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Email: village@newberlin.il.us

Call J.U.L.I.E. 1-800-892-0123

Village of New Berlin
Building and Zoning Department
Application for Plan Examination & Building Permit

Permit # _____

Dig# _____ Date _____

Building Permit will not be approved without dig number, when required.

This application and fee structure is a supplement to and a part of section 40-7-2 and 40-7-3 of the "Revised Code of Ordinances". All applications for zoning and building permits shall be approved and a formal permit issued by the "Building Inspector/Zoning Administrator" prior to project start-up.

Application Date: _____

Project Valuation: _____

Number of Plans Submitted: _____ Survey: _____

Plat Map: _____ Site Plan: _____ Structure Use: _____

Structure Location: _____

____ THE APPLICANT CERTIFIES THAT THE STRUCTURE TO WHICH THIS APPLICATION APPLIES HAS BEEN DESIGNED AND SHALL BE BUILT IN ACCORDANCE WITH THE INTERNATIONAL BUILDING CODE, 2003 EDITION, THE CURRENT EDITION OF THE ILLINOIS PLUMBING CODE AND THE 1998 EDITION OF THE INTERNATIONAL MECHANICAL CODE. ALL SUBCONTRACTORS AND THE OWNER HAVE BEEN OR WILL BE NOTIFIED OF THIS CERTIFICATION.

____ THE APPLICANT CERTIFIES THAT THE STRUCTURE TO WHICH THIS APPLICATION APPLIES HAS BEEN DESIGNED AND SHALL BE BUILT IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY DWELLINGS, 2003 EDITION, THE CURRENT EDITION OF THE ILLINOIS PLUMBING CODE AND THE 1998 EDITION OF THE INTERNATIONAL MECHANICAL CODE. ALL SUBCONTRACTORS AND THE OWNER HAVE BEEN OR WILL BE NOTIFIED OF THIS CERTIFICATION.

CERTIFICATION

I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. Under penalties of perjury, I hereby certify that applicant (and owner) have fully paid all taxes and all other debts owed to New Berlin as of the date of this application. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Property Owner Information

Name: _____ (H) Phone _____ (C) Phone _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Applicant _____

Address _____ Phone Number _____

Property Information

Lot (s) _____ Width (s) _____ Depth (s) _____

Zoning: _____

Proposed Used: _____

Improvement Type

____ New Constr. ____ Remodeling ____ Addition ____ Garage ____ Single Family ____ Multifamily
____ Roofing ____ Fence ____ Pool ____ Other ____ Duplex

Gen Contractor _____ Fax: _____ (B) _____ (C) _____

____ # _____ City _____ S. _____ Zip. _____

Building Inspector / Zoning Administrator

~Plans / Documents Review~

Reviewer: _____ Date Reviewed: _____

____ Approved _____ Date: _____

____ Denied: _____ Date: _____

*******OFFICE USE ONLY*******

Project Valuation: _____

Review Fee: _____

Permit Fee: _____

Penalty Fee: _____

TOTAL: _____

App. Date: _____

CT. _____ Date Issued _____

Permit Expiration: Start _____ Complete _____

Application Received by: _____