

# Building Permit Application

<p><b>USE BLACK INK:</b>  <b>DO NOT WRITE IN SHADED AREA</b></p> <p>APPLICATION PERMIT NO.: _____</p> <p>DS APPLICATION NO.: _____</p> <p>DATE ISSUED: _____</p>	<p style="text-align: center;"><b>HOLDS:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">N</td> <td style="width: 20%;"></td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">N</td> </tr> <tr> <td>Stop Order(s):</td> <td></td> <td></td> <td>Violations</td> <td></td> <td></td> </tr> <tr> <td>Landmark</td> <td></td> <td></td> <td>Special Admin. Hold</td> <td></td> <td></td> </tr> <tr> <td>Lakefront Prot.</td> <td></td> <td></td> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Flood Plain</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Y	N		Y	N	Stop Order(s):			Violations			Landmark			Special Admin. Hold			Lakefront Prot.			Other			Flood Plain					
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## 1. GENERAL INFORMATION

<p>(Provide Original House Number Certificate for new construction.)          Address: Please enter two if a corner property.</p>	<p>Property Index Number(s) (PIN) (required):</p> <p>1. _____</p>
<p>Number of dwelling units, number of stories, building use, description of proposed work and parking:</p>	<p>2. _____</p> <p>3. _____</p>
<p>Enter permit number if revision to an existing permit:</p>	<p>4. _____</p>
<p>Cost of Construction:</p>	

## 2. CLASSIFICATION BY OCCUPANCY:

A Residential	D Open Air Assembly	H1 Storage Low Hazard
A2 Residential	E Business	H2 Storage Moderate Hazard
B Institutional	F Mercantile	H3 Garages
C1 Assembly	Private Garage	1 Hazardous
C2 Assembly	G1 Industrial Low Hazard	J Miscellaneous Building
C3 Assembly	G2 Industrial Moderate Hazard	Technology Center

## 3A. BUILDING INFORMATION FOR EXISTING BUILDING:

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Existing										

## 3B. BUILDING INFORMATION FOR NEW CONSTRUCTION (IF APPLICABLE):

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Addition										
New Bldg. (Front or Rear)										
Detached Garage										
Fence										
Trash Enclosure										

## 3C. BUILDING INFORMATION FOR RENOVATION (IF APPLICABLE):

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Area to be Renovated										

**4. ZONING INFORMATION: (See Site Plan in Drawings of lot and buildings, showing dimensions, streets, alleys, setbacks, existing landscaping and north arrow.)**

Plat of Survey:	Area of Lot:
Plate Number:	Height of Building:
Zoning District/P.D. #:	Area and Volume of Building:
Zoning Use:	Number of Parking Spaces:
Front or Rear Building:	Number of Loading Spaces:
Special Zoning Permission Required for Administrative Adjustment, Variance or Special Use:      * Yes      * No	
Case Number:	
Comments Section:	
Signature of Approval:	Date:

**5. FIRE PREVENTION ITEMS:**

	Yes	No	
Existing Sprinkler System			Flammable Liquids
Install Full Sprinkler System			Corrosive Liquids
Install Partial Sprinkler System (Designate Areas to be Sprinklered):			Hazardous Chemicals
Extend Existing Sprinkler System (Designate Areas to be Sprinklered):			Oxidizing Materials
Relocate Sprinkler Heads Only			Highly Flammable Materials
Existing Standpipe System			Fume Hazardous Gases
Install New Standpipe System			Flammable Compressed Gases
Existing Fire Alarm System (Choose One): ___ Class I      ___ High Rise ___ Class II     ___ Other, clarify			Dust Producing Equipment
Install New Fire Alarm System (Choose One): ___ Class I      ___ High Rise ___ Class II     ___ Other, clarify			Is this permit for modifications to the building in order to pass the Life Safety Evaluation as per code section 34 (13-196-206)?

## 6. MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES ITEMS

Is the project Government financed, subsidized or guaranteed?      \* Yes      \* No  
 If yes, specify type of funding: city, state or federal.

**RENOVATION PROJECTS ONLY:**

Provide total alteration cost in last 30 months using EAC / ERC = \_\_\_\_\_ %  
 EAC = Estimated Alteration Cost for Project Budget + Alteration Cost in Last 30 Months  
 ERC = Estimated Reproduction Cost = Work Area (sf) x New Construction Cost per sf

**HOUSING PROJECTS ONLY (Submit Part II Letter of Approval at intake meeting, if applicable.):**

Total Number of Dwellings Units:    Multiple Dwellings:  
 Structure with Four or More Units:                                         Single Family Residential (Detached):  
 Attached Multi-Story Single Family Residential Units with Separate Means of Egress:  
 Other:

	Proposed No. D.U.	Actual No. D.U.
Accessible Lodging Units [1107.5.1.1 (ANSI Section 1002)]		
Units with Communication Features [1107.5.1.1 (ANSI Section 1005)]		
Accessible Units with Communication Features [1107.5.1.1 (ANSI Section 1002 + 1005)]		
Type A [1107.5.2.2 (ANSI Section 1003)]		
Type B [1107.5.2.3 (ANSI Section 1004)]		
Type A & B with Conduit Lines [1107.5.2.4]		
Visitable [1107.5.4.3 and 1107.5.5.3]		
Attached Multi-Story SFR Units with Separate Means of Egress [1107.5.4.3 + 1107.5.5.3]		
Section 504 Accessible Units [1107.5.5.5.1 and (U.F.A.S. Sec. 4.34)]		
Section 504 Accessible Units with Communication Features [1107.5.5.5.2 and 1107.5.5.4 (ANSI Section 1005)]		
Zoning Incentive Building Type A Units [17-2-0304 A & B, 17-2-0306, 17-2-0311 A & A (a) (Zoning Code) (ANSI Section 1003)]		
Change of Occupancy (20+ Units)		

## 7. ENVIRONMENTAL ITEMS

	Yes	No		Yes	No
Boiler(s)			Dry Cleaning Machinery		
Gas Fired Hot Water Heater(s)			Manufacturing Process Equipment and Control Devices		
Gas Fired Package Rooftop, Furnaces			Manufacturing Process Equipment or Area, Hazardous/Flammable Storage		
Unit Heaters or other Gas Fired HVAC Units			Air Pollution Control Devices		
Unfired Pressure Vessel (Air Tanks, Heat Exchanger, Hot Storage Tanks)			Paint Spray Booth or Paint Spray Area		
Commercial Cooking Equipment or Food Preparation Unit			Paint Spray Booth or Paint Spray Area in Motor Vehicle Repair Shop		
Emergency Generator			New Incinerator or Afterburner Equipment		
Underground/Aboveground Storage Tank Unit (Apply at DOE)			Sandblasting, Grinding of Masonry, or Chemical Cleaning of Any Architectural Surface		
Compactor or Bailer					

**8. REMARKS AND APPROVALS**

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

## 9. CONTACT INFORMATION

*Owner/Tenant/Agent:* \_\_\_\_\_  
Lic. # \_\_\_\_\_ City \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

*Arch./Eng.:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*General Contractor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Mason Contractor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ A, B, or C City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Electrical Contractor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Vent/Heat Contractor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Refrig./AC Contractor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Plumbing Contractor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Expeditor:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

*Local Arch./Eng.\*:* \_\_\_\_\_  
Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

(\*If your licensed Architect is not located in the State of Illinois, you have the option to identify a local Illinois Architect to represent you at DOB to attend meetings and attend Open Plan Review.)

**WARNING TO PROPERTY OWNER/TENANT AND GENERAL CONTRACTOR**

I, \_\_\_\_\_, as property owner/tenant, and I, \_\_\_\_\_, as general contractor, understand that it is against the law to exceed the scope of a building permit. I understand that if I build, or allow anyone else to build, any building, room addition, structure or other object that differs from, or in any way exceeds, what this permit authorizes me to build, I can and will be **severely punished**. I understand that if I exceed, or allow anyone else to exceed, the scope of this building permit, I can have my **permit revoked**; be ordered to **stop all work** on the project; **fined** up to \$5,000.00 per day; imprisoned for up to six months; required to do up to **100 hours of community service**; required to **tear down at my own expense** all completed work; and, in addition to any other penalties provided by law, required to **reimburse the City** up to three times any damages incurred for providing any false or inaccurate information in this building permit application. I understand that all construction work under this proposed permit must conform to the requirements of the Chicago Building Code and, if it does not, I acknowledge that I can and will be **severely punished**.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**-or-**

Tenant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**and-**

General Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION BY PROPERTY OWNER/TENANT**

I, \_\_\_\_\_, as property owner/tenant, hereby certify that the statements in this application are true; that I have legal authority to do the work authorized by this proposed permit on the property identified in this Application; that all construction work under this proposed permit will conform to the requirements of the Chicago Building Code under possible penalty of prosecution; and that if the construction work authorized under this proposed permit does not conform to the requirements of the Chicago Building Code, I will do whatever is necessary to correct the Code violation. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**-or-**

Tenant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Does the Owner require a Residential Real Estate Developer's License to do the proposed work at this address? Yes \_\_\_ No \_\_\_

If yes, license number \_\_\_\_\_

**CERTIFICATION BY EXPEDITOR**

I, \_\_\_\_\_, as expeditor, hereby certify that the statements in this Application are true. I understand that any false or inaccurate information contained in this permit Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Expeditor \_\_\_\_\_ Expeditor No. \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION BY DESIGN PROFESSIONAL**

I, \_\_\_\_\_, as design professional, hereby certify that all information contained in this Application under item numbers 1, 2, 3A, 3B, 3C, 5, 6 and 7 is complete and accurate to the best of my knowledge. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

\_\_\_\_\_  
Signature of Licensed Architect or Structural Engineer of Record Date

\_\_\_\_\_  
License Number

