

## **Limited Building Permit Application Department of Community Development**

**Building Division (618)346-5200 Ext. 3** 

	Office Use Only
Permit #	

Date	Permit #		
Improvement Address:			
Type of Improvement:(Use Group "U") Mark each that ap	pplies:		
□Reroofing Residential □Reroofing Commercial □ Electric Service Upgrade(<400 Amps)			
□Fence □Driveways □ Accessory Structures □Pool (Abov	ve Ground) □Deck □Demolition □Boarding		
Scope of Work:			
Total Cost of Proposed Work:			
Applicant Information:			
Name: Pho	one Number:		
Address:			
Email:			
Owner Information: ☐ Check if same as applicant			
Name: Pho	one Number:		
Address:			
Email:			
<b>General Contractor</b> : □ Check if same as applicant			
Name: Pho	one Number:		
Address:			
Email:			
Subject property is located within the <b>Uptown District</b> or a <b>His</b>			

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Name of Roofing Company					
Roofing License NO					
Co	Copy of IL Roofing License Attached  YES  NO				
	If Applicable "JULIE" has been notified and is marking your project area? ☐ YES ☐ NO Call 1-800-892-0123 to schedule before you dig.				
Re	Requirements: By signing below, applicant certifies the following:				
•	Compliance with all applicable Municipal and State codes. For a list of municipal state codes. For a list of municipal state codes. For a list of municipal state codes, represented the state of the st	a list of Residential Deck Construction			
•	It is the Property Owners responsibility to be in compliance with any subdivision covenants and restrictions for fence installation.				
•	• FOR ALL STRUCTURES AND POOLS, A SKETCH OF IMPROVEMENT SHOWN ON AN AERIAL OF THE PROPERTY REFERENCING LOCATION, SIZE AND DIMENSIONS OF IMPROVEMENT, DISTANCE FROM PROPERTY LINES AND STRUCTURES, AND MATERIAL TYPE SHALL BE ATTACHED TO THE APPLICATION.				
•	Notify Building & Zoning Department for inspections as improvement progresses and when work is completed. 48 hours notice is required.				
•	• <b>ENFORCEMENT</b> 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.				
•	I certify that the information provided on this applications is true and correct and understand that any inaccurate information contained on the permit application may invalidate the permit. I also understand that the application and permit are only good for 180 days from signing unless an extension is granted in writing from the Building Official. I also acknowledge that it is the responsibility of the applicant to contact the Community Development Department if work need to be performed beyond the scope of work listed on the permit.				
•	Building Permit fees are non-refundable. The listed fee below is the minimum fee any additional fees can be found in our schedule of fees at <a href="https://www.collinsvilleil.org/government/fee-schedule">https://www.collinsvilleil.org/government/fee-schedule</a>				
<ul> <li>Authorized Representative must have a signed contract or document from the owner allowing them to sign on their behalf.</li> </ul>					
Type "U" Building Permit Fee					
Si	Signature of Owner <b>or</b> Authorized Representative Date				
(OFFICE USE ONLY)					
Re	<u>Reviews:</u>				
	Building: Approved	_			
	Zoning: Approved	_			
	Engineering: Approved	_			
Pε	Permit Authorization: Building Official or Representative	 Date			

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