



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.

Section 1: Location of Project	Address _____ Zoning _____ Cross Streets _____ and _____ Subdivision _____ Lot _____ Parcel _____
Section 2: Owner's Information	Owner's Name _____ Owner's Address _____ City, State & Zip _____ Owner's Phone No. _____
Section 3: Contractor Information	Contractor Name _____ Contractor Address _____ City, State & Zip _____ Contractor Phone No. _____ Contractor Email _____
Applicant Is: Owner: <input type="checkbox"/> Lessee: <input type="checkbox"/> Contractor: <input type="checkbox"/> Architect: <input type="checkbox"/>	
Section 4: Type of Improvement	<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
Section 5: Ownership	<input type="checkbox"/> Private (Individual, Corp) <input type="checkbox"/> Public (Federal, State, Govt)
Section 6: Proposed Use of Building	<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 _____
Section 7: Cost	Building/Renovation Cost: _____ Electrical Cost: _____ Plumbing Cost: _____ Other Cost: _____ Total Cost of Improvements: _____
Section 8: Work Proposed (Describe in Detail)	_____ _____ _____ _____



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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;">Full 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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Section 11: Plan Examiner's Notes

District	
Use	
Front Yard	
Side Yard	Side Yard
Rear Yard	
Notes	

Site or Plot Plan



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	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			