

Village of Hecker
 PO Box 176
 Hecker, Illinois 62248
 Phone: (618) 473-2300

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4, and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date __/__/__	Type Permit Building (B)	Electrical (E) Mechanical (M)	Plumbing (P) Other (O) (See Item 9)	Is owner Applicant (Y/N)
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I. PROPERTY INFORMATION

Street Address	Apt	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	Residential (R) Commercial (C)	Industrial (I) Other (O)

II. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

III. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	ST. ADDRESS	CITY, ST	LICENSE NO.
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				

Roofing
Masonry
Drywall or Lathing
Sprinkler
Paving
Fire Alarm

IV.CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant Address Phone No.

Responsible Person in Charge of Work, Title Phone No.

V.BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	Plan Number
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Improvement Type:

- | | |
|----------------------|------------------------|
| New Construction (1) | Addition (2) |
| Alteration (3) | Repair/Replacement (4) |
| Demolition (5) | Relocation (6) |
| Foundation Only (7) | Change of Use Only (8) |

Proposed Use:

Assembly

- | | |
|----------------|--------------------|
| Theatre (1) | Church (4) |
| Night Club (2) | Other Assembly (5) |
| Restaurant (3) | |

Business (6)

Educational

(Grades 1-12) (7)

Day Care Facility (8)

Factory

Moderate Hazard (9)

Low Hazard (10)

High Hazard (11)

Institutional

Group Home (12)

Jail (14)

Hospital (13)

Mercantile (15)

Residential

Hotel/Motel (16)

CABO Two Family (19)

Multi-Family (17)

BOCA Single Family (20)

BOCA Two Family (18)

CABO Single Family (21)

Storage

Moderate Hazard (22)

Low Hazard (23)

Other (24)

Parking Garage

Carport

Motor Fuel Service

Repair Garage

Public Utility

HPM

Structural Frame (Check those applicable)

Steel (1)

Wood (4)

Masonry (2)

Other (5) Identify:

Concrete (3)

Exterior Walls (Check those applicable)

Steel (1)

Wood (4)

Masonry (2)

Other (5) Identify:

Concrete (3) _____

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet) _____ Stories (Number) _____ Lot Area (Sq. Ft.) _____

Front Setback (Feet) _____ Bedrooms (Number) _____ Building Area (Sq. Ft.) _____

Rear Setback (Feet) _____ Full Baths (Number) _____ Parking Area (Sq. Ft.) _____

Left Setback (Feet) _____ Partial Baths (Number) _____ Living Area (Sq. Ft.) _____

Right Setback (Feet) _____ Garages (Number) _____ Basement Area (Sq. Ft.) _____

Height Above Grade (Feet) _____ Windows (Number) _____ Garage Area (Sq. Ft.) _____

New Residential Units (Number) _____ Fireplaces (Number) _____ Office/Sales (Sq. Ft.) _____

Existing Residential Units (Number) _____ Enclosed Parking (Number) _____ Service (Sq. Ft.) _____

Elevators/Escalator (Number) _____ Outside Parking (Number) _____ Manufacturing (Sq. Ft.) _____

Est. Start / / Est. Finish / / Building Est. Value \$ _____

6.ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service ____ AMPS | Number of Circuits: __ 2 wire __ 3 wire __ 4 wire | Number of Service Outlets:
 ____ 110 V ____ 220V

Power Devices	No.	Output/Load	Power Devices	No.	Output/Load
1			7		
2			8		
3			9		
4			10		
5					
6			Total Number of Motors		
Utility Service Revisions:					

Est. Start / /		Est. Finish / /		Building Est. Value \$ _____	

7.PLUMBING PERMIT APPLICATION

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Stand Pipes (Y/N)	
				(Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N)	
				(Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N)	
				(Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size		Water Meter Size	in.	Avg. Daily Water Use	G P D
Utility Service Revisions					
				Plumbing Work	
Est. Start	/	/		Est. Finish	/ / Building Est. Value \$

8.MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	

Gravity Furnace	Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance	A/C Compressor	Electric Furnace
Utility Service Revisions		
		Plumbing Work
Type of Heating Fuel (Check One)		
Gas (1)	Oil (2)	Electric (3) Coal (4) Wood (5) Other (6)
		Mechanical Work
Est. Start	/ /	Est. Finish / / Est. Value \$

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type		
Description of Work		
Est. Start	/ /	Est. Finish / / Est. Value \$

10.SITE PLAN

(Show lot lines, easements and work layout and dimensions)

SCALE = 1 inch = FEET

11. DATA ENTRY

Application Received: __/__/__ _____

By: _____

Application Reviewed: __/__/__ _____

By: _____

Data Entry: __/__/__ _____

By: _____

12. FLOODPLAIN EVALUATION

Flood Map Number & Date _____ Lowest Floor Elevation _____

Flood Zone _____ Base Flood Elevation _____

13. ZONING PLAN EVALUATION

Zoning District _____ Map Number _____

Lot Area (From Page 2) _____ Lot Coverage (%) _____

Lot Area Per Room _____ Encroachments _____

Off-Street Parking Spaces, Required _____ Provided _____

Load Space _____

Signs; Number _____ Size of Each Sign _____

Planning Commission Approval Required _____

Board of Zoning Appeals Approval Required _____

14. PLAN REVIEW RECORD

Plan Review Required	Check	Plan Review	Date Plans	By	Date Plans	By	Titles
		Fee	Started		Approved		

Building		\$					
Plumbing		\$					
Mechanical		\$					

16.PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type	Submitted		Sealed		Signed and		Revision
	Date	Date	Date	Date	Date	Date	
Site Plan	Yes	No	Yes	No			
Soil Report	Yes	No	Yes	No			
Architectural Drawings	Yes	No	Yes	No			
Structural Drawings	Yes	No	Yes	No			
Mechanical Drawings	Yes	No	Yes	No			
Electrical Drawings	Yes	No	Yes	No			
Job Specifications	Yes	No	Yes	No			
Structural Connection Drawings	Yes	No	Yes	No			
Structural Calculations	Yes	No	Yes	No			
Special Inspection Data	Yes	No	Yes	No			
Sprinkler Drawings	Yes	No	Yes	No			
Sprinkler Calculations	Yes	No	Yes	No			

17.OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	D a t e
Fire		Health and Sanitation	
Public Works		Water	
Zoning		Architectural	
Planning		Review	
Environmental Management			

18.VALIDATION

Building Permit	Date	Number	Permit/Insp Fee

Electrical Permit	Date	Number	Permit/Insp Fee

Plumbing Permit	Date	Number	Permit/Insp Fee

Mechanical Permit	Date	Number	Permit/Insp Fee

	Date	Number	Permit/Insp Fee

	Date	Number	Permit/Insp Fee

		Plan Review (From Part 14)	

		Certificate of Occupancy Fee	

		Other Fee	

		TOTAL FEES	

Prepared By: _____ Date _____

Approved By: _____ Title _____