



BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

Application #: _____

PROPERTY	Address		Business Name (if applicable)
	Subdivision	Lot #	
PROPERTY OWNER	Name	Phone #	Fax #
	Address	City / State	Zip Code
ARCHITECT / ENGINEER	Name	Phone #	Fax #
	Address	City / State	Zip Code
GENERAL CONTRACTOR	Name/Business	Phone #	Fax #
	Address	City / State	Zip Code
ELECTRICAL CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
HEATING & COOLING CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
PLUMBING CONTRACTOR Contractor License # # 055 - _____	Name	Phone #	Fax #
	Address	City / State	Zip Code
ROOFING CONTRACTOR License # # 104 - _____	Name	Phone #	Fax #
	Address	City / State	Zip Code
FIREPLACE CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
LOW VOLTAGE CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code

DESCRIPTION OF WORK: <p style="text-align: center;">** Complete project details by trade on next/back page **</p>
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I, the applicant, certify that information on this application is true/accurate. If a permit is issued, all work will be completed in conformance with the approved plans/specifications and with approved building materials. I understand that I am responsible for complying with the requirements of the Village of Machesney Park Building Codes/Ordinances.

<u>Signature:</u> _____	<u>Date:</u> _____	<u>Phone #</u> _____
<u>Printed Name:</u> _____	<u>E-Mail:</u> _____	

BUILDING INFORMATION / STRUCTURAL (S)

TYPE OF WORK	
<input type="checkbox"/> Additions / Alterations / Conversions (circle one) New Home / Duplex _____ SF	
<input type="checkbox"/> Basement _____ SF <input type="checkbox"/> Egress Window (circle one): New	
<input type="checkbox"/> Deck _____ SF <input type="checkbox"/> Porch _____ SF	

Garage	
<input type="checkbox"/> Attached _____ SF	
<input type="checkbox"/> Detached _____ SF	
<input type="checkbox"/> Demolition of _____	
<input type="checkbox"/> Building _____ SF	
<input type="checkbox"/> Storage Building _____ SF	
<input type="checkbox"/> Shell _____ SF	

<input type="checkbox"/> Foundation ONLY _____ SF
<input type="checkbox"/> Pool _____ FT
<input type="checkbox"/> Contractor Change
<input type="checkbox"/> Move: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Extra Inspection (circle needed): S M E P

BUILDING HEIGHT AREA:	
<input type="checkbox"/> Max. Height Above Grade: _____ FT	
<input type="checkbox"/> Stories Above Grade: _____	
<input type="checkbox"/> Max. Area per Floor: _____ SF	
<input type="checkbox"/> Total Floor Area: _____ SF	

Floor _____ Through _____ Use _____ _____ SF
Floor _____ Through _____ Use _____ _____ SF
Floor _____ Through _____ Use _____ _____ SF
Units: _____ Multifamily, Condo / Townhouse

Roofing	
<input type="checkbox"/> Reroof	
<input type="checkbox"/> Tear-Off & Reroof	
Sign	
<input type="checkbox"/> Illuminated _____ SF	
<input type="checkbox"/> NON-Illuminated _____ SF	

SUPPRESSION SYSTEM:	
<input type="checkbox"/> NFPA-13	
<input type="checkbox"/> NFPA-13R	
<input type="checkbox"/> NFPA-13D	
<input type="checkbox"/> Limited Area	
<input type="checkbox"/> Range Hood	
<input type="checkbox"/> None	
<input type="checkbox"/> Partial	
<input type="checkbox"/> Complete	

BUILDING CONSTRUCTION TYPE:	
<input type="checkbox"/> 5B - Combustible/Unprotected	
<input type="checkbox"/> 5A - Combustible/protected	
<input type="checkbox"/> 4 - Heavy Timber	
<input type="checkbox"/> 3B - Non-combustible / combustible unprotected	
<input type="checkbox"/> 3A - Non-combustible / combustible protected	
<input type="checkbox"/> 2B - Non-combustible / unprotected	
<input type="checkbox"/> 2A - Non-combustible / protected	
<input type="checkbox"/> 1B - Non-combustible-protected	
<input type="checkbox"/> 1A - Non-combustible / protected	

Construction cost less Mechanical (M), Electrical (E), Plumbing (P), & description of work:

MECHANICAL (M)	
Qty	Item
	Heating
	0 - 200,000 BTU
	200,001 - 500,000 BTU
	500,001 - 1,500,000 BTU
	1,500,001 - 3,000,000 BTU
	3,000,001 - 4,000,000 BTU
	4,000,001 - Over
	Radiant Heat
	Air Conditioning
	0 - 36,000 BTU
	36,001 - 60,000 BTU
	Exhaust, Make-UP Air, & Bath Fans
	0 - 2,000 CFM
	2,001 - 6,000 CFM
	6,001 - 10,000 CFM
	Over 10,000 CFM # of CFM _____
	Refrigeration
	Class A per Unit
	Each Additional Unit
	Class B per Unit
	Each Additional Unit
	General
	Factory Built Fireplace (Prefab)
	Masonry Fireplace
	Gas Line / each
	Gas Openings
	Duct Work Only
	Other: _____

RESIDENTIAL BULDINGS ONLY:	
<input type="checkbox"/> Total # Rooms _____	
<input type="checkbox"/> # of Bedrooms _____	
<input type="checkbox"/> # of Bathroom _____	
<input type="checkbox"/> Full _____ Partial _____	

ELECTRICAL (E)	
Qty	Item
	Electrical Reconnect
	Services 100 AMP
	200 AMP
	201 - 300 AMP
	301 - 400 AMP
	401 - 500 AMP
	601 - 700 AMP
	701 - 800 AMP
	801 - 900 AMP
	901 - 1,000 AMP
	1,001 - 1,100 AMP
	1,1001 - 1,200 AMP
	Misc. Wiring / Code Repairs
	Panels
	Circuits
	Transformers
	Disconnects
	Baseboard heat

Alarm Systems/Low Voltage	
<input type="checkbox"/> Residential	
<input type="checkbox"/> Commercial, Industrial, Other	
<input type="checkbox"/> Additional Units	

TYPE OF SEWAGE DISPOSAL	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private (Septic)	

TYPE OF WATER SUPPLY	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private (Well)	

PLUMBING (P)	
Qty	Item
	Water Heater
	Water Softener
	Floor Drain
	Toilet(s)
	Bathtub(s) / Shower(s)
	Sink(s)
	Dishwasher
	Laundry Sink
	Laundry Box
	Water Service
	Sewer Service
	RPZ / Backflow Preventor
	Sewage Ejector
	Other: _____
	= TOTAL # OF OPENINGS

Sprinklers	
<input type="checkbox"/> Number of Heads	
<input type="checkbox"/>	