

APPLICANT _____

PERMIT # _____

PIN # _____

CITY OF PERU, ILLINOIS
BUILDING & ZONING OFFICE

1901 Fourth Street, Peru, IL 61354
Ph. 815-223-1148 • Fax 815-223-9381

APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and VIII.

I. LOCATION OF BUILDING	AT (LOCATION) _____ ZONING DISTRICT _____ <small>(NO) (STREET)</small>
	BETWEEN _____ AND _____ <small>(CROSS STREET) (CROSS STREET)</small>
	SUBDIVISION _____ LOT _____ BLOCK _____ <small>LOT SIZE</small>

II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D.

A. TYPE OF IMPROVEMENT <input type="checkbox"/> New building <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any) <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition (If multi-family residential, enter number of units in building) <input type="checkbox"/> Signs <input type="checkbox"/> Fence <input type="checkbox"/> Other _____	D. PROPOSED CONSTRUCTION TYPE Residential <input type="checkbox"/> One family <input type="checkbox"/> Two or more family – Enter number of units - - - - -> _____ <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units - - - - -> _____ <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Fence <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Other _____	Nonresidential <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Signs <input type="checkbox"/> Other – Specify _____
B. OWNERSHIP <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State or local government)		

C. VALUE 10. Fair Market Value of Improvement..... <i>To be installed but <u>not</u> included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Walks, drives, decks, landscape 11. TOTAL VALUE OF IMPROVEMENT	<i>(Omit cents)</i> \$ _____ \$ _____ \$ _____ \$ _____	Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____
--	---	--

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30. <input type="checkbox"/> Masonry (wall bearing) 31. <input type="checkbox"/> Wood Frame 32. <input type="checkbox"/> Structural steel 33. <input type="checkbox"/> Reinforced concrete 34. <input type="checkbox"/> Other – Specify _____	G. TYPE OF SEWAGE DISPOSAL 40. <input type="checkbox"/> Public or private company 41. <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42. <input type="checkbox"/> Public or private company 43. <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft. K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms..... 54. Number of bathrooms { Full { Partial	
F. PRINCIPAL TYPE OF HEATING FUEL 35. <input type="checkbox"/> Gas 36. <input type="checkbox"/> Oil 37. <input type="checkbox"/> Electricity 38. <input type="checkbox"/> Coal 39. <input type="checkbox"/> Other – Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44. <input type="checkbox"/> Yes 45. <input type="checkbox"/> No Will there be an elevator? 46. <input type="checkbox"/> Yes 47. <input type="checkbox"/> No		

IV. IDENTIFICATION - *To be completed by all applicants*

Name		Mailing Address - Number, Street, City, and State	ZIP Code	Tel. No.
1. Owner or Lessee				
2. Contractor				
3. Architect or Engineer				
The owner of this building and the undersigned agree to conform to all applicable building codes of this jurisdiction.				
Signature of applicant		Address	Application date	

////////////////// DO NOT WRITE BELOW THIS LINE //////////////////

V. TIME SCHEDULE FOR CONSTRUCTION. *After a permit has been issued, construction must begin within sixty (60) days, be continuous, and be completed within the time limits listed below:*

Listed Dollar Value of Project

Time to Complete from Date of Building Permit

Fair Market Value of Improvement

\$0 - \$500,000

9 months

\$500,001 - \$5,000,000

18 months

\$5,000,001 - \$15,000,000

24 months

\$15,000,001 - Over

By date agreed to by Building Inspector
at permit issuance

VI. VALIDATION

Building
Permit number _____

Building
Permit issued _____ 20 _____ Expiration date _____

Building
Permit Fee \$ _____

Other Fee \$ _____

Approved by:

Building & Zoning Officer

VII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

VIII. SITE OR PLOT PLAN – *For Applicant Use*