



G O D F R E Y

ILLINOIS

You can see your future from here

BUILDING & ZONING

RESIDENTIAL BUILDING PERMIT

DATE: _____

PARCEL ID: _____

ZONE: _____

NEW: _____ REMODEL: _____ ADDITION: _____

ADDRESS OF CONSTRUCTION: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S PHONE: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE: _____

RETAIL COST OF PROJECT: _____

PLUMBING COST: _____

ELECTRICAL COST: _____

PLUMBER NAME/ LICENSE #: _____



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ROOFER NAME/ LICENSE #: _____

ELECTRICIAN NAME: _____

LENGTH: _____ WIDTH: _____

SQ. FT. FIRST FLOOR: _____ SECOND FLOOR: _____

BASEMENT: _____ GARAGE: _____ TOTAL: _____

ATTACH SITE PLAN WITH LOCATION OF BUILDING AND DISTANCE TO ALL
PROPERTY LINES _____

ATTACH SEALED DRAWING OF ROOF TRUSSES _____

ATTACH BUILDING SPECIFICATION SHEET _____

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

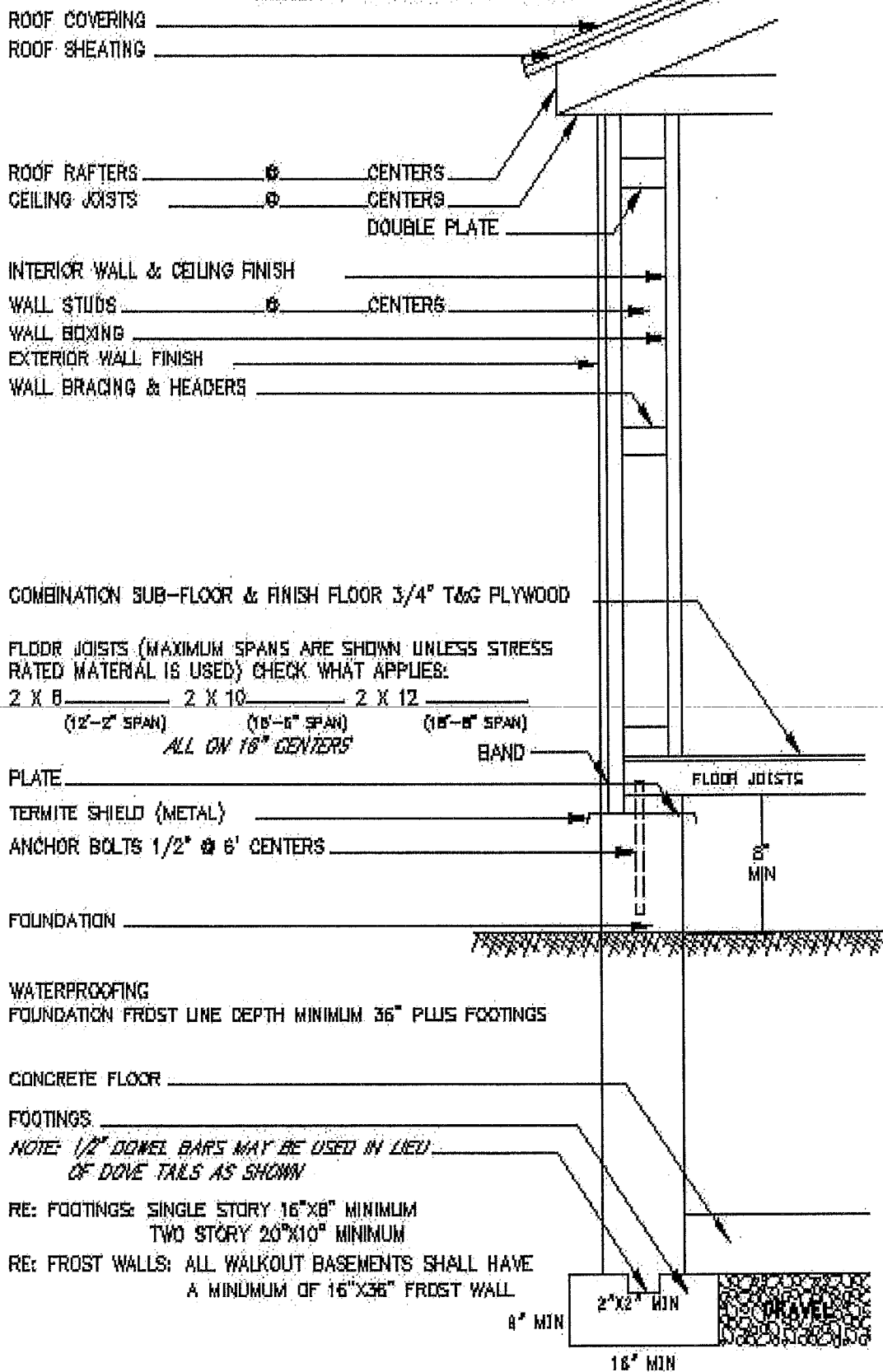
PLEASE ALLOW 24-48 HOURS FOR PLAN REVIEW

INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

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

SPECIFICATION SHEET





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SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

PERMIT # _____

COST OF PERMIT: _____

PAID: _____