City of Litchfield , IL.

Application for Plan Examination and Building Permit

Building & Zoning Dept.
120 E. Ryder Street
Litchfield, Illinois 62056
Phone - 217-324-8140 email - gbaker@cityoflitchfieldil.com

Date_____Phone(Bus)_____(Cell)_____(Home)_____
Owner_____
Owner Address_____
Owner E-Mail_____
Name of applicant if other than owner_____
Zoned (check one) ( )Residential ( )Commercial ( )Industrial
On Commercial or Residential projects, please indicate the following number of:
Full time jobs retained_____ Part time jobs retained_____
Full time jobs created_____ Part time jobs created_____
Temporary construction jobs created_____
Please indicate approximate beginning date_____ completion date_____
Description: (check one) ( )New Construction ( )Addition ( )Interior Remodeling
( )Exterior Remodeling ( )Mobile/Modular ( )Demolition ( )Fence ( )Roofing Other( )_____

Permit Fee determined by Building Department.

For new construction or commercial change of occupancy, there must be a Certificate of Occupancy issued by the Building & Zoning Department,

No. of stories_____ Height of structure_____ (max. height of dwelling - 35', accessory -20')
Are you aware of any asbestos present? ( )Yes ( )No If yes, will asbestos be disturbed? ( )Yes ( )No
Are you aware of any lead paint? ( )Yes ( )No If yes, will lead paint be disturbed? ( )Yes ( )No
Location of construction_____
Located between_____St. and_____St.
Or, corner of: _____St. and_____St.
Zoned_____Legally described as lot(s) _____In Block_____
Of_____Addition in: ( )North ( )South Litchfield Township
New Parcel Pin No._____
Estimated cost: include all permit fees, labor, and materials, but exclude property values$_____
Principle (main structure and use)_____sq.ft. Accessory (subordinate in size and use)_____sq.ft.
Total percentage of lot coverage including new construction and existing structures_____%
Name, address, phone of Primary Contractor_____
_____
Contractor E-Mail_____
Any Federal, State, County Licenses or Certificates required for this project? ( )Yes ( )No
If yes, give type, number and expiration date_____
_____

Names of all Contractors with necessary contact information
Include Contractor License No. if applicable

General Contractor_____Phone_____
Address_____
Architect?Engineer_____Phone_____
Address_____
Plumbing_____Phone_____
Address_____
Mechanical_____Phone_____
Address_____
Electrical_____Phone_____
Address_____
Roofing_____Phone_____
Address_____
Other_____Phone_____
Address_____
Other_____Phone_____
Address_____

Enterprise Zone ( ) TIF District ( )

Please complete this section only if application is made by an agent:

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as their authorized agent.

Signature of agent_____
Address_____

Current Building Codes

2015 International Property Maintenance Code — 2015 International Building Code

2015 International Residential Code — 2015 International Mechanical Code

2015 International Existing Building Code — 2015 International Energy Conservation Code

2015 Life Safety Code (NFPA) 101 — 2015 National Electric Code

Latest issue Illinois Plumbing Code — Illinois Accessibility Code

Americans with Disability Act