

CALL 815-795-0866 Building Inspector City of Marseilles	IL UNIFORM PERMIT APPLICATION	PERMIT NO. TAXKEY#
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ISSUING MUNICIPALITY	City of Marseilles	PROJECT LOCATION (Building Address)	
		PROJECT DESCRIPTION ☐ COMMERCIAL ☐ ONE&TWOFAMILY	

Subdivision Name	Lot No.	Block No.	Lot Area Sq. Ft.
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Owner's Name	Mailing Address	Telephone - Include Area Code (Home) (Work)
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General Contractor (Lic. No.)	Mailing Address	Telephone - Include Area Code
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Carpenter (Lic. No.)	Mailing Address	Phone
Plumber (Lic. No.)	Mailing Address	Phone
Electrician (Lic. No.)	Mailing Address	Phone
Heating (Lic. No.)	Mailing Address	Phone

BUILDING or REMODELING: PERMIT(S) INCLUDE: ☐ Construction ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Erosion ☐ Zoning

Types of Rooms:

☐ DRIVEWAY

☐ SIGN ☐ wall ☐ ground ☐ illuminated ☐ non-illuminated width.....length.....area.....ht. above ground.....lot frontage.....

☐ FENCE length.....height.....type..... ☐ OTHER (specify)

1a. PROJECT ☐ New ☐ Addition ☐ Raze ☐ Alteration ☐ Repair ☐ Move ☐ Other _____	3. TYPE ☐ Single Family ☐ Two Family ☐ Multi ☐ _____	6. ELECTRICAL Entrance Panel Size: _____ amp Service: ☐ Underground ☐ Overhead	9. HVAC EQUIPMENT ☐ Forced Air Furnace ☐ Radiant Baseboard or Panel ☐ Heat Pump ☐ Boiler ☐ Central Air Conditioning ☐ Other	12. ENERGY SOURCE Fuel Space Htg. Water Htg. Nat. Gas ☐ ☐ Electric ☐ ☐ Other _____ _____
1b. GARAGE ☐ Attached ☐ Detached	4. CONST. TYPE ☐ Site Constructed ☐ Manufactured	7. FOUNDATION ☐ Concrete ☐ Masonry ☐ Treated Wood ☐ Other _____	10. PLUMBING Sewer ☐ Municipal ☐ Septic ☐ Permit No. _____	13. NUMBER OF BEDROOMS _____
2. AREA <i>Office Use Only</i> _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____	5. STORIES ☐ 1-Story ☐ 2-Story ☐ Other _____	8. USE ☐ Seasonal ☐ Permanent ☐ Other _____	11. WATER ☐ Municipal Utility ☐ Private On-Site Well	14. NUMBER OF BATHS _____
				15. ESTIMATED COST \$ _____

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____ **PRINT NAME** _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Building ☐ Footing ☐ Foundation ☐ Rough ☐ Insulation ☐ Bsmt. Fl. ☐ Final	Electric ☐ Rough ☐ Service ☐ Final
Plumbing ☐ Rough ☐ Underfloor ☐ OS Sewer ☐ Water ☐ Final	HVAC ☐ Rough ☐ Final

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Building Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____	Sub Total _____ Admin. Fee _____ Bond _____ Other _____ Total _____	CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	Permit expires one year from date issued unless otherwise noted below: Name _____ Date _____