

# APPLICATION FORM FOR BUILDING PERMIT

314 W. Stephenson St, Freeport, IL 61032 • Phone (815) 235-8202 • Fax (815) 599-5819 • cdadmin@cityoffreeport.org

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS OWNERS NAME(S) \_\_\_\_\_

DETAILED TYPE OF CONSTRUCTION \_\_\_\_\_

ESTIMATED CONSTRUCTION COST (LABOR & MATERIALS) \$ \_\_\_\_\_

## CONTRACTORS

BUILDING \_\_\_\_\_ SIGNAGE \_\_\_\_\_

ELECTRIC \_\_\_\_\_ CONCRETE \_\_\_\_\_

HVAC \_\_\_\_\_ DEMOLITION \_\_\_\_\_

PLUMBING \_\_\_\_\_ ROOFING \_\_\_\_\_

MISC CONTRACTOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

The proposed work is to be done in accordance with the Building, Zoning and other codes of the City of Freeport. Also, in accordance with the plans and specifications herewith submitted.

"The lot lines are located as shown on the sketch and all distances from the lot lines to buildings are correct as set forth in the sketch. In the even any site work is necessary to verify location of lot lines and distances, the work will be done at the expense of the undersigned."

Applicant Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

PLANS APPROVED BY: Commissioner \_\_\_\_\_ Building Inspector \_\_\_\_\_

PLANS NOT APPROVED: \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_