



IMPORTANT - Applicant to complete all items in Sections I, II, III, IV and VI.

I. Location of Building

Name of Owner: _____

Street Address: _____ Number _____ Street _____ Zoning District: _____

Between: _____ and _____
Cross Street Cross Street

Subdivision: _____ Lot: _____ Block: _____ Lot Size: _____

II. Type and Cost of Building - All applicants complete parts A-D

| | | | |
|---|--|--|---|
| <p>A. Type of Improvement</p> <p><input type="checkbox"/> New Building</p> <p><input type="checkbox"/> Addition <small>(if residential enter number of new housing units added, if any)</small></p> <p><input type="checkbox"/> Alteration</p> <p><input type="checkbox"/> Repair; Replacement</p> <p><input type="checkbox"/> Signs</p> <p><input type="checkbox"/> Fence</p> <p><input type="checkbox"/> Other _____</p> | <p>D. Proposed Construction Type</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p><input type="checkbox"/> One Family</p> <p><input type="checkbox"/> Two or more family</p> <p><input type="checkbox"/> Garage/Carport</p> <p><input type="checkbox"/> Fence</p> <p><input type="checkbox"/> Deck</p> <p><input type="checkbox"/> Pool</p> <p><input type="checkbox"/> Other _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p><input type="checkbox"/> Industrial/Manufacturing</p> <p><input type="checkbox"/> Stores/Retail</p> <p><input type="checkbox"/> Service station/repair garage</p> <p><input type="checkbox"/> Hospital/Institutional/Schools</p> <p><input type="checkbox"/> Office/Bank/Professional</p> <p><input type="checkbox"/> Signs</p> <p><input type="checkbox"/> Other _____</p> </td> </tr> </table> | <p>Residential</p> <p><input type="checkbox"/> One Family</p> <p><input type="checkbox"/> Two or more family</p> <p><input type="checkbox"/> Garage/Carport</p> <p><input type="checkbox"/> Fence</p> <p><input type="checkbox"/> Deck</p> <p><input type="checkbox"/> Pool</p> <p><input type="checkbox"/> Other _____</p> | <p>Nonresidential</p> <p><input type="checkbox"/> Industrial/Manufacturing</p> <p><input type="checkbox"/> Stores/Retail</p> <p><input type="checkbox"/> Service station/repair garage</p> <p><input type="checkbox"/> Hospital/Institutional/Schools</p> <p><input type="checkbox"/> Office/Bank/Professional</p> <p><input type="checkbox"/> Signs</p> <p><input type="checkbox"/> Other _____</p> |
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| <p>B. Ownership:</p> <p><input type="checkbox"/> Private <small>individual, corporation, nonprofit, etc.</small></p> <p><input type="checkbox"/> Public <small>Federal, State or local government</small></p> | <p>If nonresidential, describe in detail proposed use of building(s), e.g., food processing, plant, etc. If use of existing building is being changed, enter proposed use.</p> | | |
| <p>C. Value</p> <p>Cost of Improvements: (Omit Cents)</p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, AC _____</p> <p>d. Walks, Drives, Decks, Landscape _____</p> <p>Total Cost of Project: _____</p> | | | |

III. Selected Characteristics of Building - New construction complete E-L. All others skip to IV.

| | | |
|---|--|---|
| <p>E. Principal Type of Construction</p> <p><input type="checkbox"/> Masonry</p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Reinforced Concrete</p> <p><input type="checkbox"/> Other _____</p> | <p>G. Type of Sewage Disposal</p> <p><input type="checkbox"/> City System</p> <p><input type="checkbox"/> Private</p> | <p>J. Dimensions</p> <p>_____ Width _____ Long _____ Ht.</p> <p>Total square footage of first floor based on exterior dimensions _____ square feet</p> <p>Total square footage of entire building - excluding basement. _____ square feet</p> <p>Number of floors above grade _____</p> <p>Mean height above grade _____</p> <p>Will there be a basement?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, will it be full or partial?</p> <p><input type="checkbox"/> Full</p> <p><input type="checkbox"/> Partial</p> |
| <p>E. Principal Type of Heating Fuel</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Coal</p> <p><input type="checkbox"/> Other _____</p> | <p>H. Type of Water Supply</p> <p><input type="checkbox"/> City System</p> <p><input type="checkbox"/> Private</p> | |
| | <p>I. Type of Mechanical</p> <p>Will there be central air conditioning?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |



City of Mendota, Illinois
Application for Building Permit

IMPORTANT - Applicant to complete all items in Sections I, II, III, IV and VI.

IV. Identification - To be completed by all applicants.

| | Name | Mailing Address | Telephone Number(s) |
|------------------------|------|-------------------|---------------------|
| 1. Owner or Lessee | | | |
| 2. General Contractor | | | |
| 3. Plumber | | | |
| Illinois License # | | Mendota Permit # | |
| 4. Electrician | | | |
| Illinois License # | | Mendota License # | |
| 5. Architect /Engineer | | | |

The above listed persons and any subcontractors thereof agree to conform to all applicable building codes of this jurisdiction. It is hereby agreed between the undersigned as owner, his/her agent, and the City of Mendota, that for and in consideration of the premises and of the permit to construct, erect, alter or install as above described, to be issued and granted by the Inspector of Buildings, and that the work thereon will be done in accordance with the description herein set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to construct, erect, alter or install in strict compliance with the Building Ordinances of the City of Mendota; and to obey any and all lawful orders of the Inspector of Buildings, made or issued by virtue of the provisions of said ordinances; and also this application meets the requirements of Zoning Ordinance of the City of Mendota.

| | | |
|----------------------------------|----------|-------|
| Signature of applicant or agent. | Address. | Date. |
|----------------------------------|----------|-------|

DO NOT WRITE BELOW THIS LINE.

V. Plan Review Record - For office use.

District: _____

Use: _____

Frontyard: _____

Sideryard: _____ Sideryard: _____

Rearyard: _____

Notes: _____

Building Permit Issued: _____

Building Permit Fee: _____

Approved by: _____

Mike Silfies, Building Inspector

Date



City of Mendota, Illinois
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Permit No.

VI. Sketch/Plan of Project. Please label and show all pertinent information.

A large rectangular area filled with a fine grid of small squares, intended for drawing a sketch or plan of the project. The grid is empty and occupies most of the page below the section header.