



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: <http://www.peoriacounty.org> • EMAIL: 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"/> HOUSE – New | <input type="checkbox"/> GARAGE – New | <input type="checkbox"/> MOVING |
| <input type="checkbox"/> DECK/PORCH | <input type="checkbox"/> HOUSE – Addition | <input type="checkbox"/> GARAGE – Addition | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> SHED (200 sq. ft. or greater) | <input type="checkbox"/> HOUSE – Repair/Alter | <input type="checkbox"/> GARAGE – Repair/Alter | <input type="checkbox"/> FOUNDATION ONLY |
| <input type="checkbox"/> POLE BLDG. | <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 _____