

CITY OF WOOD HEIGHTS
BUILDING PERMIT APPLICATION
PERMIT NO. _____

PROJECT ADDRESS: _____ SUBDIVISION _____ LOT NO. _____

TYPE OF WORK: NEW: ADDITION: DEMOLITION: OTHER: _____

OWNER: _____ ADDRESS: _____

PHONE: _____ 2ND PHONE: _____ FAX: _____

BUILDER: _____ ADDRESS: _____

PHONE: _____ FAX: _____ OCCUPATIONAL LIC: YES NO

PHONE: _____ FAX: _____

USE OF BUILDING: _____ ZONING: _____

SINGLE FAMILY:

FINISHED LIVING AREA SQ. FT. _____ NO. OF STORIES: _____ NO. OF ROOMS: _____

*** (EXCLUDING BASEMENT)

NO. OF BATHS: _____ NO. OF FIREPLACES: _____ NO. OF GARAGES: _____

APARTMENT BUILDINGS:

NUMBER OF LIVING UNITS: _____ BASEMENT: NONE FINISHED UNFINISHED

DWELLINGS:

CONSTRUCTION TYPE: FRAME BRICK BOTH OTHER _____

BASEMENT: NONE FINISHED UNFINISHED

GARAGES: SINGLE DOUBLE TRIPLE ATTACHED DETACHED

PLOT PLAN REQUIREMENTS: (1) COPY OF BUILDING PLANS MUST ACCOMPANY BUILDING PERMIT APPLICATION (2) SHOW PUBLIC ROADS AND DRIVEWAY ENTRANCES (3) SHOW ALL BUILDINGS AND SETBACK DIMENSIONS (4) SHOW LOCATION OF ALL OTHER STRUCTURES AND PONDS (5) SHOW FENCE FOR SWIMMING POOLS IN RESIDENTIAL SUBDIVISION (6) SHOW ALL RIGHT-OF-WAYS AND ALL UTILITY EASEMENTS.

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE, AND CORRECT AND ALSO AGREE TO COMPLY WITH ALL CURRENT PROVISIONS OF THE INTERNATIONAL RESIDENTIAL CODE, THE CURRENT BUILDING, PLUMBING, MECHANICAL CODES AND THE CURRENT NATIONAL ELECTRIC CODE AND OTHER APPLICABLE REGULATIONS AND LAWS. CONSTRUCTION MUST BE STARTED WITHIN 90 DAYS AND WORK SHALL NOT BE SUSPENDED FOR MORE THAN 60 DAYS OR THIS PERMIT SHALL BE NULL AND VOID.

THIS PERMIT WILL EXPIRE IN 270 DAYS FROM THE DATE OF APPROVAL. PERMIT APPROVAL PROCESSES MAY TAKE UP TO 3 WEEKS. I HEREBY UNDERSTAND THAT THERE WILL BE A FINE TO THE BUILDING CONTRACTOR FOR ALLOWING THE OCCUPATION OF A STRUCTURE BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

SIGNATURE: _____ DATE: _____ ADDRESS: _____

PROPOSED WORK

ELECTRICAL: 200 AMP OR LESS 400 AMP OTHER _____ AMPS

VALUATION OF ELECTRICAL WORK DONE: \$ _____

MECHANICAL: HEATING & A/C UNIT INDIVIDUAL HEATING UNIT INDIVIDUAL A/C UNIT OTHER _____

VALUATION OF MECHANICAL WORK TO BE DONE: \$ _____

PLUMBING: WATER SANITARY SEWER OTHER _____ GAS LAWN IRRIGATION PERK TEST

NUMBER OF TRAPS VALUATION OF PLUMBING WORK T BE DONE: \$ _____

EXCAVATION: WATER SANITARY SEWER OTHER _____

VALUATION OF EXCAVATION WORK TO BE DONE: \$ _____

ELECTRICAL CONTRACTOR:

COMPANY NAME: _____ ADDRESS: _____

PHONE NO. _____ INSURED: YES NO COPY OF CERTIFICATE OF INSURANCE: YES NO

MECHANICAL CONTRACTOR:

COMPANY NAME: _____ ADDRESS: _____

PHONE NO. _____ INSURED: YES NO COPY OF CERTIFICATE OF INSURANCE: YES NO

PLUMBING CONTRACTOR:

COMPANY NAME: _____ ADDRESS: _____

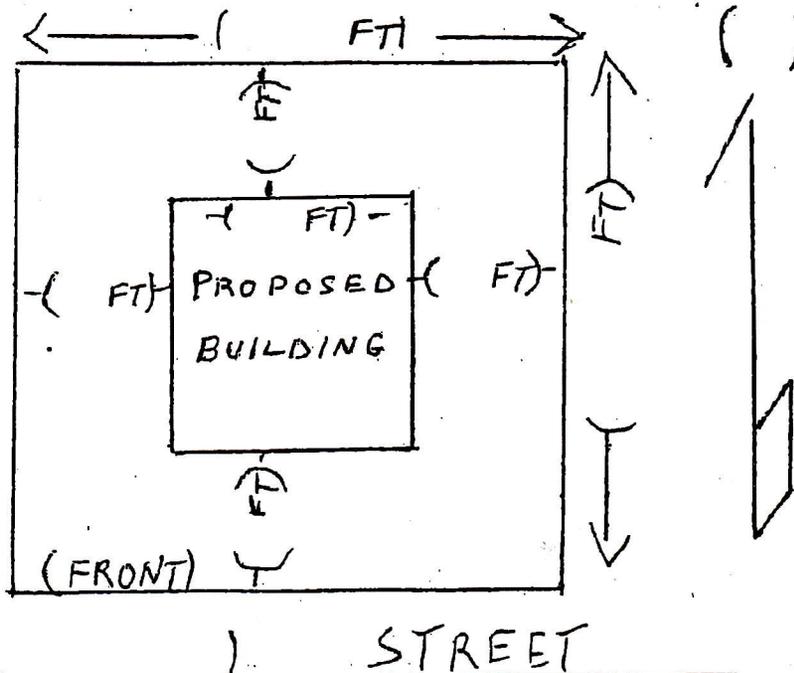
PHONE NO. _____ INSURED: YES NO COPY OF CERTIFICATE OF INSURANCE: YES NO

EXCAVATION CONTRACTOR:

COMPANY NAME: _____ ADDRESS: _____

PHONE NO. _____ INSURED: YES NO COPY OF CERTIFICATE OF INSURANCE: YES NO

SHOW PLOT PLAN HERE



PERMIT OFFICE WILL COMPLETE FORM BELOW THIS LINE

ALL FEES MUST BE PAID UPON RECEIVING BUILDING PERMIT

FEES PAID:

BUILDING PERMIT FEE: _____

SEWER TAP FEE _____

INSPECTION FEE _____

WATER CONNECTION FEE _____

WATER DEPOSIT _____

TOTAL PERMIT FEES _____

FILED: PLOT PLAT: _____ DRAWINGS: _____ SPECS: _____

MAKE CHECKS PAYABLE TO THE CITY OF WOOD HEIGHTS

PERMISSION IS HEREBY GRANTED TO PERFORM THE WORK INCLUDED IN THIS APPLICATION. THIS PERMIT SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATION OF APPLICABLE LAWS, REGULATIONS, ORDINANCES AND CODES. THIS PERMIT EXPIRES IN 270 DAYS FROM THE DATE BELOW.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CLERK: _____ DATE: _____