



Kathi Urban, Director

COUNTY OF PEORIA

DEPARTMENT OF PLANNING & ZONING

PEORIA COUNTY COURTHOUSE • ROOM 301
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BUILDING PERMIT APPLICATION

To the applicant: Please complete this application in its entirety as to what applies to your project. **THANK YOU**

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS (if other than owner)

PHONE: _____

PHONE: _____

CONSTRUCTION SITE PARCEL ID NUMBER: _____

CONSTRUCTION SITE 911 ADDRESS★: _____

An address must be assigned to the parcel by the County Clerk's Office, Room 101, before we can issue any building permits.

| | | |
|------------------------|-----------------------------------|----------------|
| Roofers Certificate #: | (State requirement for new homes) | E.C. Permit #: |
| *PL Permit #: PL | EL Permit #: EL | HVPermit #: HV |

*A copy of Illinois plumbing license & State plumbing contractor's license is required for work completed by anyone other than homeowner.

WATER SUPPLY: HD Well # _____ Public Water- Supplier* _____

SEWER SUPPLY: HD Septic # _____ Public Sewer- Agency* _____

* If subject property is served by public water or public sewer, then Proof of Service is required prior to issuance of building permit.

ESTIMATED COST OF CONSTRUCTION: _____

EXACT USE OF STRUCTURE: _____

- STRUCTURE TYPE:**
- | | | | |
|---------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> DECK / PORCH | <input type="checkbox"/> HOUSE - New | <input type="checkbox"/> GARAGE - New | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SHED | <input type="checkbox"/> HOUSE - Addition | <input type="checkbox"/> GARAGE - Addition | <input type="checkbox"/> MOVING |
| <input type="checkbox"/> POLE BLDG. | <input type="checkbox"/> HOUSE - Repair/Alter | <input type="checkbox"/> GARAGE - Repair/Alter | <input type="checkbox"/> DEMOLITION |
| | <input type="checkbox"/> AG BLDG. | <input type="checkbox"/> CARPORT | <input type="checkbox"/> OTHER |

| | | | |
|------------------------------|--------------------|----------------------|---------------------------------------|
| STRUCTURE DIMENSIONS: | TOTAL AREA: | # OF STORIES: | TOTAL HEIGHT: (ground to peak) |
| Principal _____ x _____ | _____ sq. ft. | _____ | _____ ft _____ in |
| Part Fin. Bsmt _____ x _____ | _____ sq. ft. | _____ | _____ ft _____ in |
| Gar/Shed _____ x _____ | _____ sq. ft. | _____ | _____ ft _____ in |
| Deck/Porch _____ x _____ | _____ sq. ft. | Fence/Other _____ | _____ x _____ ft or total distance |

| | | | | | | | | |
|---|------------|---|---|---|---|--------------------------------|--------------------------------|--------------------------------|
| FOUNDATION | TYPE: | <input type="checkbox"/> Basement | <input type="checkbox"/> Crawl | <input type="checkbox"/> Slab | Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | MATERIAL: | <input type="checkbox"/> Block | <input type="checkbox"/> Poured | <input type="checkbox"/> Gravel | <input type="checkbox"/> Dirt | <input type="checkbox"/> Other | | |
| INTERIOR | WALLS: | <input type="checkbox"/> Drywall | <input type="checkbox"/> Plaster | <input type="checkbox"/> Unfinished | <input type="checkbox"/> Other: | | | |
| | BEDRMS: | # Existing: | # To be added: | | TOTAL: | | | |
| | BATHRMS: | # Existing: | # To be added: | | TOTAL: | | | |
| | HEAT: | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Geothermal | <input type="checkbox"/> Wood | <input type="checkbox"/> Solar | <input type="checkbox"/> None | <input type="checkbox"/> Other |
| | FIREPLACE: | <input type="checkbox"/> Yes <input type="checkbox"/> No | WHIRLPOOL: | <input type="checkbox"/> Yes <input type="checkbox"/> No | CENTRAL AIR: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | FLU TYPE: | <input type="checkbox"/> Brick | <input type="checkbox"/> Direct Vent | <input type="checkbox"/> Metalbestos | <input type="checkbox"/> Other: | | | |
| PLUMBING FIXTURES: | | # Existing: | # To be added: | | TOTAL: | | | |
| Fixtures include: floor drains, water heaters, bidets, lavs, bathtubs, sinks, toilets, showers, washers, floor drains, sewage ejector | | | | | | | | |
| ELECTRICAL: | | New service: <input type="checkbox"/> Yes <input type="checkbox"/> No | Wiring/Rewiring: <input type="checkbox"/> Yes <input type="checkbox"/> No | Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| EXTERIOR | WALLS: | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Brick | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wood | <input type="checkbox"/> Combo | <input type="checkbox"/> Other |
| | ROOF: | <input type="checkbox"/> Asphlt Shngl | <input type="checkbox"/> Tile | <input type="checkbox"/> Concrete | <input type="checkbox"/> Slate | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | <input type="checkbox"/> Other |

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 APPLICANT'S SIGNATURE

 DATE

For office use only:

| | |
|--|--------------------------------|
| Zoning Classification: | Parcel Size: |
| Side setbacks: | Structures on property: |
| Rear setbacks: | Reviewed by: _____ date: _____ |
| Road type/setbacks: Local State Township Primary CH Non- Primary CH | Permit #: |