



City of Collinsville
COMMERCIAL BUILDING PERMIT APPLICATION
 Department of Community Development
 Building Division (618) 346-5200 Ext. 3
 Type 'B'

PERMIT NO.:

FOR NEW CONSTRUCTION, MULTI-FAMILY UNITS, TENANT FINISH, RENOVATION, OR ADDITION

TYPE OF WORK

PROJECT NAME & LOCATION OF CONSTRUCTION (Street Address or PIN)

APPLICANT/TENANT	MAILING ADDRESS	PHONE
OWNER (if other than applicant)	MAILING ADDRESS	PHONE

EMAIL ADDRESS

NAME, ADDRESS, & PHONE OF CONTRACTORS:

GENERAL EMAIL ADDRESS:		
ELECTRICIAN: Must be Qualified		<input type="checkbox"/> Qualified
PLUMBER: Must be Licensed		License No.:
ROOFER: Must be Licensed		License No.:
HVAC:		

CERTIFICATION: By signing below, applicant certifies the following:

- WORK SHALL COMPLY WITH ALL APPLICABLE CODES ADOPTED BY THE CITY OF COLLINSVILLE:
For a list of municipal codes, visit the City's website at:
<https://library.municode.com/il/collinsville/codes/codeofordinances>
- THREE FULL SETS OF BUILDING PLANS ARE REQUIRED (Unless waived by Building Official).
All plans must be submitted in electronic form in addition to hard copy.
- Please Note-** If the Fire Sprinkler Systems, Fire Alarms or Commercial Kitchen Hood System, drawings are NOT included in this Building Permit Application. You will need to obtain a separate Mechanical Permit, from the Building Department
- YOU ARE REQUIRED TO NOTIFY BUILDING DEPARTMENT FOR INSPECTIONS AS IMPROVEMENTS PROGRESS, AND ONCE WORK IS COMPLETED. _____ *Initial Here*
- Is the property located or partially located within a flood plain or area of known for flooding? Yes No
- Is the property located within the Uptown District or is it a Historic Landmark? Yes No

NEW CONSTRUCTION:

NUMBER OF FLOORS: _____ TOTAL SQUARE FEET: _____
SQUARE FEET 1ST FLOOR _____ SQUARE FEET 2ND FLOOR _____
TOTAL SQUARE FEET: _____ COST ESTIMATE: _____

USE GROUP CLASSIFICATION PER INTERNATIONAL BUILDING CODE:

<input type="checkbox"/> A1 – Assembly	<input type="checkbox"/> E – Educational	<input type="checkbox"/> F1 – Factory	<input type="checkbox"/> R1 – Residential	<input type="checkbox"/> Business
<input type="checkbox"/> A2 – Assembly	<input type="checkbox"/> I1 – Institutional	<input type="checkbox"/> F2 – Factory	<input type="checkbox"/> R2 – Residential	<input type="checkbox"/> Other
<input type="checkbox"/> A3 – Assembly	<input type="checkbox"/> I2 – Institutional	<input type="checkbox"/> M – Mercantile	<input type="checkbox"/> S1 – Storage	
<input type="checkbox"/> A4 – Assembly	<input type="checkbox"/> I3 – Institutional	<input type="checkbox"/> H – High Hazard	<input type="checkbox"/> S2 – Storage	

TYPE OF CONSTRUCTION PER INTERNATIONAL BUILDING CODE:

<input type="checkbox"/> 1A	<input type="checkbox"/> 1B	<input type="checkbox"/> 2A	<input type="checkbox"/> 2B	<input type="checkbox"/> 2C	<input type="checkbox"/> 3A	<input type="checkbox"/> 3B	<input type="checkbox"/> 4	<input type="checkbox"/> 5A	<input type="checkbox"/> 5B
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MULTIFAMILY: No. of Units _____

LIVING AREA:	GARAGE:	BASEMENT: Finished	Unfinished	
_____	_____	_____	_____	_____
Total Sq. Ft. Per Unit	Total Sq. Ft. Per Unit	Total Sq. Ft. Per Unit	Total Sq. Ft. Per Unit	Total Sq. Ft. Per Unit

REMODEL/REHAB – description of work to be done:

Total Cost of Proposed Work:

FAILURE TO COORDINATE INSPECTIONS WITH THE APPROPERATE INDIVIDUALS MAY RESULT IN REMOVAL AND REPLACEMENT OF ANY UNAPPROVED WORK AT THE EXPENSE OF THE CONTRACTOR OR DEVELOPER.

_____ **Initial Here**

A copy of the Building Department's *Construction Inspection Procedures* is provided below. **The inspection checklist must be followed;** inspections must be scheduled as required. **If any inspection fails, CORRECTIONS MUST BE ADDRESSED WITHIN 7 DAYS.** When corrections have been made you must call for a re-inspection.

Inspections are performed Monday through Friday, excluding holidays. Request for inspections must be called in at least one day prior to the requested inspection.

- Building Inspections must be coordinated with the Building Department by contacting **618-346-5200 ext. 3**
- Installation of water lines must be coordinated with the Water Department by contacting **Keith Henderson (618) 979-4589**
- Installation of sewer lines must be coordinated with the Wastewater Department by contacting **Jeremy Izard (618) 975-8011**
- Installation of sidewalks and driveways on City right-of-way must be coordinated with the Street Department by contacting **Dan Clark (618) 410-5543**

FAILURE TO COORDINATE INSPECTIONS WITH THE APPROPERATE INDIVIDUALS MAY RESULT IN REMOVAL AND REPLACEMENT OF ANY UNAPPROVED WORK AT THE EXPENSE OF THE CONTRACTOR OR DEVELOPER.

INSPECTIONS REQUIRED

- | | | |
|--------------|---|----------------------------|
| • Footing | • Underfloor Plumbing | • Rough Wiring |
| • Foundation | • Rough Plumbing | • Rough In Electrical |
| • Lath | • Final Plumbing | • Electrical Hookup/ Final |
| • Drywall | • Fire Department (as required by the Fire Dept.) | |

FINAL INSPECTION -After building is complete and prior to occupancy
(includes landscaping, sidewalk construction and all clean up)

NOTICE: STREET AREA MUST BE CLEANED DAILY THROUGHOUT CONSTRUCTION

By signing this application

- I acknowledge the code requirements related to this project;
- I acknowledge that the information I have provided is complete and accurate to the best of my knowledge.
- I acknowledge that it is the responsibility of the applicant to contact the Community Development Department if work needs to be performed beyond the scope of work listed on this building permit.

SIGNATURE Owner Representative

PRINTED NAME (if Representative)

For Office Use Only

Department of Community Development

Zoning Compliance Certificate No:	
Cost of Construction (per International Valuation Data):	\$
Building Permit Fee (attach permit calculation form):	\$
Occupancy Permit Fee	\$
TOTAL:	\$

Water / Sewer Department

Commercial Water Tap	\$
Water Deposit (Plus Turn on Fee)	\$
Irrigation Tap	\$
Commercial Sewer Tap	\$
Sewer Inspection	\$
Deposit & Turn-on Fee for Irrigation	\$
Credit for Existing Water Service	
TOTAL:	\$

TOTAL AMOUNT DUE:

APPROVED BY BUILDING OFFICIAL

DATE

Attached to this application is a copy of the Plan Review Comments from: -Building Official -Plumber -Zoning
 -City Engineer -Water /Sewer Dept. -Fire Department -Other _____