

PERMIT NO. _____

ADDRESS OF WORK _____

JOSEPH W. STRZELCZYK
PRESIDENT

PATRICIA H. TICHACEK
VILLAGE CLERK

*The
Village of Summit*

BUILDING PERMIT APPLICATION

Two (2) copies of plans and two (2) plats drawn to scale showing actual shape and lot size; location of all existing and proposed buildings, structures, driveways, parking areas, etc. , must accompany this application.

The Permit issued will authorize only work here applied for. If other work is done it must be covered by additional permits. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach of representations or conditions.

CHECK WHERE APPLICABLE

_____ New Construction

_____ Alteration

_____ Addition

_____ House

_____ Multiple Dwelling

_____ Commercial

_____ Industrial

Electrical Ins. \$ _____

Electrical Fee \$ _____

Plumbing Ins. \$ _____

Plumbing Fee \$ _____

Application Fee \$ _____

Inspection Fee \$ _____

Construction Located in _____ zoning district

Total Building Permit Fees \$ _____

The applicant certifies to the correctness of this application.

APPROVED:

Dated this _____ day of _____ 20 _____

Building Official

Signed: _____

Name _____ **Home
(Owner)**

Date _____ 20 _____

Address _____

(City)

(State)

Phone No. _____

DO NOT START WORK UNTIL PERMIT IS ISSUED

Address
of Work _____

Mr. _____
Building Department
Village of Summit, Illinois

_____, the undersigned, hereby request that a permit and a certificate of occupancy as required under the Building Codes and Zoning Ordinances of the Village of Summit, be granted for the construction, alteration, adding, repairing or moving of a building, or buildings, as set forth below, according to the plans, profiles, and specifications presented herewith showing fully the size, dimensions, character and location thereof, purpose for which said building is to be occupied; the estimated value and proposed construction of sewers, drains, water pipes, traps, catch basins, chimneys and walls.

Contractor's Name _____ Address _____ Phone _____

Architect _____

General _____

Contractor _____

Air Conditioning & _____

Refrigeration _____

Carpenters _____

Cement _____

Glazing _____

Heating and / or _____

Sheet Metal _____

Masonry _____

Painting and _____

Decorating _____

Plastering and / or _____

Drywall _____

Roofing _____

Structural Iron _____

Tiling _____

Excavating _____

Size of Lot _____ Area _____ sq. ft.

Character of Building _____

Width _____ Length _____ Distance from lot line---- N _____ S _____ E _____ W _____

Number of rooms, excluding bath _____

Type of construction---- Frame _____ Brick _____ Veneer _____ Stone _____ Other (describe) _____

Estimated Value \$ _____ **Construction Cost \$** _____

Tax Bill: Volume _____ Item _____ Perm. Index No. _____

Volume _____ Item _____ Perm. Index No. _____

Street Address _____

If alterations or repairs, state character _____

If building to be moved, state contemplated location and route of removal _____