

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



Building Permit

Prime Contractor: _____ Phone #: _____

Email address: _____

Property Owner's Name: _____ Phone #: _____

Job Address: _____

I understand as prime contractor/owner, that I am to ensure that all trades are registered with the City of Galena and are licensed by the State of Illinois as required. I am responsible for all fines and fees due to any misrepresentation on this application.

☐ Residential Permit ☐ Commercial Permit ☐ Pre 1978

Fire Inspector's Signature

Description of Job: _____

Enter the names of the subcontractors below:

The applicant acknowledges that this application is made pursuant to the provisions and standards in the Chapter 150 of the City of Galena Code of Ordinances. The most recent International Codes, (Building, Residential, Mechanical, Fire, Energy Conservation, Fuel Gas, Existing Buildings, and Property Maintenance), the National Electrical Code, the NFPA 101 Life Safety Code, Illinois Plumbing Code and the Illinois Accessibility Code have been adopted by the City. The applicant assumes the responsibility to know the applicable codes and ordinances, to comply with same and to complete permitted work in a professional and workmanlike manner. The issuance of a permit does not grant permission to violate any Code of Ordinances of the City of Galena, or laws of the State of Illinois. Building use, land use, building locations and characteristics shall be in accordance with the Zoning Ordinances of the City of Galena. All materials and methods of installation shall be listed and approved. All estimated costs shown below are correct and true to the best of my knowledge.

Contractor Information		For office use only:	
Building Cost	\$	Building Permit	\$
HVAC Cost	\$	HVAC Permit	\$
Electrical Cost	\$	Electrical Permit	\$
Total Cost		Water/Sewer Connection & Meter Permit	\$
		Grand Total	\$

Applicant's signature _____ Date _____

FOR OFFICE USE ONLY:

This application has been reviewed by the City Zoning Administrator or Deputy Zoning Administrator and is found to be consistent with the provisions of the current City of Galena Zoning Ordinance.

Additional Zoning Certificate Documents Required YES ☐ NO ☐

Historic Preservation Commission Review Required YES ☐ NO ☐

Zoning/Building Official's Signature Date