost: _____ Other Cost: _____ Total Cost of Improvements: _____
<b>Section 8: Work Proposed (Describe in Detail)</b>	_____ _____ _____ _____ _____



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Section 9: Selected Characteristics Of Building	
Crossroads of Prosperity	
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;"> <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 Certificat of Occupancy is issued by this Department 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.

**Failure to adhere to the above listed certification will result in immediate enforcement action from the City in accordance with Development Code 14-12-9(A)**

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Date of Application

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

\_\_\_\_\_  
 Applicant Phone No.

\_\_\_\_\_  
 Signature of Applicant

City of Fairview Heights 10025 Bunkum Rd. Fairview Heights, IL 62208 (618)489-2060 / (618) 489-2067 fax
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\_\_\_\_\_  
 Signature of Owner (if different than applicant)



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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: _____
<b>Total Fee Due</b>	<b>\$ _____</b>	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**