



Building Department

541 DeKalb Ave.
 Sycamore, IL 60178
 Phone: (815) 895-4434
 Fax: (815) 895-7572
www.cityofsycamore.com

For Office Use Only

Permit No: _____
 Zoning District: _____
 Date: _____
 Fee: \$ _____
 Street / Pkwy Deposit: _____
 Approved: _____

APPLICATION FOR PERMIT

THIS APPLICATION MUST BE LEGIBLE AND COMPLETE

SUBMITTAL REQUIREMENTS

Miscellaneous Construction: See Page 4 for required information and drawings. A site plan is required for all new structures.
New Residential: (1) set of building plans, and (1) site plan.
Commercial/Industrial: (3) sets of building plans bearing the stamp of a licensed civil architect, and (3) sets of site plans bearing the seal of a licensed civil engineer.

1. PROJECT INFORMATION

Project Site Address: _____ *Lot: _____ *Subdivision: _____
 Office Use Only: Located in Downtown Conservation District? Yes No *Required for New Residential / Commercial Construction Only

Description of work to be performed: _____
 Total Estimated Cost of Project: \$ _____

2. TYPE OF IMPROVEMENT

Miscellaneous Construction		New Residential / Commercial Construction	
<input type="checkbox"/> Addition	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Single Family Residential	Square Footage
<input type="checkbox"/> Basement – Finish Existing	<input type="checkbox"/> Plumbing Revision / Repair	<input type="checkbox"/> Two Family Residential	1 st Floor: _____
Square Feet: _____	<input type="checkbox"/> Pool / Hot Tub	<input type="checkbox"/> Multi-Family Residential	2 nd Floor: _____
<input type="checkbox"/> Deck / Gazebo / Pergola	<input type="checkbox"/> Remodel / Alteration	<input type="checkbox"/> Townhome Residential	3 rd Floor: _____
<input type="checkbox"/> Demolition of Structure	<input type="checkbox"/> Sanitary Service Replace / Repair	<input type="checkbox"/> Commercial Build-Out	4 th Floor: _____
<input type="checkbox"/> Electrical Revision / Repair	<input type="checkbox"/> Water Service Replace / Repair	<input type="checkbox"/> Commercial – New	Finished Bsmt: _____
<input type="checkbox"/> Electrical Service Upgrade	<input type="checkbox"/> Watermain Tap	<input type="checkbox"/> Factory / Industrial	Other(List): _____
Total Amperage: _____	<input type="checkbox"/> Other (List): _____	<input type="checkbox"/> Warehouse / Storage	Total: _____
<input type="checkbox"/> Fence	_____	<input type="checkbox"/> Public / Institutional	Garage: _____
Type: Picket Solid	_____	<input type="checkbox"/> Educational	
Height: _____	_____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Fire Alarm Revision / Repair			Number Of:
<input type="checkbox"/> Fire Restoration		Stories: _____	
<input type="checkbox"/> Fire Sprinkler Revision / Repair		Bedroom(s): _____	
<input type="checkbox"/> Garage / Shed		Bathroom(s): _____	
<input type="checkbox"/> Kitchen Hood Revision / Repair		Off-Street Parking Spaces: _____	

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3. PLUMBING INFORMATION – COMPLETE ALL THAT APPLIES

If repairing or replacing a **water or sanitary service**, does the scope of work require either of the following: (please circle)

The street to be cut? Yes No **(\$500 deposit required prior to issuance of permit.)**

The parkway to be excavated? Yes No **(\$150 deposit required prior to issuance of permit.)**

Number of New Fixtures

Backflow Preventer	<input type="text"/>	Garbage Disposal	<input type="text"/>	Sump Pump	<input type="text"/>
Ice Maker	<input type="text"/>	Grease Interceptor	<input type="text"/>	Urinal	<input type="text"/>
Clothes Washer	<input type="text"/>	Kitchen Sink	<input type="text"/>	Water Closet	<input type="text"/>
Dishwasher	<input type="text"/>	Laundry / Service Sink	<input type="text"/>	Water Heater	<input type="text"/>
Drinking Fountain	<input type="text"/>	Lavatory / Clinic Sink	<input type="text"/>	Water Softener	<input type="text"/>
Ejector Pit	<input type="text"/>	Shower / Tub	<input type="text"/>	Other(List):	<input type="text"/>
Floor Drain	<input type="text"/>	Sill Cock	<input type="text"/>	TOTAL FIXTURES:	<input type="text"/>

4. CONTACT INFORMATION

<p align="center"><u>Applicant</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State & Zip Code: _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>E-Mail: _____</p>	<p align="center"><u>Property Owner - REQUIRED</u></p> <p><input type="checkbox"/> Same as Applicant.</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State & Zip Code: _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p>
<p align="center"><u>General Contractor</u></p> <p><input type="checkbox"/> Same as Applicant.</p> <p>Name: _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>E-mail: _____</p>	<p align="center"><u>Heating & Ventilation Contractor</u></p> <p>Name: _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p>
<p align="center"><u>Electrical Contractor</u></p> <p>All electrical contractors must possess a current City of Sycamore Electrical License to perform work within the city limits.</p> <p>Name: _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>Sycamore License No: _____</p>	<p align="center"><u>Plumbing Contractor</u></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>IL. Plumbing Contractor Reg. No: 055- _____</p> <p>IL. Plumber License No: 058- _____</p> <p>IL. Irrigation Contractor's Reg. No: 060- _____</p>

5. SIGNATURE REQUIRED / EMERGENCY CONTACT INFORMATION

As owner or authorized agent of the owner of this project, I hereby certify that the information contained in this application is true and correct, including all dimensions shown on the attached Site Plan. If a permit is issued, I agree to the scope of work set forth in this application, as well as all plans as submitted, and will conform to all codes, laws and ordinances of the City of Sycamore. Any errors or omissions to this application and/or plans as submitted, whether approved by the Sycamore Building & Engineering Department or not, shall not relieve me or any of the above listed contractors from performing any work in compliance with all codes, laws and ordinances of the City of Sycamore. Furthermore, in signing this application, I do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen and shall schedule all required inspections.

EMERGENCY CONTACT DURING CONSTRUCTION

Name: _____

24 Hour Phone Number: _____

Print Name: _____

Signature: _____

Date: _____

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Is property in a Special Flood Hazard Area (SFHA)? Yes No

Are limits of SFHA shown? Yes No

What is the Base Flood Elevation (BFE)? _____

Top of Foundation or Floor Slab elevation: _____

SITE PLAN

No changes to the site plan drawn below may be made without first contacting the Sycamore Building & Engineering Department at (815) 895-4434. The location of all buildings and structures must be staked out on property as shown below and will be verified at the stake-out inspection.

1. Draw the site plan. If you are submitting site plans prepared on a separate sheet, write "See Attached" in the area below and attach accordingly.
2. Indicate "north" with an arrow on the site plan.
3. Draw the lot on which the proposed improvement is proposed. Include all lot dimensions.
4. Show all streets and alleys adjacent to the property and label accordingly.
5. Show any public utility and drainage easements. Include all dimensions.
6. Show any existing structures on the lot by drawing a square or rectangle and label them with an "X".
7. Draw the proposed structure on the lot by using the same method and label it with a "P". Include the setback dimensions from the proposed improvement to all property lines (front, side and rear), existing structures and public utility and drainage easements.
8. Show all available off-street parking.

To ensure the proposed fence is located entirely on the owner's property, **a stake out inspection is required one day prior to construction of the fence.**