

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.

Date

Application is made hereby for permission for the

Description of Work:

PARCEL NO.

Zoning Type of Bldg

Dimensions of Bldg Type of Foundation

Area Type of Roofing

Basement Exterior Finish

Plumbers License No. Type of Heat

Electricians License No. Fuel

Roofers License No. A/C

Stated Value of Construction

Location

| office use only | | PERMIT FEES | |
|---------------------|-----------|-----------------------------|-----------------------------|
| BUILDING | \$ | <input type="text"/> | <input type="text"/> |
| ELECTRICAL | \$ | <input type="text"/> | <input type="text"/> |
| PLUMBING | \$ | <input type="text"/> | <input type="text"/> |
| HVAC | \$ | <input type="text"/> | <input type="text"/> |
| DW/SW/GR | \$ | <input type="text"/> | <input type="text"/> |
| FENCE | \$ | <input type="text"/> | <input type="text"/> |
| SIGN | \$ | <input type="text"/> | <input type="text"/> |
| INSULATION | \$ | <input type="text"/> | <input type="text"/> |
| PLAN REVIEW | \$ | <input type="text"/> | <input type="text"/> |
| ZONING REVIEW | \$ | <input type="text"/> | <input type="text"/> |
| OTHER | \$ | <input type="text"/> | <input type="text"/> |
| TOTAL | \$ | <input type="text"/> | <input type="text"/> |
| Cash/Check # | | <input type="text"/> | |

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.

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 reinspect 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

Owner Phone

Address
Street City State Zip Code

General Contractor Phone

Address
Street City State Zip Code

Electrician Phone

Plumber Phone

Mech. Contractor Phone

You MUST call (815)547-7177 for Inspections as follows!!

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

APPROVED BY _____
Building or Zoning Officer

_____ Date