



**VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING
PERMIT APPLICATION**

NON-RESIDENTIAL (COMMERCIAL/INDUSTRIAL)

Applicant to complete sections 1, 3, 4, & 6:

Add-On: Date of Add-On: _____
Date Received: _____ Plan Review Fee: _____
Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Mailing Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Is the property within the Enterprise Zone? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

Signed Contract (Attach): _____ Total Value: _____
Material: _____ Labor: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge

(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: Denied:

If denied, state reason why: _____

SECTION 6: CONTRACTOR INFORMATION

Permit# _____

Owners Name: _____ Type of Construction: _____

If the contractor's list should change at any time during the project, a revised list shall be submitted to the Building & Zoning Department

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Roofing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State License #: <u>104-</u> _____	Expiration: _____

Plumbing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State License #: <u>058-</u> _____	Expiration: _____
State Registration #: <u>055-</u> _____	Expiration: _____

Date Received: _____ Date Approved: _____ Approved By: _____