

Municipalities for new family dwellings, additions, outbuildings, decks, or any project at a cost of \$500 or more.

# PERMIT APPLICATION

## PERMIT APPLICANT

Last name	First Name	Middle Initial
Street Address		
City	State	Zip Code
Telephone No. (Include area code)		

## PROJECT LOCATION

Building Address	Type of Building
Legal Description of location _____ 1/4, _____ 1/4, Section _____ T _____ N, R _____ E or W	

<b>1. PROJECT TYPE</b>	<b>2. HV AC EQUIPMENT</b>		
<input type="checkbox"/> 1 Family	<input type="checkbox"/> Forced Air Furnace	<input type="checkbox"/> Radiant Baseboard or Panel	<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Other	<input type="checkbox"/> Boiler	<input type="checkbox"/> Central AC	<input type="checkbox"/> Other: _____

<b>3. ENERGY SOURCE</b>	Nat. Gas.	L.P.	Oil	Elect.	Solid	Solar
Space Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. CONSTRUCTION TYPE</b>	<b>5. FOUNDATION</b>		
<input type="checkbox"/> Site Constructed	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Treated Wood
<input type="checkbox"/> Manufactured	<input type="checkbox"/> Other (specify): _____		

<b>6. AREA</b>	<b>7. ESTIMATED BUILDING COST</b>
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Living area =	Square Feet	\$
Lot Size:	Front Set Backs: _____	
	Back Set Backs: _____	
	Side Set Backs: _____	

I vouch that all the above information is correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the municipality, but that the Uniform Dwelling Code, Chapters Comm/ILHR 20-25, still applies to all new 1-family dwellings and must be complied with. I understand that the issuance of this permit does not relieve me of compliance with other applicable codes and ordinances.

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date Signed**

### MUST BE COMPLETED BY THE MUNICIPALITY BEFORE FORWARDING PINK PLY TO THE STATE DIVISION OF SAFETY AND BUILDINGS

<b>ISSUING JURISDICTION:</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County of:		
<b>MUNICIPALITY NUMBER:</b> of Dwelling Location	# _____ - _____	<b>FEES:</b>	
<b>PERMIT ISSUED BY:</b>		<b>DATE ISSUED:</b>	

➔ PLEASE INCLUDE SKETCH ON BACK OF WHITE COPY ➔