

CITY OF BELVIDERE BUILDING DEPARTMENT

401 Whitney Blvd suite 300 Belvidere, IL 61008 phone: 815-547-7177 fax: 815-547-0789

Application for Commercial Building Permit

PERMIT NO. _____ RENEWAL OF: _____ DATE: _____
 ERECTION OF: _____
 ADDITION TO: _____
 ALTERATION OF: _____

Application is made hereby for permission for the:

Zoning: _____ **Type of bldg:** _____
Dimensions of bldg: _____ **Type of foundation:** _____
Area: _____ **Type of roofing:** _____
Basement? _____ **Exterior finish:** _____
Plumbers Lic. # _____ **Type of heat:** _____
Electricians Lic. # _____ **Fuel?** _____
Roofers Lic. # _____ **A/C:** _____
STATED VALUE OF CONSTRUCTION: \$ _____

PARCEL # _____

<u>PERMIT FEES</u>	
BUILDING:	\$ _____
plan review fee:	\$ _____
ELECT / FIRE ALARM:	\$ _____
plan review fee:	\$ _____
PLUMB / FIRE SPRKLR:	\$ _____
plan review fee:	\$ _____
HVAC:	\$ _____
plan review fee:	\$ _____
INSULATION:	\$ _____
ZONING REVIEW FEE:	\$ _____
SW, APCH:	\$ _____
SIGN:	\$ _____
FENCE:	\$ _____
OTHER:	\$ _____
TOTAL:	\$ _____
Cash / Check # _____	

Directions
 Sketch below (or attach) outline of lot, giving size and location of intended improvements.
 Also show any existing structures and distances from lot lines.

LOCATION: _____

Lot lines are the responsibility of the Owner. In consideration of the issuance of the issuance of said permit, I agree that, in the erection and use of the structure covered by said permit, I will conform to the regulations set forth in the Belvidere Zoning Ordinance, Belvidere/Boone Co. Health Ordinance, and the Belvidere Building Ordinance, and I also agree that all work performed under said permit will be in accordance with the plans and plot diagram which accompanies this application, except for such changes as may be authorized by the Building Officer.

Signature: _____ **Date:** _____

*** Permit Expires One Year from the Issue Day ***

You will be allowed one (1) free failed inspection. After the 2nd failure you will
 be charged \$100.00 for a reinspection fee per failure.

This lot is () is not () included in any part of an A Zone under Ord.128F (Flood Hazard Areas).
 If this lot is located in an A Zone, Certification from a registered professional engineer or architect is attached to this permit to show that the lowest floor, including basement is elevated to one (1) foot above the Base Flood Elevation.

Owner: _____ **Phone:** _____
Address: _____
Street City Zip

Gen. Contractor: _____ **Phone:** _____
Address: _____
Street City Zip

Electrician: _____ **Phone:** _____
Plumber: _____ **Phone:** _____
Mech. Contr: _____ **Phone:** _____

you **MUST** call *815-547-7177 for inspections as follows:

- | | |
|---|---|
| 1. When Footing is ready but BEFORE pouring concrete. | 3. Before insulating building, but AFTER electric & plumbing are roughed in and approved. |
| 2. When walls are coated and drain tile is in place, but BEFORE backfill. | 4. BEFORE occupancy or use. |

APPROVED: _____ **Date:** _____

Owner or Authorized Agent
 REMINDER:
 PLEASE CALL 815-547-7177 FOR INSPECTIONS. THANK YOU.