CITY OF LOCKPORT

RESIDENTIAL NEW CONSTRUCTION

PERMIT # _____

LOCATION

Address: _____

Lot No.: _____ Subdivision: _____ Zoning Classification: _____

Est. Construction Value: $_____ Number of Units: _____

APPLICANT INFORMATION:

Printed Name: _____ Company: _____

Address: _____

Phone #:_____ Email: _____

I HERBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY COUNCIL OF LOCKPORT.

Signature: _____ Date: _____

Verify the following required items are included in submittal:
All submittals must be designed to 2024 ICC codes, 2024 IECC, and the Illinois Electric Vehicle Charging Act

- ☐ Completed application
- ☐ Two (2) complete hardcopy sets AND digital set of stamped architectural drawings
- ☐ One (1) hardcopy AND digital copy of Plat of Survey, including all dimensions & utilities (max. size 18" x 24")
- ☐ One (1) hardcopy AND digital copy of Proposed Grading Plan
- ☐ One (1) hardcopy AND digital copy of Res Check

CONTRACTOR INFORMATION - ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LOCKPORT

General:

Company: _____ Phone#:_____

Address: _____ Email: _____

Carpentry:

Company: _____ Phone#:_____

Address: _____ Email: _____

Electrical:

Company: _____ Phone#:_____

Address: _____ Email: _____

Excavation:

Company: _____ Phone#:_____

Address: _____ Email: _____

Foundation:
Company: _____ Phone#:_____
Address: _____ Email: _____

Gypsum:
Company: _____ Phone#:_____
Address: _____ Email: _____

HVAC:
Company: _____ Phone#:_____
Address: _____ Email: _____

Masonry:
Company: _____ Phone#:_____
Address: _____ Email: _____

Plumbing:
Company: _____ Phone#:_____
Address: _____ Email: _____

Roofing:
Company: _____ Phone#:_____
Address: _____ Email: _____

Sewer & Water:
Company: _____ Phone#:_____
Address: _____ Email: _____

SQUARE FOOTAGE OF:

Living Area: _____

Garage: _____

Basement: _____

Parking: _____

Lot Area: _____

NUMBER OF:

Bedrooms: _____

Bathrooms: ( ) Full ( ) Partial

Garage: ( ) Attached ( ) Detached

Stories: _____

Parking Spaces: _____

FOR OFFICE USE ONLY

Permit#:_____

Building Approval:_____ Date:_____

Zoning Approval:_____ Date:_____