



### Application for Building Permit

Zoned: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date of Permit: \_\_\_\_\_  
Permit Expires on: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address where work will be performed at: \_\_\_\_\_

Improvements are in accordance with the following description, and the plans and specifications presented herewith and in conformity with the provisions of the applicable ordinances.

Said building to Be occupied as _____	No. of Rooms _____	<b>Estimated Cost \$</b> _____
Size of lot _____	No. of Stories _____	<b>Permit Fee \$</b> _____
Dimensions of _____	Material in footing _____	
Size of footing _____	Material in foundation _____	
Thickness of foundation _____	Size of rafters _____	
Depth of four Below grade _____	Material of roof _____	
Size of joist _____	Distance from nearest lot line _____	
Size of Ceiling joist _____	Building located be occupied as _____	
Material of Exterior wall _____	Said building to front or rear lot _____	

Describe nature of improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner of property: \_\_\_\_\_ Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Address: \_\_\_\_\_

**Application is good for 1 (one) year from issue date.** \_\_\_\_\_  
Owner

Permit received by \_\_\_\_\_ Building Inspector

**Please complete form and submit to City Hall. Fee to be determined (cash or check).**  
615 Madison Avenue Madison, IL 62060 | (618) 876-6268