

CITY OF MACOMB, ILLINOIS
OFFICE OF COMMUNITY DEVELOPMENT

Permit # _____

APPLICATION FOR BUILDING PERMIT

Application is hereby made for a permit to use, alter, and build, on the premises hereinafter described in accordance with the proposed plan and use herein stated, and no other. The information which follows and the accompanying plats, plans and specifications, with the representations herein contained are made a part of this application, in reliance upon which the Building Inspector is requested to issue a Building Permit and Certificate of Occupancy.

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, might cause a refusal of this application; or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, without the approval of the Building Inspector, shall constitute sufficient ground for the revocation of such permit.

Date: _____		Zoning District: _____		P.I.N.: _____	
Project Address: _____					
Property Owner: _____			Contractor: _____		
Address: _____			Address: _____		
_____			_____		
Phone: _____			Phone: _____		
Purpose of Permit: _____					

Project Cost: \$ _____		Building Permit Fee: \$ _____		Enterprise Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	

New Construction/Addition(s)

# of Stories _____	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Slab	Total Height _____	# of Rooms _____
# of Bathrooms _____	# of Families _____		Lot Size _____		
F.A.R. _____	# of Off-Street Parking Spaces _____		<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Carport
Accessory Structures _____		Type _____	Garage/Carport Size _____ X _____		
Corner Lot <input type="checkbox"/> Yes <input type="checkbox"/> No					
Plumber: _____	Electrician: _____		Heating/AC: _____		

Applicant Signature: _____ **Phone Number:** _____

The above application for a Building Permit is hereby: GRANTED DENIED, for the following reason.

Date of issuance or denial: _____ Signed _____
Building Inspector or Community Development Coordinator

NOTE: AFTER COMPLETION OF A BUILDING, IT IS ILLEGAL TO USE OR OCCUPY THE PREMISES UNTIL ALL PERMITS HAVE BEEN ISSUED, FINAL INSPECTIONS MADE AND THE CERTIFICATE OF OCCUPANCY ISSUED.

LOT PLAN

Prior to beginning the work referred to in this permit, please contact the City of Macomb Building Inspector at 309-833-4944 or 309-318-0424.

Initial Inspection Date: ____/____/20____