



G O D F R E Y

ILLINOIS

*You can see your future from here*

BUILDING & ZONING

## COMMERCIAL BUILDING PERMIT

DATE: \_\_\_\_\_

NEW: \_\_\_\_\_ REMODEL: \_\_\_\_\_ ADDITION: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_

RETAIL COST OF PROJECT: \_\_\_\_\_

PLUMBING COST: \_\_\_\_\_

ELECTRICAL COST: \_\_\_\_\_

PLUMBER NAME/ LICENSE #: \_\_\_\_\_

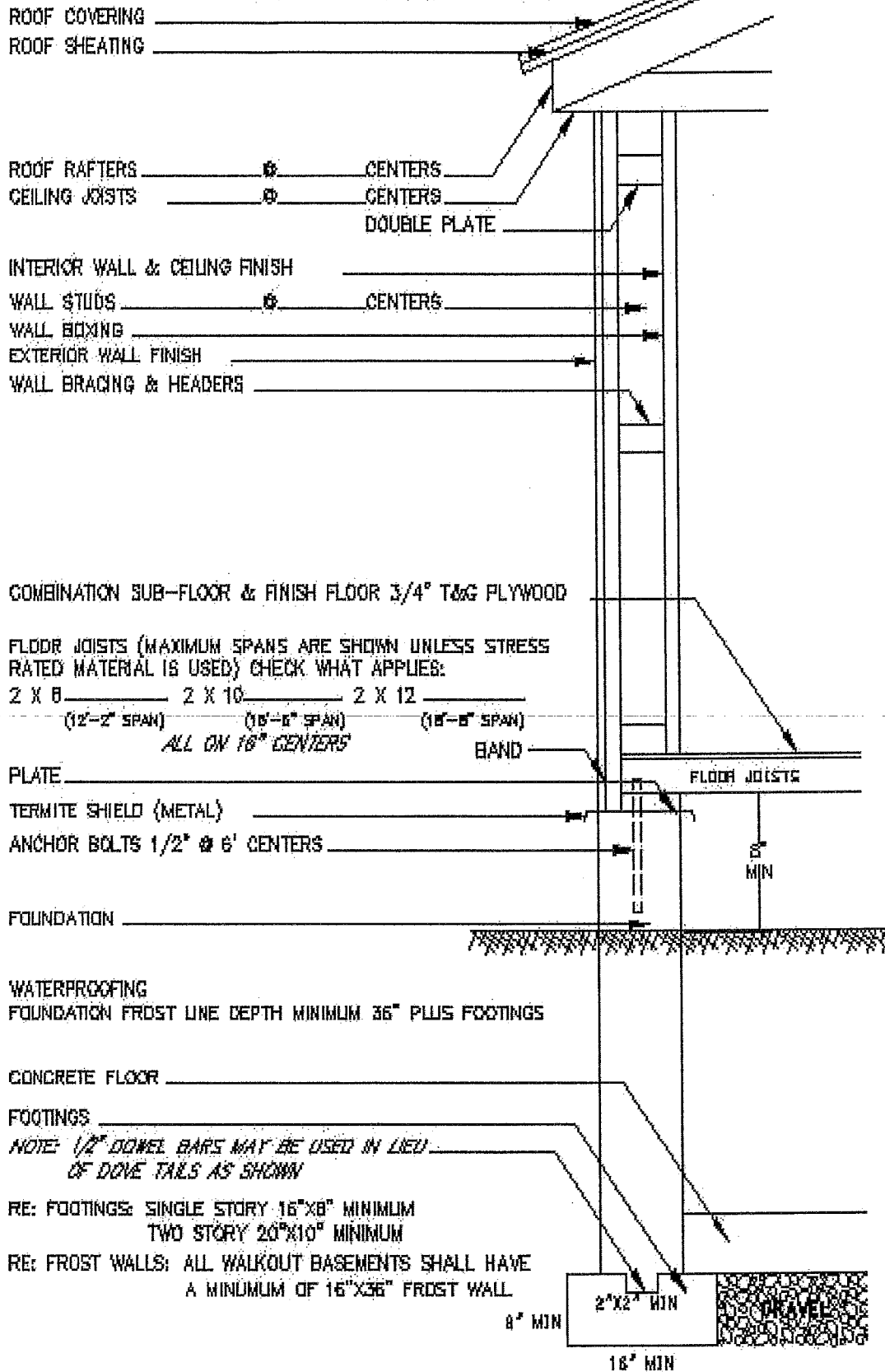
\_\_\_\_\_

ROOFER NAME/ LICENSE #: \_\_\_\_\_

\_\_\_\_\_

ELECTRICIAN NAME: \_\_\_\_\_

# SPECIFICATION SHEET





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**CALL JULIE LOCATE AT 800-892-0123 PRIOR TO  
CONSTRUCTION**

INCLUDE ONE SET OF SEALED ARCHITECTURAL PLANS \_\_\_\_\_

INCLUDE ONE SET OF SEALED ENGINEERED SITE PLANS \_\_\_\_\_

INCLUDE BUILDING MATERIAL SPECIFICATIONS SHEET \_\_\_\_\_

PLEASE ALLOW 24-48 HOURS FOR PLAN REVIEW

ALL INSPECTION APPOINTMENTS MUST BE MADE AT LEAST 24 HOURS IN  
ADVANCE

IT IS THE OWNER'S RESPONSIBILITY TO VERIFY EXACT PROPERTY LINES DURING  
CONSTRUCTION TO ASSURE SET BACK REQUIREMENTS ARE MET

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

SIGNATURE OF APPLICANT: \_\_\_\_\_

*FOR OFFICE USE ONLY:*

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

COST OF PERMIT: \_\_\_\_\_

PAID: \_\_\_\_\_