VILLAGE OF WAUCONDA BUILDING PERMIT APPLICATION

Building Planning & Zoning Department Å 109 W. Bangs Street, Wauconda, IL 60084 Å 847-526-9609 Å Fax: 847-526-8967 Å E-mail: BZ@wauconda-il.gov

PERMIT #: ____ - _____ ► **PRESS HARD – 4 COPIES** ◄ Date Submitted: _____

Owner/Occupant: _____ Phone: _____ E-mail: _____

Location: _____, Wauconda, IL PIN#: _____

Project: _____ Project Cost $ _____

IF Applicable: ☐ New Construction; Total SF: _____ ☐ Fence or Seawall; Total LF: _____ ☐ Parking Lot; Total SF: _____

CONTRACTOR ☐ Owner performing all work	**ADDRESS**	**PHONE**
General:		
Electric:		
Plumbing:		

CURRENT CODES: International Building Code 2003, International Mechanical Code 2003, International Fuel Gas Code 2003, International Fire Code 2003, International Property Maintenance Code 2003, National Electrical Code 2005 NFPA 70 (**metal conduit required for all electric**), International Energy Conservation Code 2012, International Residential Code 2003, Illinois State Plumbing Code 2014, **plus all Village of Wauconda Code Amendments posted at: www.wauconda-il.gov**

INSTALLATION DETAILS: ► **CALL J.U.L.I.E PRIOR TO DIGGING: DIAL 811** ► **All spoils must be removed from site**

► Homeowner Association (HOA) approval may be required prior to issuance of a permit.
► A Plat of Survey is required for all exterior projects except windows, doors, roofing, or similar replacements.
► A copy of current Illinois State License and Certificate of Insurance are required for Roofing and Plumbing contractors.
► All permits require a plan review with a possible review fee. The applicant agrees to pay all Plan Review Fees whether or not they receive a permit.
► Refundable Bond is required for Village parkway (ROW) changes or street openings. **Call Public Works at 847-526-9610 for ROW inspection & refund**.
► Do not occupy a new construction building until the final inspection is performed and a "Certificate of Occupancy" is issued.

The undersigned hereby applies to the Village of Wauconda, Illinois for a permit to erect the structure or part thereof herein described, and if granted the permit applied for shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required by such ordinances. No error or omission on either the plans or applications, whether said plans or applications have been approved by the Building Official or not, shall permit the applicant to construct the work in any manner other than that provided for in the ordinance of this Village relating thereto. This permit does not relieve the Permittee from any obligations created by leases, land covenants, or other lawful private obligations or private regulations. **The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.**

SIGNATURE OF APPLICANT OR AGENT: _____ **DATE:** _____

PRINT NAME: _____ **Phone**: _____ **E-mail**: _____

========== **for office use only below this line** ==========

PERMIT FEES: ☐ **FEE DETAILS ATTACHED** ☐ **PLAN REVIEW REQUIRED** ☐ **HOA APPROVAL REQUIRED** ☐ **RECEIVED**

- **10-10-3610 Building Permit Fee**.....$_____
- **10-10-3610 BZ Plan Review**.....$_____
- **10-10-3510 Plumbing Inspection(s)**.....$_____
- **10-10-3520 Electric Inspection(s)**.....$_____
- **Water Meter Reader Removal Fee**.....$_____
- **Public Works Permit Fee**.....$_____
- **10-98-E012 Architect Plan Review**.....$_____
- .....$_____
- .....$_____

► **TOTAL FEE DUE**.....$_____

► **ALL PERMITS ARE VALID FOR 6-MONTHS** ◄

APPROVED BY: _____ **APPROVAL DATE:** _____

DATE PAID: _____ **PERMIT EXPIRE DATE:** _____

PAYMENT: ☐ **CASH** ☐ **CHECK#** _____ **AMT:** _____

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► **CALL: 847-526-9609 to Schedule ALL Required Inspections** ◄

☐ **6-Month EXT $**_____ ☐ **CASH** ☐ **CK#** _____ **PAID:** _____

PERMIT EXTENSION EXPIRE DATE: _____

☐ **Re-Inspect $**_____ ☐ **CASH** ☐ **CK#** _____ **PAID:** _____

☐ _____ **$**_____ ☐ **CASH** ☐ **CK#** _____ **PAID:** _____

WHITE: BUILDING FILE CANARY: TOWNSHIP ASSESSOR PINK: ACCOUNTING GOLD: PERMITTEE