



CITY OF BATAVIA

Building Permit Application

Community Development Department

100 North Island Avenue

Batavia, IL 60510-1931

Tel: 630-454-2700 - Fax: 630-454-2775

www.cityofbatavia.net

Building Address: _____ E-mail: _____

Applicant: _____ Phone: _____ Fax: _____

Applicant Address: _____

Existing/Proposed Use of Property or Lease Space: _____

Located in Historic District or Landmark Structure: Yes No

<p><input type="checkbox"/> Existing Construction</p> <p><input type="checkbox"/> Addition <input type="checkbox"/> Reroof</p> <p><input type="checkbox"/> Alteration <input type="checkbox"/> Shed</p> <p><input type="checkbox"/> Deck <input type="checkbox"/> Siding</p> <p><input type="checkbox"/> Fence <input type="checkbox"/> Sign</p> <p><input type="checkbox"/> Garage <input type="checkbox"/> Window/Door</p> <p><input type="checkbox"/> Pool <input type="checkbox"/> Other/Specify _____</p> <p><input type="checkbox"/> Repair _____</p>	<p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Single Family</p> <p><input type="checkbox"/> Townhome</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Duplex</p> <p><input type="checkbox"/> Multifamily</p> <p><input type="checkbox"/> Commercial</p>	<p>Project Valuation _____</p> <p>Building Valuation _____</p> <p>Selling Price _____</p> <p>Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Square Footage</p> <p>1st Floor _____</p> <p>2nd Floor _____</p> <p>Basement _____</p> <p>Garage _____</p>
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For All Construction: Describe the scope of work to be performed. Include plan drawings of the proposed improvements. Exterior Construction and additions require a current plat of survey with the proposed improvements indicated. Specify all pertinent dimensions and notations for the proposed construction.

For New Residential Construction: Provide two (2) sets of plans and specifications, two (2) survey plats showing dimensions and locations of all existing and proposed improvements.

For New Commercial/Industrial & Public Construction: Provide four (4) sets of plans and specifications and location of all existing and proposed improvements.

Project Description:



Please turn this page over and complete page two of this application

Provide a Physical Address for All Parties

Property Owner: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____	General Contractor: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____
Architect: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____	Carpenter: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____
Electrical Contractor: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____	HVAC Contractor: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____
Plumbing Contractor: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ License Number: _____	Roofing Contractor: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ License Number: _____
Excavation Contractor: _____ Address: _____ City, State & Zip: _____ Phone: _____ Fax: _____ E-Mail: _____	The Applicant hereby certifies to the correctness of above, and agrees to construct the above building or improvements in strict compliance with all provisions of the City Code and amendments thereto. _____ Signature of Property Owner, Applicant or Authorized Agent

Office Use Only

Application Filing Date: _____

Fee Paid: _____

Permit Issue Date: _____

Permit Number Issued: _____

Conditional Use/Variance in effect? Yes No

Signature of Building Official