


DATE RECEIVED:		Permit #	
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> BUILDOUT <input type="checkbox"/> ALTERATION			
		BUILDING & CODE DIVISION OF COMMUNITY DEVELOPMENT 164 E LINCOLN HWY, DEKALB, IL 60115 815-748-2070 or 815-748-2073 Building@cityofdekalb.com	
SITE ADDRESS			
SUBDIVISION	PHASE <i>(if applicable)</i>	WORK SQUARE FEET <i>(required)</i>	USE GROUP
TAX PARCEL NO. 08-	LOT NO.	WORK VALUATION <i>(required)</i>	CONSTRUCTION TYPE
Single Family Duplex Townhouse Multi-Family Commercial Industrial Institutional			NUMBER OF UNITS
Is this project related to a food or beverage establishment? YES NO - If yes, a copy of the construction plans must be submitted to the DeKalb County Health Department. Please contact them at 815-758-6673			
PROPERTY OWNER'S INFORMATION		APPLICANT → <input type="checkbox"/>	
Name: _____			
Address: _____			
Phone: _____ Email Address: _____			
TENANT'S INFORMATION		APPLICANT → <input type="checkbox"/>	
Name: _____			
Address: _____			
Phone: _____ Email Address: _____			
GENERAL CONTRACTOR		APPLICANT → <input type="checkbox"/>	
Name: _____		Registration # _____	
Address: _____			
Phone: _____ Email Address: _____			
ARCHITECT <i>(if applicable)</i>		APPLICANT → <input type="checkbox"/>	
Name: _____			
Address: _____			
Phone: _____ Email Address: _____			
SIGNATURE OF APPLICANT: X _____ DATE: _____			

ELECTRICAL CONTRACTOR	
Name: _____	Registration # _____
Address: _____	
Phone: _____	Email Address: _____

MECHANICAL CONTRACTOR	
Name: _____	Registration # _____
Address: _____	
Phone: _____	Email Address: _____

PLUMBING CONTRACTOR	
Name: _____	Registration # _____
Address: _____	
Phone: _____	Email Address: _____

EXCAVATOR <i>A Street Construction & Maintenance License is required for work being done in the Public Right-of-Way</i>	
Name: _____	License # (if required) _____
Address: _____	
Phone: _____	Email Address: _____

RESIDENTIAL/COMMERCIAL/INDUSTRIAL/MULTI FAMILY NEW CONSTRUCTION & BUILDOUTS - All applications require Kishwaukee Water Reclamation District sign-off. Please contact the Kishwaukee Water Reclamation District located at 1301 Sycamore Road prior to submitting your permit application.

RESIDENTIAL NEW CONSTRUCTION - All new residential construction and large additions require DeKalb School District sign-off. Please contact the DeKalb School District located at 901 S 4th Street prior to submitting your permit application.

Commercial and Industrial New Construction work requires a Site Application with site plans for review and approval by the Engineering Division.

Food establishments, liquor sales, and tobacco sales require a City of DeKalb license. Contact the City Manager's office at 815-748-2090.

Establishments selling food must contact the DeKalb County Health Department at 815-758-6673.

Business Signage, Fire Alarm and Fire Sprinkler permits to be applied for under separate submittal. See the City of DeKalb website for the appropriate application form.

DeKalb School District 428 Validation		KISHWAUKEE WATER RECLAMATION DISTRICT VALIDATION	
<i>Owner and/or General Contractor, Subdivision, Phase, Lot No. MUST be completed on the front of this application.</i>			
TOTAL NUMBER OF SLEEPING ROOMS	<input type="text"/>	TOTAL AMOUNT PAID	\$ <input type="text"/>
<input type="checkbox"/> Single Family, Detached	SUBDIVISION EXEMPT? Y or N		
<input type="checkbox"/> Single Family, Attached			
<input type="checkbox"/> Apartment/Condominiums	Authorized School District Signature	Date	Signature
			Date

APPLICANT SHOULD COMPLETE ALL THAT IS APPLICABLE

HVAC (Indicate Quantity Below) TOTAL UNITS	
<input type="text"/> Air Conditioner	<input type="text"/> Gas Fired Heater
<input type="text"/> Ductwork	<input type="text"/> Kitchen Exhaust
<input type="text"/> Fireplace	<input type="text"/> Rooftop Unit
<input type="text"/> Furnace	<input type="text"/> HVAC-Other

ELECTRICAL SERVICE			
First Service - Indicate Amperage	<input type="text"/>		
Second Service - Indicate Amperage	<input type="text"/>		
Add'l Services - Per Unit	<table border="1"> <tr> <td># of units</td> <td>Amperage</td> </tr> </table>	# of units	Amperage
# of units	Amperage		

PLUMBING FIXTURES TOTAL UNITS	
<input type="text"/> Automatic Washer	<input type="text"/> Grease Trap
<input type="text"/> Backwater Valve	<input type="text"/> Shower Pan
<input type="text"/> Backflow Assembly	<input type="text"/> Shower Valve
<input type="text"/> Dishwasher	<input type="text"/> Sillcock
<input type="text"/> Drinking Fountain	<input type="text"/> Sinks
<input type="text"/> Floor Drain	<input type="text"/> Sump Pump
<input type="text"/> Garbage Disposal	<input type="text"/> Toilet/Urinal
<input type="text"/> Gas Opening	<input type="text"/> Tub
<input type="text"/> Ice Machine	<input type="text"/> Water Heater
<input type="text"/> Other _____	Size _____

WATER SERVICE (Indicate Quantity)			
Water Tap		Fire Tap	Water Meter
<input type="text"/>	3/4"	<input type="text"/>	<input type="text"/> 5/8"
<input type="text"/>	1"	<input type="text"/>	<input type="text"/> 3/4"
<input type="text"/>	1-1/2"	<input type="text"/>	<input type="text"/> 1"
<input type="text"/>	2"	<input type="text"/>	<input type="text"/> 1-1/2"
<input type="text"/>	3"	<input type="text"/>	<input type="text"/> 2"
<input type="text"/>	4"	<input type="text"/>	<input type="text"/> 3"
<input type="text"/>	6"	<input type="text"/>	<input type="text"/> 4"
<input type="text"/>	8"	<input type="text"/>	<input type="text"/> 6"
<input type="text"/>	10"	<input type="text"/>	<input type="text"/> 8"
<input type="text"/>	12"	<input type="text"/>	<input type="text"/> 10"
			<input type="text"/> 12"

STORM AND SANITARY SEWER	
(Indicate size in inches)	
<input type="text"/> Sanitary Sewer	<input type="text"/> Storm Sewer

BASEMENT TYPE		
Full	Slab	Crawl Space
<i>Please circle one</i>		
If Full Basement - will you be finishing the basement ? Yes No		
Square footage of basement to be finished		

For Office Use Only
Approved by: _____
Date: _____

Project Narrative