

SOMONAUK PERMIT APPLICATION

PERMIT NO. _____

TAXKEY# _____

ISSUING MUNICIPALITY
PROJECT LOCATION (Address)
PROJECT DESCRIPTION

COMMERCIAL _____

ONE & TWO FAMILY _____

Subdivision Name _____ Lot No. _____ Block No. _____ Lot Area (Sq. Ft.) _____

Owners Name _____ Mailing Address _____ Telephone (Home) _____ (Work) _____

General Contractor (Lic. No.) _____ Mailing Address _____ Telephone _____

Carpenter (Lic. No.) _____ Mailing Address _____ Phone _____

Plumber (Lic. No.) _____ Mailing Address _____ Phone _____

Electrician (Lic. No.) _____ Mailing Address _____ Phone _____

Heating (Lic. No.) _____ Mailing Address _____ Phone _____

 BUILDING or REMODELING: PERMIT (S) INCLUDE: Construction Electrical Plumbing HVAC Erosion Zoning
 Types of Rooms: _____

 DRIVEWAY

 SIGN wall ground illuminated non-illuminated width..... length..... area..... ht.above ground..... lot front.....

 FENCE length..... height..... type..... OTHER (specify) _____

1 a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi _____	6. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____	12. ENERGY SOURCE <table style="width: 100%;"><tr><td style="text-align: center;">Fuel</td><td style="text-align: center;">Space Htg.</td><td style="text-align: center;">Water Htg.</td></tr><tr><td style="text-align: center;">Nat. Gas</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">Electric</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">Other</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr></table>	Fuel	Space Htg.	Water Htg.	Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____
Fuel	Space Htg.	Water Htg.														
Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>														
Electric	<input type="checkbox"/>	<input type="checkbox"/>														
Other	_____	_____														

1 b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____	13. NUMBER OF BEDROOMS _____
2. AREA Office Use Only _____ Sq.Ft. _____ Sq.Ft. _____ Sq.Ft. _____ Sq.Ft. TOTAL _____	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. NUMBER OF BATHS _____
15. ESTIMATED COST \$ _____				

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____ PRINT NAME _____ DATE _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. _____

BUILDING Footing Foundation Rough Insulation Bsmt. Fl. Final PLUMBING Rough Underfloor OS Sewer Water Final	ELECTRIC Rough Service Final HVAC Rough Final
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FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Building Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____	Sub Total _____ Admin. Fee _____ Bond _____ Other _____ Total _____	CK# _____ Amount \$ _____ Date _____ From _____ Rec. By: _____	Permit expires one year from date issued unless otherwise below. Name _____ Date _____