



**BUILDING PERMIT APPLICATION**  
INSPECTIONS DEPARTMENT  
121 11<sup>TH</sup> STREET, SILVIS, IL 61282  
OFFICE HOURS: MON-FRI 8:00-9:00 AM, 12:00-1:00 PM or By Appointment

**Section 1 – PROJECT INFORMATION**

Project Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Description of Work Proposed: \_\_\_\_\_

**Section 2 – VALUATION-- PERMIT FEES**

General \$ \_\_\_\_\_ Electrical \$ \_\_\_\_\_ **Total Cost \$** \_\_\_\_\_

Mechanical \$ \_\_\_\_\_ Plumbing \$ \_\_\_\_\_ **Permit Fee \$** \_\_\_\_\_

**Section 3 – SUBCONTRACTORS**

General: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_ Roofing: \_\_\_\_\_

Electrical: \_\_\_\_\_ Concrete/Flatwork: \_\_\_\_\_

Other: \_\_\_\_\_

**Section 4 – CONSTRUCTION DETAILS**

<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Garage/Shed <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Waterproofing <input type="checkbox"/> Other	Total Square Feet: _____ Basement Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No Egress Window? <input type="checkbox"/> Yes <input type="checkbox"/> No # Stories _____ # Bedrooms _____ # Bathrooms _____ # Replacement Windows: _____ # of Replacement Doors: _____ U-Factor of Windows/Doors: _____	<b>Roofing:</b> <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Both Tear off: <input type="checkbox"/> Yes <input type="checkbox"/> No Existing Layers: _____ Total Number of Squares: _____ Roof Material: <input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other <b>Siding:</b> <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Both Total Number of Squares: _____ Siding Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Cement <input type="checkbox"/> Other _____
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**Section 5– APPLICANT INFORMATION**

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one)	
	Contractor (Registered with Silvis)
	Property Owner (Owner of Legal Record)
	Authorized Agent (Written Auth. From Owner)

Applicant or Company Name: \_\_\_\_\_

Applicant or Company Address: \_\_\_\_\_

Applicant or Company Phone Number: \_\_\_\_\_

**APPLICANT SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_**