

ZONING _____

NEW CONSTRUCTION/ADDITIONS/INTERIOR ALTERATIONS

PERMIT # _____

DUPAGE COUNTY BUILDING & ZONING DEPARTMENT

DATE _____

421 North County Farm Road, Wheaton, IL 60187

TRACKING # _____

(630) 407-6700

APPLICATION IS HEREBY MADE FOR PERMISSION TO CONSTRUCT: (Please print a brief description of work to be done.)

(Please check the item that applies) Commercial Residential

Please tab to each line

<p>SQUARE FEET OF NEW:</p> <p>living area _____</p> <p>basement _____</p> <p>crawl space _____</p> <p>garage _____</p> <p>porch/balcony _____</p> <p>deck/patio _____</p> <p>business _____</p> <p>warehouse _____</p> <p>other _____</p> <p>TOTAL SQ. FT. _____</p> <p>proposed total impervious _____</p> <p>existing total impervious(-) _____</p> <p>new net impervious(=) _____</p>	<p>NUMBER OF NEW PLUMBING FIXTURES:</p> <p>bathubs _____ sump pumps _____</p> <p>showers _____ hot water heaters _____</p> <p>toilets _____ water softeners _____</p> <p>urinals _____ sewage ejector _____</p> <p>sinks _____ roughed-in-fixtures _____</p> <p>dishwashers _____ drinking fountains _____</p> <p>disposals _____ interceptors _____</p> <p>floor drains _____ other fixtures _____</p> <p>laundry tubs _____</p> <p>TOTAL FIXTURES _____</p>	<p>NUMBER OF BEDROOMS:</p> <p>TOTAL _____</p> <hr/> <p>COMMERCIAL/INDUSTRIAL:</p> <p>Number of New:</p> <p>2 wire circuits _____</p> <p>3 wire circuits _____</p> <p>4 wire circuits _____</p> <p>ICC Construction Type _____</p> <p>Classification _____</p> <hr/> <p>ELECTRICAL SERVICE SIZE:</p> <p>new _____</p> <p>existing _____</p>
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Check two that apply to property: Well Septic
 Water Sewer

Was property recently RED TAGGED No Yes Date of Red Tag _____

Applicant's estimated cost of new construction: \$ _____ Existing construction: \$ _____

Owner _____ Phone _____ Fax _____

Address _____ City _____ Zip _____

Construction Address: _____ P.P.N. # _____

CONTRACTORS			
NAME	REGISTRATION #	NAME	REGISTRATION #
General _____		Fire Sprinkler _____	
Carpentry _____		Fireplaces _____	
Cell Tower Erector _____		HVAC _____	
Concrete _____		Insulation _____	
Damp Proofing _____		Irrigation _____	
Demolition _____		Masonry _____	
Drywall _____		Mechanical Piping _____	
Electrical _____		Plumbing _____	
Elevator/Lift _____		Roofing _____	
Excavating _____		Siding/Ext Wall Finish _____	
Fence _____		Sign Erector _____	
Fire Alarm _____		Steel Erector _____	
Swimming Pools _____		Other _____	

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of DuPage County. I realize that the information that I have affirmed hereon forms a basis for the issuance of the building permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of any Ordinance of DuPage County or to excuse the owner or his successors in title from complying therewith. **Where no work has been started within ninety (90) days after the issuance of a permit, or when more than ninety (90) days lapses between required inspections, such permit shall be VOID. No work shall commence prior to issuance of permit.**

Owner Signature (original) _____ Date: _____ E-Mail: _____

Applicant Signature (original) _____ Phone # _____ Fax # _____

For Office Use Only:		
County's estimated cost of new construction: \$ _____	Existing construction: \$ _____	
Permit Fee \$ _____	Drainage \$ _____	Plumbing review \$ _____
Plan Review \$ _____	Fence \$ _____	Alarm \$ _____
Plumbing Fee \$ _____	Sign \$ _____	Suppression \$ _____
Electrical Fee \$ _____	Ex/Fill \$ _____	Total Fee \$ _____
Use/Occupancy \$ _____	Other \$ _____	App Fee Pd \$ - _____
Permit Technician _____		Balance Due \$ _____
House # _____	Township _____	Fire District _____

RECEIPT HEREBY ACKNOWLEDGED AND PERMIT AS CHECKED HEREBY AUTHORIZED BY:

Zoning Approval _____ Date _____ ZBA Building Official _____ Date _____

**INSPECTIONS MUST BE SCHEDULED TWENTY-FOUR (24) HOURS IN ADVANCE
 MONDAY - FRIDAY BETWEEN THE HOURS OF 8:00 A.M. - 4:00 P.M. at (630) 407-6700**