



County of Peoria  
DEPARTMENT OF PLANNING & ZONING

PEORIA COUNTY COURTHOUSE • ROOM 301  
324 MAIN STREET • PEORIA ILLINOIS 61602-1313  
TELEPHONE (309) 672-6915 • FAX (309) 672-6075 • TDD (800)526-0844  
WEBSITE: <https://www.peoriacounty.gov> • EMAIL: [buildingpermits@peoriacounty.org](mailto:buildingpermits@peoriacounty.org)

Kathi Urban, Director

**BUILDING PERMIT APPLICATION**

PROPERTY OWNER NAME & ADDRESS  Applicant

CONTRACTOR NAME & ADDRESS (if other than owner)  Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONSTRUCTION SITE PARCEL ID NUMBER: \_\_\_\_\_

CONSTRUCTION SITE ADDRESS★: \_\_\_\_\_

Construction sites without an address must request one be assigned to the parcel by visiting our website and selecting the *Address Request Form* link.

Roofers Certificate #: \_\_\_\_\_ (State requirement for new homes)

WATER SUPPLY:  Health Dept. Well # \_\_\_\_\_  Public Water- Supplier\* \_\_\_\_\_

SEWER SUPPLY:  Health Dept. Septic # \_\_\_\_\_  Public Sewer- Agency\* \_\_\_\_\_

- A Health Department Permit Number or Proof of Service is required prior to issuance of building permit for new homes or the addition of bedrooms/baths.

ESTIMATED COST OF CONSTRUCTION/DEMO: \_\_\_\_\_ EXACT USE OF STRUCTURE: \_\_\_\_\_

- STRUCTURE TYPE:
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> DECK/PORCH                    | <input type="checkbox"/> HOUSE – New          | <input type="checkbox"/> GARAGE – New          | <input type="checkbox"/> MOVING          |
| <input type="checkbox"/> SHED (200 sq. ft. or greater) | <input type="checkbox"/> HOUSE – Addition     | <input type="checkbox"/> GARAGE – Addition     | <input type="checkbox"/> DEMOLITION      |
| <input type="checkbox"/> POLE BLDG.                    | <input type="checkbox"/> HOUSE – Repair/Alter | <input type="checkbox"/> GARAGE – Repair/Alter | <input type="checkbox"/> FOUNDATION ONLY |
|  | <input type="checkbox"/> AG BLDG.             | <input type="checkbox"/> CARPORT               | <input type="checkbox"/> OTHER           |

STRUCTURE DIMENSIONS OF PROJECT:      TOTAL AREA:      # OF STORIES:      TOTAL HEIGHT: (ground to peak)

Principal	_____ x _____	_____ sq. ft.	_____	_____ ft _____ in
Finished Basement	_____ x _____	_____ sq. ft.		_____ ft _____ in
Garage/Shed	_____ x _____	_____ sq. ft.		_____ ft _____ in
Deck/Porch	_____ x _____	_____ sq. ft.	<input type="checkbox"/> attached <input type="checkbox"/> detached	_____ ft (grade to floor decking at highest point)

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:			
	BEDROOMS:	# Existing:		# To be added:	TOTAL:			
	BATHROOMS:	# 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"/> In floor heat	
	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:				
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"/> Asphalt Shingle	<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.

Signature \_\_\_\_\_  
 Contractor       Owner       Tenant (with owner's permission)      DATE \_\_\_\_\_