

MINOR PERMIT APPLICATION
Residential Additions, Residential & Commercial Alterations

DATE RECEIVED:	By:	Permit No.
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	<p align="center">BUILDING & CODE ENFORCEMENT DIVISION 200 S Fourth Street - 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>SITE LOCATION</p> <p>Please provide the address → → →</p>	
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TYPE OF PERMIT			
<input type="checkbox"/>	Addition	Square Footage of Addition _____	Value of Improvement _____
<input type="checkbox"/>	Alteration	Square Footage of Alteration _____	Value of Alteration _____
<input type="checkbox"/>	Building Demo	Square Footage at Base of Structure _____	<u>Please complete the above</u> ↑
<input type="checkbox"/>	Interior Demo	Square Footage of Affected Area _____	

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

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

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

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 :	Registration #
Address:	
Phone:	E-MAIL ADDRESS:

PLEASE COMPLETE ALL THAT IS APPLICABLE

ELECTRICAL CONTRACTOR INFORMATION

Name :	Registration #
Address:	
Phone:	E-MAIL ADDRESS:

HVAC CONTRACTOR INFORMATION

Name :	Registration #
Address:	
Phone:	E-MAIL ADDRESS:

PLUMBING CONTRACTOR INFORMATION

Name :	Registration #
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: _____