

# CITY OF BELVIDERE BUILDING DEPARTMENT

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

## Application for Residential Building Permit

PERMIT NO. \_\_\_\_\_ RENEWAL OF: \_\_\_\_\_ DATE: \_\_\_\_\_

ERECTION OF:

ADDITION TO:

Application is made hereby for permission for the:

ALTERATION OF: \_\_\_\_\_

<b>Zoning:</b> _____	<b>Type of bldg:</b> _____	<b>PARCEL #</b> _____	
<b>Dimensions of bldg:</b> _____	<b>Type of foundation:</b> _____		<b>PERMIT FEES</b>
<b>Area:</b> _____	<b>Type of roofing:</b> _____		<b>BUILDING:</b> \$ _____
<b>Basement?</b> _____	<b>Exterior finish:</b> _____		<b>ELECTRICAL:</b> \$ _____
<b>Plumbers Lic. #</b> _____	<b>Type of heat:</b> _____		<b>PLUMBING:</b> \$ _____
<b>Electricians Lic. #</b> _____	<b>Fuel?</b> _____		<b>HVAC:</b> \$ _____
<b>Roofers Lic. #</b> _____	<b>A/C:</b> _____		<b>DW, SW, GR:</b> \$ _____
<b>STATED VALUE OF CONSTRUCTION:</b> \$ _____			<b>FENCE:</b> \$ _____
<b>LOCATION:</b> _____			<b>SIGN:</b> \$ _____
			<b>INSULATION:</b> \$ _____
			<b>PLAN REVIEW:</b> \$ _____
			<b>ZONING REVW:</b> \$ _____
			<b>OTHER:</b> \$ _____
			<b>TOTAL:</b> \$ _____
			Cash / Check # _____

Lot lines are the responsibility of the Owner. In consideration 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 second failure you \*\*\* will be charged \$100.00 for a reinspect fee per failure.

#### Directions:

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

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.   |

Owner or Authorized Agent  
 REMINDER:

**APPROVED:** \_\_\_\_\_  
Building or Zoning Officer Date

PLEASE CALL 815-547-7177 FOR INSPECTIONS. THANK YOU.