



BUILDING PERMIT APPLICATION

INSPECTIONS DEPARTMENT

121 11TH 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: _____	Roofing: <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Both
	Basement Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tear off: <input type="checkbox"/> Yes <input type="checkbox"/> No Existing Layers: _____
	Egress Window? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Squares: _____
	# Stories _____ # Bedrooms _____	Roof Material: <input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other
	# Bathrooms _____	Siding: <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Both
	# Replacement Windows: _____	Total Number of Squares: _____
	# of Replacement Doors: _____	Siding Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Cement
	U-Factor of Windows/Doors: _____	<input type="checkbox"/> Other _____

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)	
<input type="checkbox"/>	Contractor (Registered with Silvis)
<input type="checkbox"/>	Property Owner (Owner of Legal Record)
<input type="checkbox"/>	Authorized Agent (Written Auth. From Owner)

Applicant or Company Name: _____

Applicant or Company Address: _____

Applicant or Company Phone Number: _____

APPLICANT SIGNATURE: X _____ DATE: _____