

APPLICATION FOR PERMIT

ONLY LEGIBLE, COMPLETE AND SIGNED
APPLICATIONS WILL BE PROCESSED.

For Office Use Only	
Permit No:	_____
Zoning District:	_____
Date:	_____
Fee: \$	_____
Street / Pkwy Deposit:	_____
Approved:	_____

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 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: _____	

FOR OFFICE USE ONLY

Is property in a Special Flood Hazard Area (SFHA)? Yes or No
Are limits of SFHA shown? Yes or No
What is the Base Flood Elevation (BFE)? _____
Top of Foundation or Floor Slab Elevation: _____

3. CONTACT INFORMATION

<p style="text-align: center;"><u>APPLICANT</u></p> Name: _____ Address: _____ City, State & Zip Code: _____ Day Phone: _____ Cell Phone: _____ E-Mail: _____	<p style="text-align: center;"><u>PROPERTY OWNER - REQUIRED</u> <input type="checkbox"/> Same as Applicant.</p> Name: _____ Address: _____ City, State & Zip Code: _____ Day Phone: _____ Cell Phone: _____
<p style="text-align: center;"><u>GENERAL CONTRACTOR</u> <input type="checkbox"/> Same as Applicant.</p> Name: _____ Contact: _____ Day Phone: _____ Cell Phone: _____ E-mail: _____	<p style="text-align: center;"><u>HEATING & VENTILATION CONTRACTOR</u></p> Name: _____ Contact: _____ Day Phone: _____ Cell Phone: _____
<p style="text-align: center;"><u>ELECTRICAL CONTRACTOR</u> All electrical contractors must be registered with the City of Sycamore to perform work within the city limits.</p> Name: _____ Contact: _____ Day Phone: _____ Cell Phone: _____ Sycamore Registration No: _____	<p style="text-align: center;"><u>PLUMBING CONTRACTOR</u> Must provide letter of intent.</p> Name: _____ Phone: _____ Email: _____ IL. Plumbing Contractor Reg. No: 055- _____ IL. Irrigation Contractor's Reg. No: 060- _____
<p style="text-align: center;"><u>EXCAVATION CONTRACTOR</u></p> Name: _____ Contact: _____ Day Phone: _____ Cell Phone: _____	<p style="text-align: center;"><u>ROOFING CONTRACTOR</u></p> Name: _____ Phone: _____ Email: _____ IL. Roofing Contractor No.: _____

<p><u>EMERGENCY CONTACT DURING CONSTRUCTION</u> <u>Required in order for permit to be issued.</u></p> Name: _____ 24 Hour Phone Number: _____

4. 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 – TO BE COMPLETED BY APPLICANT

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

5. SIGNATURE REQUIRED

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 Community Development 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.

Date: _____

Print Name: _____

Signature: _____

SITE PLAN

No changes to the site plan drawn below may be made without first contacting Community Development 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 submitting site plans prepared on a separate sheet, write "See Attached" 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 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.