

CALL
815-795-0866
Building Inspector
City of Marseilles

IL UNIFORM PERMIT APPLICATION

PERMIT NO. _____

TAXKEY# _____

**ISSUING
MUNICIPALITY**

City of Marseilles

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

COMMERCIAL

ONE&TWO FAMILY

Subdivision Name _____

Lot No. _____

Block No. _____

Lot Area _____

Sq. Ft.

Owner's Name _____

Mailing Address _____

Telephone - Include Area Code _____

(Home)

(Work)

General Contractor (Lic. No.) _____

Mailing Address _____

Telephone - Include Area Code _____

Carpenter (Lic. No.) _____

Mailing Address _____

Phone _____

Plumber (Lic. No.) _____

Mailing Address _____

Phone _____

Electrician (Lic. No.) _____

Mailing Address _____

Phone _____

Heating (Lic. No.) _____

Mailing Address _____

Phone _____

BUILDING or REMODELING: PERMIT(S) INCLUDE: Construction Electrical Plumbing HVAC Erosion Zoning

Types of Rooms:

DRIVEWAY

SIGN wall ground illuminated non-illuminated width.....length.....area.....ht. above ground.....lot frontage.....

FENCE length.....height.....type..... OTHER (specify) _____

1a. PROJECT

New Addition Raze
 Alteration Repair Move
 Other _____

3. TYPE

Single Family
 Two Family
 Multi

6. ELECTRICAL

Entrance Panel
Size: _____ amp
Service:
 Underground
 Overhead

9. HVAC EQUIPMENT

Forced Air Furnace
 Radiant Baseboard or Panel
 Heat Pump
 Boiler
 Central Air Conditioning
 Other

12. ENERGY SOURCE

Fuel	Space Htg.	Water Htg.
Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	_____

1b. GARAGE

Attached Detached

4. CONST. TYPE

Site Constructed
 Manufactured

7. FOUNDATION

Concrete
 Masonry
 Treated Wood
 Other _____

10. PLUMBING

Sewer
 Municipal
 Septic
Permit No. _____

13. NUMBER OF BEDROOMS

2. AREA *Office Use Only*

_____ Sq. Ft.
_____ Sq. Ft.
_____ Sq. Ft.
_____ Sq. Ft.

5. STORIES

1-Story
 2-Story
 Other _____

8. USE

Seasonal
 Permanent
 Other _____

11. WATER

Municipal Utility
 Private On-Site Well

14. NUMBER OF BATHS

TOTAL _____

15. ESTIMATED COST

\$ _____

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____ PRINT NAME _____ DATE _____

CONDITIONS OF APPROVAL

This permit is issued pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Building Footing Foundation Rough Insulation Bsmt. Fl. Final **Electric** Rough Service Final
Plumbing Rough Underfloor OS Sewer Water Final **HVAC** Rough Final

FEES:

RECEIPT

PERMIT EXPIRATION:

PERMIT ISSUED BY MUNICIPAL AGENT:

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Building Fee _____	Sub Total _____	Permit expires one year from date issued unless otherwise noted below:	Name _____ Date _____
Electric Fee _____	Admin. Fee _____		
Plumbing Fee _____	Bond _____		
HVAC Fee _____	Other _____		
Other _____	Total _____		
	CK # _____		
	Amount \$ _____		
	Date _____		
	From _____		
	Rec By. _____		