

**MINOR PERMIT APPLICATION**  
Residential Additions, Residential & Commercial Alterations

DATE RECEIVED:	By:	Permit No.
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	<p align="center"><b>BUILDING &amp; CODE ENFORCEMENT DIVISION</b> 164 E. Lincoln Hwy - DeKalb, IL 60115 Phone: 815-748-2070 <i>Call JULIE 800-892-0123, (24 hours a day, 365 days a year)</i></p>
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<p><b>SITE LOCATION</b></p> <p>Please provide the address → → →</p>	
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TYPE OF PERMIT			
<input type="checkbox"/>	<b>Addition</b>	Square Footage of Addition _____	Value of Improvement _____
<input type="checkbox"/>	<b>Alteration</b>	Square Footage of Alteration _____	Value of Alteration _____
<input type="checkbox"/>	<b>Building Demo</b>	Square Footage at Base of Structure _____	<b><u>Please complete the above</u></b> ↑
<input type="checkbox"/>	<b>Interior Demo</b>	Square Footage of Affected Area _____	

<input type="checkbox"/>	<b>Residential</b>	Give brief description of proposed alteration

<input type="checkbox"/>	<b>Commercial</b>	Give brief description of proposed alteration	Change of Use	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>PROPERTY OWNER'S INFORMATION</b>	If Property Owner is the applicant, check here → <input type="checkbox"/>
Name : _____	
Address: _____	
Phone: _____	E-MAIL ADDRESS: _____

<b>SIGNATURE OF APPLICANT:</b> <span style="font-size: 2em; color: red; margin-left: 10px;">X</span>	<b>DATE</b>
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**SUBMITTAL REQUIREMENTS**

- ✓ For additions - provide a detailed site drawing indicating lot lines, set backs & dimensions of proposed addition.
- ✓ Two sets of detailed drawings including structural, electrical, HVAC & plumbing work to be done.  
(Commercial plans must have an architectural stamp)
- ✓ A material list including spec sheets for engineered products.  
(Homeowners may perform work on their residence if they will be living in the home for not less than two (2) years.)
- ✓ **ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF DEKALB.**

**GENERAL CONTRACTOR INFORMATION** If Contractor is the applicant, check here →

Name :	<i>Registration #</i>
Address:	
Phone:	E-MAIL ADDRESS:

**PLEASE COMPLETE ALL THAT IS APPLICABLE**

**ELECTRICAL CONTRACTOR INFORMATION**

Name :	<i>Registration #</i>
Address:	
Phone:	E-MAIL ADDRESS:

**HVAC CONTRACTOR INFORMATION**

Name :	<i>Registration #</i>
Address:	
Phone:	E-MAIL ADDRESS:

**PLUMBING CONTRACTOR INFORMATION**

Name :	<i>Registration #</i>
Address:	
Phone:	E-MAIL ADDRESS:

**ARCHITECT'S INFORMATION**

Name :	
Address:	
Phone:	E-MAIL ADDRESS:

**CITY OF DEKALB USE ONLY**

Sent to Engineering? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY: _____	
	DATE: _____	FEE: _____