

Building Permit Application

USE BLACK INK:						HOLDS:								
DO NOT WRITE IN SHADED AREA								Υ	N				Υ	N
DO NOT WHITE IN SHADED AREA					Stop	o Order(s):			Violation	าร				
APPLICATION PERMIT NO.:					Lan	dmark			Special	Admin. Hol	d			
DS APPLICATION NO.:					Lak	efront Prot.			Other					
DA ⁻	TE ISSUE	ED:				Floo	od Plain							
					1. GI	ENERAL I	NFORMATION							
(Provide Original House Number Certificate for new construction.)					n.)		-		hi laday N	lumah aw/a) /F	OINI) (required	١.		
Addı	ress: Pleas	se enter two if a co	orner property.				Property Index Number(s) (PIN) (required):							
								1	·— -					——
Num	ber of dwe	elling units, numbe	er of stories, build	ling use,	, descri	iption of prop	osed work and park	ring: 2						
							3							
Ente	r permit nu	ımber if revision t	o an existing perr	nit:					4					
Cost	of Constru	uction:												
				2. 0	CLASS	SIFICATION	BY OCCUPANC	Y:						
	A Resid	ential			D	Open Air A	ssembly		H1 Storage Low Hazard					
	A2 Resi	dential			E	E Business				H2 Storage Moderate Hazard				
	B Institu				F Mercantile					H3 Garages				
	C1 Asse				Private Garage					1 Hazardous				
C2 Assembly					G1 Industrial Low Hazard				J Miscellaneous Building					
C3 Assembly G2 Inc				2 industriai	strial Moderate Hazard Technology Center									
			3A. B	UILDIN	IG INF	ORMATIO	N FOR EXISTING	BUI	LDIN	G:				
		Const. Class.	No. Stories	Basements		No. D.U.	No. Comm. Units	Widtl	n	Length	Height	Area (sf)	Volun	ne (cf)
Existing														
		3	B. BUILDING I	NFOR	MATIC	N FOR NE	W CONSTRUCTI	ION (F AP	PLICAE	BLE):			
		Const. Class.	No. Stories	Basements		No. D.U.	No. Comm. Units	Widtl	n	Length	Height	Area (sf)	Volun	ne (cf)
Addi	tion													
New Bldg. (Front or														
Rear) Detached Garage														
Fend														
Tras	h osure													
EIICI	osure		3C BUILDI	NG INF	FORM	ATION FOI	R RENOVATION (ΊΕ ΔΕ	PPI IC	ARI F)	<u> </u>			
		Const. Class.	No. Stories	T	ments	No. D.U.	No. Comm.	Widtl		Length	Height	Area (sf)	Volun	ne (cf)
		3 2 1 2 1 2 1 2 1 2 1					Units		_		3	, ,		. ,
Area to be Renovated														

 ZONING INFORMATION: (See Site Plan in Drawings of lot and buildings, showing dimensions, streets, alleys, setbacks, existing landscaping and north arrow.) 						
Plat of Survey:			Area of Lot:			
Plate Number:			Height of Building:			
Zoning District/P.D. #:			Area and Volume of Building:			
Zoning Use:			Number of Parking Spaces:			
Front or Rear Building:			Number of Loading Spaces:			
Special Zoning Permission Required for Administrative A	djustn	nent, V	, Variance or Special Use: * Yes * No			
Case Number:						
Comments Section:						
Signature of Approval:		Date:				
5. F	IRE P	REVE	NTION ITEMS:			
	Yes	No				
Existing Sprinkler System			Flammable Liquids			
Install Full Sprinkler System			Corrosive Liquids			
Install Partial Sprinkler System (Designate Areas to be Sprinklered):			Hazardous Chemicals			
Extend Existing Sprinkler System (Designate Areas to be Sprinklered):			Oxidizing Materials			
Relocate Sprinkler Heads Only			Highly Flammable Materials			
Existing Standpipe System			Fume Hazardous Gases			
Install New Standpipe System			Flammable Compressed Gases			
Existing Fire Alarm System (Choose One): Class I High Rise Class II Other, clarify			Dust Producing Equipment			
Install New Fire Alarm System (Choose One): Class I High Rise Class II Other, clarify			Is this permit for modifications to the building in order to pass the Life Safety Evaluation as per code section 34 (13-196-206)?			

6. MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES ITEMS Is the project Government financed, subsidized or guaranteed? Yes If yes, specify type of funding: city, state or federal. **RENOVATION PROJECTS ONLY:** Provide total alteration cost in last 30 months using EAC / ERC = EAC = Estimated Alteration Cost for Project Budget + Alteration Cost in Last 30 Months ERC = Estimated Reproduction Cost = Work Area (sf) x New Construction Cost per sf HOUSING PROJECTS ONLY (Submit Part II Letter of Approval at intake meeting, if applicable.): Total Number of Dwellings Units: Multiple Dwellings: Structure with Four or More Units: Single Family Residential (Detached): Attached Multi-Story Single Family Residential Units with Separate Means of Egress: Other: Proposed No. Actual No. D.U. D.U. Accessible Lodging Units [1107.5.1.1 (ANSI Section 1002)] Units with Communication Features [1107.5.1.1 (ANSI Section 1005)] Accessible Units with Communication Features [1107.5.1.1 (ANSI Section 1002 + 1005)] Type A [1107.5.2.2 (ANSI Section 1003)] Type B [1107.5.2.3 (ANSI Section 1004)] Type A & B with Conduit Lines [1107.5.2.4] Visitable [1107.5.4.3 and 1107.5.5.3] Attached Multi-Story SFR Units with Separate Means of Egress [1107.5.4.3 + 1107.5.5.3] Section 504 Accessible Units [1107.5.5.5.1 and (U.F.A.S. Sec. 4.34)] Section 504 Accessible Units with Communication Features [1107.5.5.5.2 and 1107.5.5.4 (ANSI Section 1005)] Zoning Incentive Building Type A Units [17-2-0304 A & B, 17-2-0306, 17-2-0311 A & A (a) (Zoning Code) (ANSI Section 1003)] Change of Occupancy (20+ Units) 7. ENVIRONMENTAL ITEMS Yes No Yes No Boiler(s) Dry Cleaning Machinery Gas Fired Hot Water Heater(s) Manufacturing Process Equipment and Control Devices Gas Fired Package Rooftop, Furnaces Manufacturing Process Equipment or Area, Hazardous/Flammable Storage Unit Heaters or other Gas Fired HVAC Units Air Pollution Control Devices Unfired Pressure Vessel (Air Tanks, Heat Exchanger, Paint Spray Booth or Paint Spray Area Hot Storage Tanks) Commercial Cooking Equipment or Food Preparation Paint Spray Booth or Paint Spray Area in Motor Unit Vehicle Repair Shop Emergency Generator New Incinerator or Afterburner Equipment Underground/Aboveground Storage Tank Unit (Apply Sandblasting, Grinding of Masonry, or Chemical at DOE) Cleaning of Any Architectural Surface

Compactor or Bailer

	8. REMARKS AND APPROVALS
Remarks By:	Date:
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Remarks By:	Date:
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Domonica Dvv	Dotai
Remarks By:	Date:
Remarks By:	Date:
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Remarks By:	Date:
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Remarks By:	Date:

9. CONTACT INFORMA	ATION	
Owner/Tenant/Agent:		
Lic. #	City	
Address:	State:	
E-mail:	Telephone No:	
Emergency Contact:	Telephone No.:	
Arch./Eng.:		
Lic. #:	City:	
Address:	State:	Zip Code:
E-mail:	Telephone No:	
General Contractor:		
Lic. #:	City:	
Address:	State:	•
E-mail:	Telephone No:	
Mason Contractor:		
Lic. #: A, B, or C	City:	
Address:	State:	·
E-mail:	Telephone No:	
Electrical Contractor:		
Lic. #:	City:	
Address:	State:	Zip Code:
E-mail:	Telephone No:	
Vent/Heat Contractor:		
Lic. #:	City:	
Address:	State:	
E-mail:	Telephone No:	
Refrig./AC Contractor:		
Lic. #:	City:	
Address:	State:	
E-mail:	Telephone No:	
Plumbing Contractor:		
Lic. #:	City:	
Address:	State:	
E-mail:	Telephone No:	
Expeditor:		
Lic. #:	City:	
Address:	State:	Zip Code:
E-mail:	Telephone No:	
Local Arch./Eng.*:		
Lic. #:	City:	
Address:	State:	
E-mail:	Telephone No:	

(*If your licensed Architect is not located in the State of Illinois, you have the option to identify a local Illinois Architect to represent you at DOB to attend meetings and attend Open Plan Review.)

WARNING TO PROPERTY OWNER/TENANT AND GENERAL CONTRACTOR

l,	, as property owner/tenant, and I,	, as general contractor, understand that it is
against the law to excee	d the scope of a building permit. I understand that if I build, or allo	w anyone else to build, any building, room addition, structure o
other object that differs f	from, or in any way exceeds, what this permit authorizes me to bu	uild, I can and will be severely punished. I understand that if
exceed, or allow anyone	else to exceed, the scope of this building permit, I can have my pe	ermit revoked; be ordered to stop all work on the project; fined
up to \$5,000.00 per day	; imprisoned for up to six months; required to do up to 100 hours	of community service; required to tear down at my own ex
	rk; and, in addition to any other penalties provided by law, required	
•	r inaccurate information in this building permit application. I unders	
	ents of the Chicago Building Code and, if it does not, I acknowled	
=		Date
-0r- Tenant Signature (if ann	licable)	Date
and-	<u> </u>	batc
	ature	Date
	CERTIFICATION BY PROPERTY OWN	ER/TENANT
I	, as property owner/tenant, hereby certify that the	
	ed by this proposed permit on the property identified in this Applic	
	ents of the Chicago Building Code under possible penalty of pros	
•		
	ot conform to the requirements of the Chicago Building Code, I will	
	naccurate information contained in this Application may result in re	
	statement of material fact made on this Application may violate fe	
-	a range of civil and criminal penalties, such as a period of incarce	
damages incurred. In a	ddition, persons who submit false information are subject to denial	I of the requested City action.
Owner Signature		Date
-or-		
Tenant Signature (if app	licable)	Date
	a Residential Real Estate Developer's License to do the proposed	d work at this address? Yes No
ii yes, iicerise riumber _		
	CERTIFICATION BY EXPEDIT	
l,	, as expeditor, hereby certify that the statements in this	s Application are true. I understand that any false or inaccurate
information contained in	this permit Application may result in revocation of the building pe	ermit in addition to any other penalties provided by law. A false
statement of material fac	ct made on this Application may violate federal, state and/or local	I law, and may subject any person making such a statement to
a range of civil and crim	ninal penalties, such as a period of incarceration, fines, and an av	ward to the City of up to three times any damages incurred. Ir
addition, persons who p	rovide false information are subject to denial of the requested City	action.
Signature of Expeditor _	Expeditor I	No Date
	CERTIFICATION BY DESIGN PROFE	IANOISS
I	, as design professional, hereby certify that a	
	d 7 is complete and accurate to the best of my knowledge. I unde	
	revocation of the building permit in addition to any other penalties	
	ederal, state and/or local law, and may subject any person making	
	ion, fines, and an award to the City of up to three times any damag	ges incurred. In addition, persons who provide false information
are subject to denial of t	he requested City action.	
Signature of Licensed A	rchitect or Structural Engineer of Record	 Date
License Number		
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