

# Fairview Caseyville Township F.P.D.

## Building Permit Application

Date of Application \_\_\_\_\_

Permit Number \_\_\_\_\_

Street Address \_\_\_\_\_

Name of Business \_\_\_\_\_

### Contractor's Information

	Name	Address	Phone/Fax
Applicant			
Architect/Engineer			
General Contractor			
Carpentry			
Electrical			
Plumbing			
Mechanical			
Masonry			
Drywall			
Sprinkler			
Fire Alarm			
Kitchen Suppression			

Improvement Type:    New Construction    Addition    Alteration    Repair

Proposed Use:    Assembly    Business    Educational    Factory    High Hazard  
 Institutional    Mercantile    Residential    Storage    Other

IBC Classification:    1A    1B    2A    2B    3A    3B    4    5A    5B

Structural Frame:    Steel    Masonry    Concrete    Wood    Other

Exterior Walls:    Steel    Masonry    Concrete    Wood    Other

Interior Wall Finish:    Drywall    Plaster    Other \_\_\_\_\_

Are Any Structural Assemblies Fabricated Off-site?    Yes    No

North Setback \_\_\_\_\_ South Setback \_\_\_\_\_ East Setback \_\_\_\_\_ West Setback \_\_\_\_\_

Height Above Grade \_\_\_\_\_ Number of Stories \_\_\_\_\_

Basement Area Square Feet \_\_\_\_\_ Elevator \_\_\_\_\_

Total Square Footage of Building \_\_\_\_\_

Type of Heat:    Gas    Electric    Other \_\_\_\_\_      Type of Hot Water:    Gas    Electric

Kitchen Hood System Required \_\_\_\_\_      Sprinkler System \_\_\_\_\_

Underground Fire Suppression Waterline Size \_\_\_\_\_      Private Hydrant \_\_\_\_\_

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Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

Estimated Total Cost of Project \_\_\_\_\_

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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Address	Phone Number
Responsible Person in Charge of Work, Title Phone Number		

(Fire Department Use Only)

Are Stamped Prints Included With Permit?  Yes  No

Cost of Permit \_\_\_\_\_ Fee Paid?  Yes  No Check Number \_\_\_\_\_