



Commercial Building Permit Application

Department of Community Development

Building Division (618)346-5200 Ext. 3

Office Use Only

Permit #: _____

Date: _____

Project Name: _____

Location of Construction: _____

Construction Information/Project Information

Project Scope: (Mark all that apply)

- New Construction
- Addition
- Remodel
- Plumbing or Mechanical Only

Applicant/Tenant Information:

Name: _____ Phone Number: _____

Address: _____

Email: _____

Owner Information: Check if same as applicant

Name: _____ Phone Number: _____

Address: _____

Email: _____

General Contractor: Check if same as applicant

Name: _____ Phone Number: _____

Address: _____

Email: _____

SUBCONTRACTOR INFORMATION

Services	Name	Phone No.	License No.
Electrical [^]			
HVAC			
Plumbing*			
Roofing*			

- (^) MUST BE QUALIFIED

- (*) MUST HAVE STATE OF ILLINOIS LICENSE

Copy of IL Roofing License Attached YES NO

Electrical Contractor is Qualified YES NO

NEW CONSTRUCTION/ADDITION:

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

SCOPE OF WORK:

TOTAL COST OF PROPOSED WORK: _____

NOTICE

A copy of the Building Department's *Construction Inspection Procedures* is provided on page three. This inspection checklist must be followed and 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.

- 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 **Jason Flowers 618-346-5214**

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

INSPECTIONS REQUIRED

- | | | |
|--------------|-----------------------|----------------------------|
| • Footing | • Pre-Slab Pour | • Rough Wiring |
| • Foundation | • Underfloor Plumbing | • Rough In Electrical |
| • Lath | • Rough Plumbing | • Electrical Hookup/ Final |
| • Drywall | • Final Plumbing | • Erosion Control |
| • Framing | • Above Ceiling | • Fire Department |

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

INSPECTION NOTIFICATION TIMING

- Inspection requests must be called in by 4 pm to schedule for the next business day.
- Inspection requests called in on a Friday after 4 pm or on Saturday or Sunday will be scheduled for the following Tuesday.

- **If applicable "JULIE" has been notified and is marking your project area?** YES NO
Call 1-800-892-0123 to schedule before you dig.

Requirements: By signing below, applicant certifies the following:

- Compliance with all applicable Municipal and State codes. For a list of municipal codes please visit the city's website at https://library.municode.com/il/collinsville/codes/code_of_ordinances.
- **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 Permit, from the Community Development Department
- **PERMIT EXPIRATIONS** From date of issuance of this permit, it is understood that unless a substantial start on construction is made within six (6) months, and unless substantial progress is made within one (1) year, and unless construction is completed within two (2) years, the permit is null and void.
- **PUBLIC RIGHTS OF WAYS** This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property must be approved by the jurisdiction.
- **PERMIT POSTING** Permit shall be posted and displayed on the job site during all times of construction and until a final approval has been issued by the City.
- **JOB SITE PLANS** Approved plans must be retained on the job site until final inspection has been made and approved.
- **PLAN REVISIONS** Any deviation from the approved plans must be reviewed and approved subject to the same procedure established for the review of the original plans. Additional permit fees may also be charged predicated on the extent of the variation from the original plans.
- **ENFORCEMENT** The Community Development Department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the Department in accordance with the requirements of the various codes and ordinances.
- **IF ANY GRADING OCCURS ON-SITE YOU WILL NEED A GRADING PERMIT**
- I certify that the information provided on this application is true and correct and understand that any inaccurate information contained on the permit application may invalidate the permit. I also 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 the permit.
- **Building Permit fees are non-refundable.** Additional information can be found in our schedule of fees at <https://www.collinsvilleil.org/government/fee-schedule>
- **Authorized Representative must have a signed contract or document from the owner allowing them to sign on their behalf.**

Signature of Owner **or** Authorized Representative

Date

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- Is the subject property located within the **Uptown District** or a **Historic Landmark**: YES NO
- Is the subject property located within a flood plain or area known for flooding: YES NO

Department of Community Development

Water / Sewer Department

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

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	
AMOUNT DUE:	\$

TOTAL AMOUNT DUE:

(OFFICE USE ONLY)

Reviews:

- Building: Approved _____
date
- Zoning: Approved _____
date
- Engineering: Approved _____
date
- Fire: Approved _____
date

Permit Authorization: _____
Building Official Date