



BUILDING PERMIT APPLICATION

APPLICATION #:

DATE STAMP

PROJECT INFORMATION

Property Address: _____ Lot/Suite #: _____

Project/Business Name: _____

Applicant Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____ Cell: (____) _____

RESIDENTIAL PROJECT TYPE (check all that apply)

- | | |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Single-Family | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Electrical Repair/Alteration | <input type="checkbox"/> Plumbing Repair/Alteration |
| <input type="checkbox"/> HVAC Repair/Alteration | <input type="checkbox"/> Deck/Patio/Stoop |
| <input type="checkbox"/> Fence/Screen | <input type="checkbox"/> Pool/Hot Tub/Spa |
| <input type="checkbox"/> Lawn Irrigation System | <input type="checkbox"/> Other: |

NON-RESIDENTIAL PROJECT TYPE (check all that apply)

- | | |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> New Office Building | <input type="checkbox"/> Office Building Alteration |
| <input type="checkbox"/> New Office/Warehouse Building | <input type="checkbox"/> Office/Warehouse Alteration |
| <input type="checkbox"/> New Commercial Building | <input type="checkbox"/> Commercial Building Alteration |
| <input type="checkbox"/> Electrical Repair/Alteration | <input type="checkbox"/> Fire Alarm/Fire Protection System |
| <input type="checkbox"/> Plumbing Repair/Alteration | <input type="checkbox"/> HVAC/Mechanical Repair/Alteration |
| <input type="checkbox"/> Other: | |

DESCRIPTION OF WORK:

Will the proposed improvements require the modification, addition or alteration to any of the specific systems listed below?

If so, please check, and provide cost/quantity.

- | | |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> HVAC: _____ # Units | <input type="checkbox"/> Electric Service: _____ Amps |
| <input type="checkbox"/> Plumbing: _____ # Fixtures | _____ # Circuits |
| _____ # of Bedrooms | _____ # Full Bathrooms |
| | _____ # Half Bathrooms |

(4a) Electrical Cost \$ _____
 (4b) Plumbing Cost \$ _____
 (4c) HVAC Cost \$ _____
 (4d) Balance Cost \$ _____
TOTAL COST* \$ _____

Total Area of Improvement: _____ sq. ft.

Cumulative Cost of Construction: \$ _____

** TOTAL COST must include the value of Footing and Foundation, irrespective of issuance of a separate permit. Exclude land cost and site improvements. Total should equal sum of 4a, 4b, 4c and 4d.*



BUILDING PERMIT APPLICATION

City of Rolling Meadows - Community Development

CONTACT INFORMATION

TENANT INFORMATION: *(if applicable)*

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

OWNER INFORMATION: *(if different than the applicant info.)*

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

GENERAL CONTRACTOR INFORMATION:

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

License # *(required)*: _____

PLUMBING CONTRACTOR INFORMATION:

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

License # *(required)*: _____

Letter of Intent Provided: Yes: _____ No: _____

APPLICANT SUBMITTAL STATEMENT

I, _____, certify that the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge. I also attest that the homeowner is/has been made aware of the Consumer Rights Laws established by the State of Illinois, and understand that failure to make the homeowner aware of these rights will make me subject to the full extent of the law. Furthermore, I recognize that as the permit applicant, all fees and requirements associated with the review and future approval of the work described herein are my responsibility.

Signature: _____ Date: _____



ADDITIONAL CONTRACTOR INFORMATION

CONTRACTOR INFORMATION: Type of Contractor: _____

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

License # (required): _____

CONTRACTOR INFORMATION: Type of Contractor: _____

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

License # (required): _____

CONTRACTOR INFORMATION: Type of Contractor: _____

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

License # (required): _____

CONTRACTOR INFORMATION: Type of Contractor: _____

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Cell: (_____) _____

License # (required): _____



ADDITIONAL BUILDING RELATED INFORMATION *(if applicable)*

Building Construction Type : _____ (example: Type IA, Type IIIB, etc.)

International Code Use Group: _____ (example: A-1, R-2, etc.)

Building Occupancy Load / Classification: Load: _____

Classification: _____

Building Height / Stories: Height: _____

Stories: _____

ARCHITECT/DESIGN PROFESSIONAL INFORMATION *(if required by Building Official)*

Name: _____

Company: _____ License #: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Cell: (_____) _____

Email: _____ Fax: _____

I, _____, declare that I have reviewed and/or designed the documents associated with this application, and therefore, take responsibility for the design work on behalf of a registered design firm. In addition, I certify that the information contained on the attached plans and specifications, and other attached documentation is true to the best of my knowledge, and accurately depicts the subject site on the date these documents were prepared.

Signature: _____ Date: _____

Permit Submissions Required in Person