

City of DuQuoin  
 PO Box 466  
 DuQuoin, Illinois 62832  
 Phone: (618) 542-3841

**APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT**

**APPLICANT INSTRUCTIONS:** For all applications, complete Parts 1, 2, 3, 4, and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date __/__/__	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See Item 9)	Is owner Applicant (Y/N)
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**I. PROPERTY INFORMATION**

Street Address	Apt	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

**II. OWNER INFORMATION**

First Name	Last Name or Business Name	Phone
Street Address	City	State      Zip

**III. CONTRACTORS INFORMATION**

	NAME OF CONTRACTOR	ST. ADDRESS	CITY, ST	LICENSE NO.
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

**IV. 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 to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter



**Other (24)**

Parking Garage	Carport
Motor Fuel Service	Repair Garage
Public Utility	HPM
_____	_____
_____	_____
_____	_____

**Structural Frame** (Check those applicable)

<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Wood (4)
<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Other (5) Identify:
<input type="checkbox"/> Concrete (3)	_____

**Exterior Walls** (Check those applicable)

<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Wood (4)
<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Other (5) Identify:
<input type="checkbox"/> Concrete (3)	_____

**Are any structural assemblies fabricated off-site?**     Yes     No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Ft.)
Front Setback (Feet)	Bedrooms (Number)	Building Area (Sq. Ft.)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. Ft.)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. Ft.)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. Ft.)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. Ft.)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. Ft.)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. Ft.)
Elevators/Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. Ft.)
Est. Start    /    /	Est. Finish    /    /	Building Est. Value \$

**6. ELECTRICAL PERMIT APPLICATION**

**Electrical Work**  Yes  No

Total Service ____ AMPS	Number of Circuits: __ 2 wire __ 3 wire __ 4 wire	Number of Service Outlets: __ 110 V    __ 220V
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Power Devices	No.	Output/Load	Power Devices	No.	Output/Load
1			7		
2			8		
3			9		
4			10		
5					
6			Total Number of Motors		

Utility Service Revisions:  
\_\_\_\_\_  
\_\_\_\_\_

Est. Start    /    /	Est. Finish    /    /	Building Est. Value \$
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**7. PLUMBING PERMIT APPLICATION**

**Enter the Number of Fixtures Being Installed, Replaced or Repaired**

Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Stand Pipes (Y/N)	
				(Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N)	
				(Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N)	
				(Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size		Water Meter Size	in.	Avg. Daily Water Use	GPD
Utility Service Revisions					
	Plumbing Work				
Est. Start	/	/		Est. Finish	/ /
				Building Est. Value \$	

**8. MECHANICAL PERMIT APPLICATION**

**Mechanical Work**  Yes  No

**Enter Number of New or Replacement Units**

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions					
	Plumbing Work				
Type of Heating Fuel					
(Check One)	<input type="checkbox"/> Gas (1)	<input type="checkbox"/> Oil (2)	<input type="checkbox"/> Electric (3)	<input type="checkbox"/> Coal (4)	<input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)
	Mechanical Work				
Est. Start	/	/		Est. Finish	/ /
				Est. Value \$	

**9. OTHER REQUIRED PERMIT APPLICATION(S)**

Permit Type		
Description of Work		
Est. Start	/ /	Est. Finish / /
		Est. Value \$

**10. SITE PLAN**

**(Show lot lines, easements and work layout and dimensions)**

**SCALE = 1 inch = \_\_\_\_\_ FEET**

**11. DATA ENTRY**

Application Received: \_\_/\_\_/\_\_ \_\_\_\_\_  
 By: \_\_\_\_\_  
 Application Reviewed: \_\_/\_\_/\_\_ \_\_\_\_\_  
 By: \_\_\_\_\_  
 Data Entry: \_\_/\_\_/\_\_ \_\_\_\_\_  
 By: \_\_\_\_\_

**12. FLOODPLAIN EVALUATION**

Flood Map Number & Date \_\_\_\_\_ Lowest Floor Elevation \_\_\_\_\_  
 Flood Zone \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_

**13. ZONING PLAN EVALUATION**

Zoning District \_\_\_\_\_ Map Number \_\_\_\_\_  
 Lot Area (From Page 2) \_\_\_\_\_ Lot Coverage (%) \_\_\_\_\_  
 Lot Area Per Room \_\_\_\_\_ Encroachments \_\_\_\_\_  
 Off-Street Parking Spaces, Required \_\_\_\_\_ Provided \_\_\_\_\_  
 Load Space \_\_\_\_\_  
 Signs; Number \_\_\_\_\_ Size of Each Sign \_\_\_\_\_  
 \_\_\_\_\_  
 Planning Commission Approval Required \_\_\_\_\_  
 Board of Zoning Appeals Approval Required \_\_\_\_\_

**14. PLAN REVIEW RECORD**

Plan Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Titles
Building		\$					
Plumbing		\$					
Mechanical		\$					
Electrical		\$					
<b>Total</b>		<b>\$</b>	<b>TO BE ENTERED ON PART 18</b>				

**15. ADDITIONAL PERMITS REQUIRED**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Electrical					Sign or Billboard				
Furnace					Street Grades				
Grading					Use of Public Areas				
Oil Burner					Demolition				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

Type Drawings/Report	Submitted	Signed and Sealed	Date	Revision Date
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connection Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

**18. VALIDATION**

Building Permit	Date	Number	Permit/Insp Fee
Electrical Permit	Date	Number	Permit/Insp Fee
Plumbing Permit	Date	Number	Permit/Insp Fee
Mechanical Permit	Date	Number	Permit/Insp Fee
	Date	Number	Permit/Insp Fee
	Date	Number	Permit/Insp Fee
Plan Review (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

**Prepared By:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Title** \_\_\_\_\_