APPLICATION FOR BUILDING PERMT
CITY OF MT. PULASKI, ILLINOIS
217-792-3222

APPLICATION DATE:_____ **PERMIT #**_____

ADDRESS OF PROPERTY:_____

PROPERTY OWNER'S NAME:_____

PHONE #_____**BEST TIME TO CONTACT:**_____

TYPE OF PROPERTY:

- ❑ Owner Occupied
- ❑ Rental # of Units_____
- ❑ Commercial
- ❑ Other_____

PERMIT FOR:

- __ New Building Dimensions:_____
- __ Garage Dimensions:_____
- __ Addition Dimensions:_____
- __ Deck Dimensions:_____
- __ Other_____Dimensions:_____

Estimated value of improvements: $_____

Contractor's name and address:_____

PLEASE SKETCH DETAILS OF PROJECT IN RELATION TO YOUR LOT IN SPACE PROVIDED BELOW:

This building permit may be granted, based on the cost of construction including work but excluding the cost of the electrical, heating, plumbing and other mechanical work. All concealed mechanical work and framing must be inspected and approved before permission to cover will be given. Applicant shall call for the inspection of his work. The applicant hereby agrees to perform said work and construct said building as contemplated in the foregoing application and in accordance with plans and specifications submitted and agrees to comply with the City of Mt. Pulaski Building Code in performance of same. If actual work is not started under this permit within 90 days it will automatically expire and become null and void. Should any party or parties to whom this permit is issued in any way violated any of the Ordinance of the City of Mt. Pulaski during the period when this permit is in effect, such violation shall of itself cause this permit to be null and void. Otherwise, same to remain in full force and effect. This permit is neither assignable nor transferable.

APPLICANT CANNOT BEGIN PROJECT UNTIL THE BUILDING INSPECTOR HAS INSPECTED THE PROJECT AND A BUILDING PERMIT IS ISSUED. YOU WILL BE NOTIFIED WHEN THE PERMIT IS AVAILABLE.

Signature_____**Date**_____ **Approved for assurance by**_____

Please PRINT Name Here_____**Building Inspector**_____

DATE:_____

Permit Paid: Date_____**Check: Amt.**_____ **Cash**_____ **Initials**_____
#_____