



# BUILDING PERMIT APPLICATION

PERMIT NUMBER:

PIN NUMBER:

**GRUNDY COUNTY**

Project Location  
(Building Address)

Project Description

Township Name

In Flood Plain

Zoning

Lot Area

Sq. Ft.

Owner's Name

Mailing Address:

Telephone - Include Area Code

Home:

Work:

General Contractor (Lic. No.)

Mailing Address:

Telephone - Include Area Code

BUILDING or REMODLING: PERMIT(S) INCLUDE:  Construction  Electrical  Plumbing  HVAC  Erosion  Zoning  
Types of Rooms:

SITE DEVELOPMENT

DRIVEWAY width: \_\_\_\_\_ length: \_\_\_\_\_  FENCE length: \_\_\_\_\_ height: \_\_\_\_\_ type: \_\_\_\_\_

SIGN  Wall  Ground  
 Illuminated  Non-Illuminated width: \_\_\_\_\_ length: \_\_\_\_\_ ht above ground \_\_\_\_\_ lot frontage: \_\_\_\_\_

BUILDING DIMENSIONS width: \_\_\_\_\_ length: \_\_\_\_\_ height: \_\_\_\_\_ eaves height: \_\_\_\_\_

OTHER (specify)

**1a. PROJECT**

New  Addition  Raze  
 Alteration  Repair  Move  
 Other: \_\_\_\_\_

**3. TYPE**

Single Family  
 Two Family  
 Other: \_\_\_\_\_

**6. ELECTRICAL**

Entrance Panel  
Size: \_\_\_\_\_ amp  
 Underground  
 Overhead

**9. HVAC EQUIPMENT**

Forced Air Furnace  
 Radiant Baseboard or Panel  
 Heat Pump  
 Boiler  
 Central Air Conditioning  
 Other: \_\_\_\_\_

**12. ENERGY SOURCE**

Fuel	Space Htg.	Water Htg.
LP Gas	<input type="checkbox"/>	<input type="checkbox"/>
Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	_____	_____

**1b. GARAGE**

Attached  Detached

**4. CONST. TYPE**

Site Constructed  
 Manufactured

**7. FOUNDATION**

Concrete  
 Masonry  
 Treated Wood  
 Other: \_\_\_\_\_

**10. PLUMBING**

Sewer  
 Public  
 Septic  
 Health Dept Permit No.  
\_\_\_\_\_

**13. NUMBER OF BEDROOMS**

**14. FIRE PLACE(S)**

Gas: \_\_\_\_\_  
Wood: \_\_\_\_\_

**2. AREA**

Basement \_\_\_\_\_ Sq Ft.  
1<sup>st</sup> Floor \_\_\_\_\_ Sq Ft.  
2<sup>nd</sup> Floor \_\_\_\_\_ Sq Ft.  
Other \_\_\_\_\_ Sq Ft.  
Total: \_\_\_\_\_ Sq Ft.

**5. STORIES**

1-Story  
 2-Story  
 Other: \_\_\_\_\_

**8. USE**

Seasonal  
 Permanent  
 Other: \_\_\_\_\_

**11. WATER**

Public Utility  
 Private On-Site Well

**15. NUMBER OF BATHS**

F  3/4  1/2

**16. ESTIMATED COST**

\$ \_\_\_\_\_

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONDITIONS OF APPROVAL** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

**FEES:**

Plan Review Fee \_\_\_\_\_  
Inspection Fee \_\_\_\_\_  
Electric Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
HVAC Fee \_\_\_\_\_  
Other \_\_\_\_\_

Sub Total \_\_\_\_\_  
Admin. Fee \_\_\_\_\_  
Bond \_\_\_\_\_  
Total \_\_\_\_\_

**PERMIT EXPIRATION:**

Permit expires one year from date issued unless otherwise noted below:  
\_\_\_\_\_

**PERMIT ISSUED BY MUNICIPAL AGENT:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_