

G O D F R E Y



I L L I N O I S

COMMERCIAL BUILDING PERMIT

DATE: _____

NEW: _____ REMODEL: _____ ADDITION: _____

ZONE: _____

PARCEL ID: _____

BUSINESS NAME: _____

ADDRESS: _____

CONTRACTOR'S NAME: _____

PHONE/EMAIL: _____

OWNER NAME: _____

OWNER ADDRESS: _____

PHONE/EMAIL: _____

RETAIL COST OF PROJECT: _____

PLUMBING COST: _____

ELECTRICAL COST: _____

PLUMBER NAME/ LICENSE #: _____

ROOFER NAME/ LICENSE #: _____

ELECTRICIAN NAME & CERTIFICATE # ISSUED THROUGH THE VILLAGE OF GODFREY #:

**PLEASE CONTACT THE BUILDING AND ZONING DEPARTMENT IF YOU NEED TO REGISTER*

6810 GODFREY ROAD ● BOX 5067 ● GODFREY, IL 62035
PHONE: 618-466-1206 ● FAX: 618-466-4519
buildingzoning@godfreyil.org

SPECIFICATION SHEET

ROOF COVERING _____
 ROOF SHEATING _____

ROOF RAFTERS _____ @ _____ CENTERS _____
 CEILING JOISTS _____ @ _____ CENTERS _____
 DOUBLE PLATE _____

INTERIOR WALL & CEILING FINISH _____

WALL STUDS _____ @ _____ CENTERS _____

WALL BOXING _____

EXTERIOR WALL FINISH _____

WALL BRACING & HEADERS _____

COMBINATION SUB-FLOOR & FINISH FLOOR $\frac{3}{4}$ " T&G PLYWOOD

FLOOR JOISTS (MAXIMUM SPANS ARE SHOWN UNLESS STRESS
 RATED MATERIAL IS USED) CHECK WHAT APPLIES:

2 X 8 _____ 2 X 10 _____ 2 X 12 _____
 (12'-2" SPAN) (15'-6" SPAN) (18'-8" SPAN)
 ALL ON 16" CENTERS

PLATE _____

TERMITE SHIELD (METAL) _____

ANCHOR BOLTS $\frac{1}{2}$ " @ 6' CENTERS _____

FOUNDATION _____

WATERPROOFING _____

FOUNDATION FROST LINE DEPTH MINIMUM 36" PLUS FOOTINGS

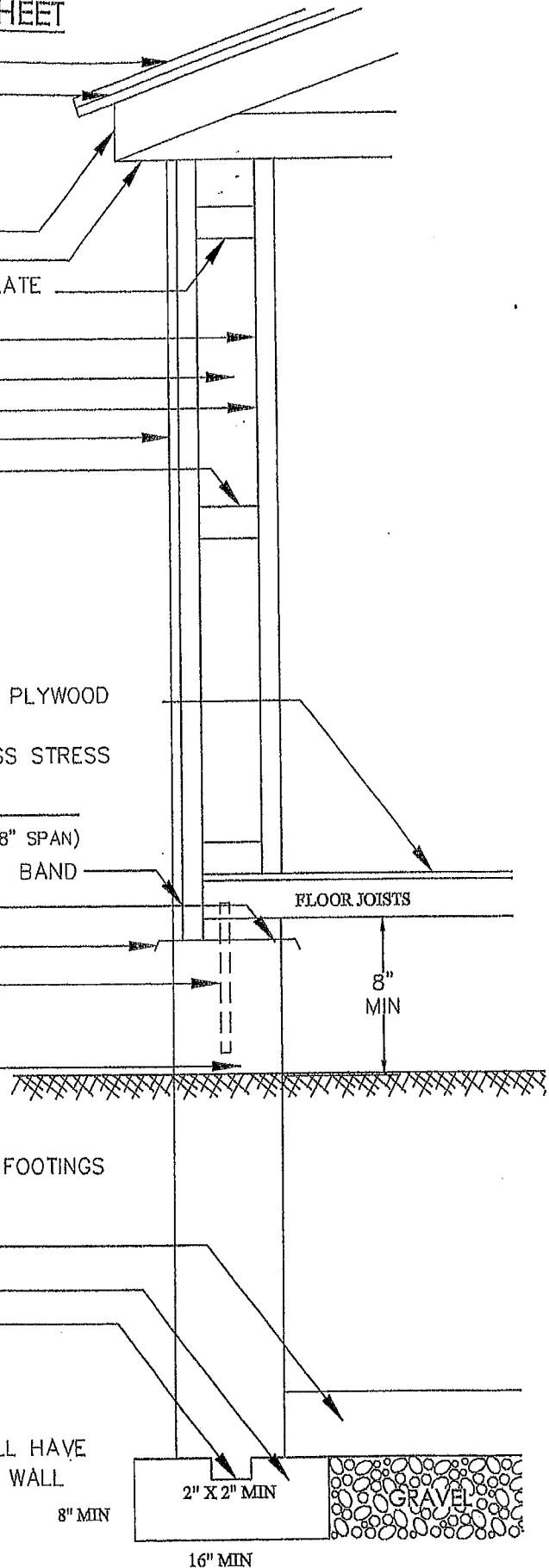
CONCRETE FLOOR _____

FOOTINGS _____

NOTE: $\frac{1}{2}$ " DOWEL BARS MAY BE USED IN LIEU
 OF DOVE TAILS AS SHOWN

RE: FOOTINGS: SINGLE STORY 16"X8" MINIMUM
 TWO STORY 20"X10" MINIMUM

RE: FROST WALLS: ALL WALKOUT BASEMENTS SHALL HAVE
 A MINIMUM OF 16"X36" FROST WALL



G O D F R E Y

I L L I N O I S

INCLUDE ONE SET OF SEALED ARCHITECTURAL PLANS _____

INCLUDE ONE SET OF SEALED ENGINEERED SITE PLANS _____

ATTACH MEP PLANS ALONG WITH MATERIAL LIST _____

PLEASE ALLOW UP TO ONE WEEK 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 AND UTILITIES PRIOR TO CONSTRUCTION TO ASSURE SET BACK REQUIREMENTS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE SCHEDULE.

CALL JULIE LOCATE AT 800-892-0123 PRIOR TO DIGGING

SIGNATURE OF APPLICANT: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.