



City of Batavia
 Community Development Department
 100 North Island Avenue
 Batavia IL 60510
 Phone: 630-454-2700
 Fax: 630-454-2775

Building Permit Application

Building Address: _____ E-mail: _____

Applicant: _____ Phone: _____ Fax: _____

Applicant Address: _____

Existing/Proposed Use of Property or Lease Space: _____

Located in the Historic District or Landmark Structure: Yes No

<input type="checkbox"/> Miscellaneous Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Garage <input type="checkbox"/> Pool <input type="checkbox"/> Repair <input type="checkbox"/> Reroof <input type="checkbox"/> Shed <input type="checkbox"/> Siding <input type="checkbox"/> Sign <input type="checkbox"/> Window/Door Replacement <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Public	Project Valuation _____ Building Valuation _____ Selling Price _____ Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No	Square Footage 1 st Floor _____ 2 nd Floor _____ Basement _____ Garage _____
--	---	---	--

For All Construction: Describe the scope of work to be performed. Include plan drawings of the proposed improvements. Exterior construction and additions require a current plat of survey with the proposed improvements indicated. Specify all pertinent dimensions and notations for the proposed construction.

For New Residential Construction: Provide two (2) sets of plans and specifications, two (2) survey plats showing dimensions and locations of all existing and proposed improvements

For New Commercial/Industrial & Public Construction: Provide four (4) sets of plans and specifications and location of all existing and proposed improvements

Project Description:

Provide a Physical Address for All Parties

Property Owner Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	General Contractor Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Architect Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	Carpenter Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Electrical Contractor Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	Heating Contractor Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Plumbing Contractor Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	Roofing Contractor Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Excavation Contractor Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	The applicant hereby certifies to the correctness of above, and agrees to construct the above building or improvements in strict compliance with all provisions of the Building & Zoning Regulations of the City Code and amendments thereto. _____ Signature of Property Owner, Applicant or Authorized Agent

Office Use Only

Application Filing Date: _____
Fee Paid: _____
Permit Issue Date: _____
Permit Number Issued: _____

Conditional Use or Variance in effect? Yes No

Signature of Building Official