



# BUILDING PERMIT APPLICATION

Building Safety Division  
400 S. Vine St.  
Urbana, IL 61801  
217-384-2443 Fax 217-384-0200  
[www.urbanainillinois.us](http://www.urbanainillinois.us)

**Project Address:** \_\_\_\_\_  
**Suite or Apt.#:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Type of Improvement:**  Please attach plans/drawings and any additional information to describe project.  
 **New**    **Addition**    **Alteration**    **Repair/Replace**    **Foundation only**    **Wrecking**  
 **Other (specify-i.e. rehab, moving, etc.)** \_\_\_\_\_

**Use of Building/Structure:**

**Residential**

One Family – Zero Lot Line  Yes  No  
 Two Family  
 Apt./Condo./Dorm. #of Units \_\_\_\_\_  
 Townhouses #of Units \_\_\_\_\_  
 Hotel/Motel #of Units \_\_\_\_\_  
 Garage/Carport/Deck

**Nonresidential**

Assembly, recreational  
 Restaurant/Bar  
 Factory/Industrial  
 Service station, repair garage  
 Hospital, Institutional  
 Office, bank, professional  
 School, Library, other educational  
 Mercantile/Retail  
 Parking Garage  
 Storage, Warehouse  
 Other – *Specify* \_\_\_\_\_

**COST**  
*Not applicable for foundation permit*  
Cost of Construction/  
Demolition/Carpentry, etc  
\$ \_\_\_\_\_  
To be installed but not included in the above cost:

Electrical	\$ _____
Plumbing	\$ _____
Htg./AC	\$ _____
Other	\$ _____

**TOTAL COST OF IMPROVEMENT**  
(sum of above costs)  
\$ \_\_\_\_\_

Nonresidential – Describe the current use of the building/space.  
If the use is being changed, describe the new use.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AREA INFORMATION – NEW CONSTRUCTION, ADDITIONS AND DEMOLITIONS ONLY**

Number of stories \_\_\_\_\_ Square Feet Added: 1<sup>st</sup> floor \_\_\_\_\_ Lot Area \_\_\_\_\_  
2<sup>nd</sup> floor \_\_\_\_\_

Existing square feet (additions and demolitions only) 1<sup>st</sup> floor \_\_\_\_\_ Basement Area (finished): \_\_\_\_\_  
2<sup>nd</sup> floor \_\_\_\_\_

Garage Area:  attached \_\_\_\_\_  detached \_\_\_\_\_

**IDENTIFICATION**

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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*COMMERCIAL USE ONLY (anything other than 1 or 2 family projects)*

**Lessee/Tenant:** \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Architect or Engineer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

**Applicant:** *(please print)* \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE (Office use only)

Subdivision: \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot Size: \_\_\_\_\_

PI: \_\_\_\_\_ Use Group \_\_\_\_\_ Live Loading \_\_\_\_\_ Occupant Load \_\_\_\_\_

ZONING INFORMATION:

Zoning District: \_\_\_\_\_ Bldg. Use \_\_\_\_\_ Parking Required \_\_\_\_\_

Setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_ FAR: \_\_\_\_\_ OSR: \_\_\_\_\_

NOTES: \_\_\_\_\_

Permit # \_\_\_\_\_ Bldg. Prmt. Fee \$ \_\_\_\_\_ Plan Review Fee \$ \_\_\_\_\_ Approved: \_\_\_\_\_



**DEPARTMENT OF COMMUNITY DEVELOPMENT SERVICES**

***Building Safety Division***

THIS INFORMATION MUST BE COMPLETED IN ADDITION TO BUILDING PERMIT APPLICATION BEFORE A BUILDING PERMIT WILL BE ISSUED.

Location of Work: \_\_\_\_\_

Applicant: \_\_\_\_\_

ESTIMATED DATE OF COMPLETION: \_\_\_\_\_

**OTHER WORK**

Other work to be completed?:    \_\_\_ Yes\*    \_\_\_ No  
\*If yes, please complete the following where applicable.

Plumbing Contractor: \_\_\_\_\_  
Must be licensed by State of Illinois.

Electrical Contractor: \_\_\_\_\_  
Must be licensed by City of Urbana.

HVAC Contractor: \_\_\_\_\_

Refrigeration Contractor: \_\_\_\_\_

Fireplace/Wood Stove Contractor: \_\_\_\_\_

Sanitary Sewer Contractor: \_\_\_\_\_

Storm Sewer Contractor: \_\_\_\_\_

Right-of-Way Contractor: \_\_\_\_\_  
Must be bonded.

Roofing Contractor: \_\_\_\_\_

Must be licensed by State of Illinois.  
License #: \_\_\_\_\_

Other: \_\_\_\_\_

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