

City of Quincy, Illinois

Office of Zoning and Inspection
 706 Maine Street, 3rd Floor
 Quincy, IL 62301
 Phone: (217) 228-4540 FAX: (217) 221-2288
 Web: www.quincyl.gov



APPLICATION FOR BUILDING PERMIT

Applicant to complete sections I-VII (pages 1-2)

DATE RECEIVED: / /

I. Project & Owner Information				
Project Address			Zoning District	
Subdivision	Block		Lot	
Owner's Name	Phone		Email	
Owner's Address	City	State	Zip	
II. Construction Information				
A. Occupancy	B. Type of Construction	C. Type of Improvement (check all that apply)		
<input type="checkbox"/> Single-family	<input type="checkbox"/> Wood Frame (V-B)	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Other (describe below)		
<input type="checkbox"/> Two-family	<input type="checkbox"/> Other: _____ <small>(Specify per §601, 2006 IBC)</small>	<input type="checkbox"/> Foundation Only <input type="checkbox"/> Remodel/ Alteration <input type="checkbox"/> Change of Use (describe below)		
<input type="checkbox"/> Townhouse				
<input type="checkbox"/> Other _____	<small>(Specify per §302, 2006 IBC)</small>			
Describe full scope of work _____				
D. Building Height & Floor Areas				
Floor Areas (as applicable) Square Foot (sf)	Existing	Remodel/Alteration	New / Addition	TOTAL per floor
<input type="checkbox"/> Finished Basement				
<input type="checkbox"/> Unfinished Basement				
First Floor				
Second Floor				
Third Floor				
TOTAL LIVING AREA				
Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Carport				
Detached Accessory Structure Shed (no O/H door) Pool				
Deck: <input type="checkbox"/> Attached <input type="checkbox"/> Detached				
E. Building Height & Attributes				
Grade at Entrance to	Attributes per			
Top of Highest Roof: _____ feet	Dwelling	Bedrooms:	Bathrooms: Full:	Partial:
III. Construction Valuation				
Total Cost of Project (or material cost, if basis for fee)	\$ _____	*Expected Start Date:	*Expected Completion Date:	
IV. Designated Responsible Party for Payment of Permit Fee				
Role in Project (i.e. general contractor, owner, etc.)				
Name		Company		
Address		City	State	Zip
Phone	Fax	Email		

(Office use only):

Project (Permit) # 2020 - _____

Receipt # _____

Permit Fee Amt. \$ _____

V. Contractors / Design Professional (if applicable) (State law requires any project, other than one-and two-family dwellings and agricultural buildings be designed by a Registered Design Professional)

A. General Contractor			
Contact Person	Company		
Address	City	State	Zip
Phone / FAX	Email		

B. Electrical Contractor (City License and Separate Permit Required)
Phone

C. Mechanical Contractor (City License and Separate Permit Required)
Phone

D. Plumbing Contractor (State License, Contractor Registration and Separate Permit Required)
Phone

E. Roofing Contractor (State License Required) LIC #
Phone

F. Architect / Engineer (if applicable)	
Name	Company
Phone / FAX	Email

VI. Flood Hazard Area

Development within flooding-prone areas or areas designated as floodplain or Special Flood Hazard Area is PROHIBITED , except as authorized by the City Engineer under a Development Permit (§23.605 – Municipal Code of the City of Quincy)	Subject Property is located in Flood Hazard Area (verify with Engineering Dept.): <input type="checkbox"/> Yes <input type="checkbox"/> No
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VII. Applicant's Certificate

As Owner or the owner's authorized agent of the property for which this application is being filed, I hereby certify, **under penalties as provided by law pursuant to 735 ILCS 5/1-109, the following:**

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until a Certificate of Occupancy is issued by the Office of Inspection and;
3. The project will comply with all current codes and conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and;
4. No error or omission in either documents or application, whether said documents or application have been approved by the Building Inspector or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto.
5. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf. I will be acting on behalf of the owner as his/her agent.

Applicant if other than the Owner:
 Contractor Architect / Engineer Contract Buyer Other _____

Provide legal address, phone and signature of applicant to affirm the above statements

Name	Title		
Company	Phone		
Street Address	City	State	Zip

Signature X	Date
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Application accepted by	Date
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Special Dispensation:

*Work authorized under permit must commence within 6 months of issuance and must be completed within one year