

City of DuQuoin
 PO Box 466
 DuQuoin, Illinois 62832
 Phone: (618) 542-3841

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4, and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date __/__/__	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See Item 9)	Is owner Applicant (Y/N)
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I. PROPERTY INFORMATION

Street Address	Apt	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)		

II. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

III. CONTRACTORS INFORMATION

LICENSE NO.	NAME OF CONTRACTOR	ST. ADDRESS	CITY,	ST
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

IV. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter

Other (24)

Parking Garage	Carport
Motor Fuel Service	Repair Garage
Public Utility	HPM
_____	_____
_____	_____
_____	_____
_____	_____

Structural Frame (Check those applicable)

<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Wood (4)
<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Other (5) Identify:
<input type="checkbox"/> Concrete (3)	_____

Exterior Walls (Check those applicable)

<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Wood (4)
<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Other (5) Identify:
<input type="checkbox"/> Concrete (3)	_____

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Ft.)
Front Setback (Feet)	Bedrooms (Number)	Building Area (Sq. Ft.)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. Ft.)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. Ft.)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. Ft.)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. Ft.)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. Ft.)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. Ft.)
Elevators/Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. Ft.)
Est. Start / /	Est. Finish / /	Building Est. Value \$

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service ____ AMPS	Number of Circuits: __ 2 wire __ 3 wire __ 4 wire	Number of Service Outlets: ____ 110 V ____ 220V
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Power Devices	No.	Output/Load	Power Devices	No.	Output/Load
1			7		
2			8		
3			9		
4			10		
5					
6			Total Number of Motors		

Utility Service Revisions:

Est. Start / /	Est. Finish / /	Building Est. Value \$
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7. PLUMBING PERMIT APPLICATION

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Stand Pipes (Y/N)	
				(Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N)	
				(Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N)	
				(Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size		Water Meter Size	in.	Avg. Daily Water Use	GPD
Utility Service Revisions					
					Plumbing Work
Est. Start / /		Est. Finish / /		Building Est. Value \$	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions					
					Plumbing Work
Type of Heating Fuel					
(Check One)	<input type="checkbox"/> Gas (1)	<input type="checkbox"/> Oil (2)	<input type="checkbox"/> Electric (3)	<input type="checkbox"/> Coal (4)	<input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)
					Mechanical Work
Est. Start / /		Est. Finish / /		Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type		
Description of Work		
Est. Start / /	Est. Finish / /	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)

SCALE = 1 inch = _____ FEET

11. DATA ENTRY

Application Received: ___/___/___ _____
 By: _____
 Application Reviewed: ___/___/___ _____
 By: _____
 Data Entry: ___/___/___ _____
 By: _____

12. FLOODPLAIN EVALUATION

Flood Map Number & Date _____ Lowest Floor Elevation _____
 Flood Zone _____ Base Flood Elevation _____

13. ZONING PLAN EVALUATION

Zoning District _____ Map Number _____
 Lot Area (From Page 2) _____ Lot Coverage (%) _____
 Lot Area Per Room _____ Encroachments _____
 Off-Street Parking Spaces, Required _____ Provided _____
 Load Space _____
 Signs; Number _____ Size of Each Sign _____

 Planning Commission Approval Required _____
 Board of Zoning Appeals Approval Required _____

14. PLAN REVIEW RECORD

Plan Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Titles
Building		\$					
Plumbing		\$					
Mechanical		\$					
Electrical		\$					
Total		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Electrical					Sign or Billboard				
Furnace					Street Grades				
Grading					Use of Public Areas				
Oil Burner					Demolition				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type Drawings/Report	Submitted	Signed and Sealed	Date	Revision Date
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connection Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp Fee
Electrical Permit	Date	Number	Permit/Insp Fee
Plumbing Permit	Date	Number	Permit/Insp Fee
Mechanical Permit	Date	Number	Permit/Insp Fee
_____	Date	Number	Permit/Insp Fee
	Date	Number	Permit/Insp Fee
		Plan Review (From Part 14)	
		Certificate of Occupancy Fee	
		Other Fee	
TOTAL FEES			

Prepared By: _____ **Date** _____

Approved By: _____ **Title** _____