

# VILLAGE OF SOUTHERN VIEW

## Application for Plan Review and Commercial Building Permit

### PROPERTY INFORMATION

STREET ADDRESS: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_

LOT WIDTH \_\_\_\_\_ LOT DEPTH \_\_\_\_\_

### PROPERTY OWNER INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### TYPE OF CONSTRUCTION

CHECK ALL THAT APPLY

- New Building  Addition  Alteration  Relocation  Repair  Foundation Only  
 Demolition  
 Other - Specify \_\_\_\_\_

### PROPOSED USE

CHECK ALL THAT APPLY ( For demolition choose most recent use of structure )

- Amusement / Recreational  Church  Restaurant / Night Club  Business  Stores  
 Hotel / Motel  Manufacturing  Service  Hospital / Health Care Facility / Nursing Home  
 Other - Specify \_\_\_\_\_

### SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

- Masonry  Structural Steel  Reinforced Concrete  Wood  
 Other - Specify \_\_\_\_\_

EXTERIOR WALLS

- Steel  Concrete  Masonry  Wood  Other - Specify \_\_\_\_\_

BUILDING DEMENSIONS

Height \_\_\_\_\_ ft \_\_\_\_\_ in Length \_\_\_\_\_ ft \_\_\_\_\_ in Width \_\_\_\_\_ ft \_\_\_\_\_ in

Total Square Feet of Floor Area \_\_\_\_\_ sq. ft.

Number of Stories ( Including those below grade level ) \_\_\_\_\_

Number of off street parking spaces \_\_\_\_\_

PRINCIPAL TYPE OF HEATING FUEL

- Gas  Electricity  Solar  Geo Thermal  Other - Specify \_\_\_\_\_

COST ESTIMATES

Architectural / Engineering Fees \$ \_\_\_\_\_

Demolition \$ \_\_\_\_\_

Electrical \$ \_\_\_\_\_

Plumbing \$ \_\_\_\_\_

Mechanical / HVAC \$ \_\_\_\_\_

Roofing \$ \_\_\_\_\_

Site Work \$ \_\_\_\_\_ ( Inc. parking lots, storm drains, landscaping, security lighting, etc. )

Estimated total cost (Labor & Material) of construction \$ \_\_\_\_\_

## PROJECT ARCHITECT & ENGINEER INFORMATION

ARCHITECT NAME: \_\_\_\_\_  
FIRM / BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
ELECTRICAL ENGINEER NAME: \_\_\_\_\_  
FIRM / BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
PLUMBING ENGINEER NAME: \_\_\_\_\_  
FIRM / BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
MECHANICAL ENGINEER NAME: \_\_\_\_\_  
FIRM / BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

## CONTRACTOR INFORMATION

GENERAL CONTRACTOR NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
ELECTRICAL CONTRACTOR NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
PLUMBING CONTRACTOR NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
MECHANICAL / HAVC CONTRACTOR NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
ROOFING CONTRACTOR NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
ADDITIONAL CONTRACTOR NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**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 federal, state, and local laws. In addition, if a permit or work described in this application is issued, I certify that the building official or the building 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. Further, I understand and agree to the following: (1) All permits are subject to any existing easements: (2) The Village does not investigate for easements as part of the permit review process: (3) It is the sole responsibility of the applicant and owner to notify the Village of any and all easements in the project area, including those easements held by the Village: and (4) Issuance of a permit does not in any way validate the suitability of the land for the proposed project. Applicant and owner are responsible for soil compaction and mine subsidence research. For more information, contact the Illinois Department of Natural Resources at 217-782-0588, or visit their website at <http://dnr.state.il.us/mines/lrd/swq.htm>

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**▼▼▼▼▼\*\*ASBESTOS & LEAD PAINT AWARENESS NOTICE FOR DEMOLITION & RENOVATION PROJECTS\*\*▼▼▼▼▼**

- The Illinois Environmental Protection Agency (IEPA) requires that building owners and contractors notify the IEPA a minimum of ten working days prior to demolition or renovation activities. Also, the Illinois Department of Public Health (IDPH) requires that building owners and contractors notify IDPH prior to renovation activities. I hereby certify that I have received and read the United States Environmental Protection Agency (EPA) handout entitled: "Common Questions on the Asbestos NESHAP", and that I will file the ten day NOTIFICATION OF DEMOLITION AND RENOVATION with the IEPA if applicable. I also hereby certify that I have received and read the IDPH handout entitled: "State of Illinois Asbestos Abatement Project Notification Form", and that I will file the form with the IDPH if applicable. I understand that the EPA and IDPH handouts may not describe all of the IEPA and IDPH requirements, and I agree to conform to all applicable federal, state, and local laws. The IEPA may be contacted at (217)785-2011, and the IDPH at (217)782-3517.
- Contractors and property owners of rental property performing work that disturbs lead-based paint in homes, child care facilities, and schools built before 1978 must be EPA certified, and must follow specific work practices to prevent lead contamination. You must provide the Renovate Right pamphlet to residents or to the facility operator before work begins. Homeowners performing their own work also need to follow these guidelines. For more information, contact the National Lead Information Center at 1-800-424-5323 or visit [www.epa.gov/lead](http://www.epa.gov/lead). I hereby certify I will meet all of the above requirements.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

All Commercial Building Permit Fees are equal to .002 of the stated project costs or Forty dollars (\$40.00) whichever is greater.

In addition to the Administrative Building Permit Fee, as provided above, every Commercial Building permit applicant shall also be responsible for all plan review and project inspection costs, including, but not limited to, engineering, architectural, inspection and legal costs, related to the project and incurred by the Village of Southern View.

Before a Building Permit may be issued, all permit fees must be received by the Village. On large projects the owner and or owner's representative and Commercial Construction Trustee, should confer prior to and as soon as possible after the building permit application is made to discuss the scope, cost and schedule of construction and building inspections so as to minimize any inconvenience and expense to the owner.

- PLANS MUST ACCOMPANY THIS APPLICATION
- PERMIT MUST BE OBTAINED BEFORE WORK BEGINS
- SUBMISSION OF THIS FORM DOES NOT GUARANTEE OR GRANT PERMISSION TO BEGIN WORK
- ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE A PERMIT

**FOR THE VILLAGE OF SOUTHERN VIEW USE ONLY**

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Permit # : \_\_\_\_\_ - \_\_\_\_\_ - # \_\_\_\_\_  
(year) (month) (#)

Application Date" \_\_\_\_\_ Received By: \_\_\_\_\_

Plan Review Fee : \$ \_\_\_\_\_ (Non-Refundable)

Permit Fee : \$ \_\_\_\_\_

Fee Total : \$ \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_  
Bill Haines  
Commercial Construction Trustee

Permit Start Date : \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

Denial Date : \_\_\_\_\_

Reason for Denial : \_\_\_\_\_