



200 West Douglas  
Jacksonville, Illinois 62650-2094  
(217) 479-4621  
www.jacksonvilleil.com

FOR OFFICE USE ONLY	
PERMIT #:	_____
PARCEL#:	_____
ZONING:	_____

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_  
 Owner Address/Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Email: \_\_\_\_\_

**GENERAL CONTRACTOR**

Name: \_\_\_\_\_  
 Address/Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 License #: \_\_\_\_\_

**ARCHITECT/ENGINEER CONTRACTOR**

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

**ELECTRICAL CONTRACTOR**

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

**PLUMBING CONTRACTOR**

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

**ROOFING CONTRACTOR**

Name: \_\_\_\_\_  
 License #: \_\_\_\_\_

**PROJECT INFORMATION: Must be completed, setbacks, etc.**

Project Address or Parcel #: \_\_\_\_\_

Street Frontage (ft)		Bed Rooms (added #)		<b>COST BREAKDOWN</b>	
Front Setback (ft)		Bed Rooms (total #)		A. Electrical	
Rear Setback (ft)		Full Baths (#)		B. Plumbing	
Left Setback (ft)		Partial Baths (#)		C. Heating/ Air Conditioning	
Right Setback (ft)		Fireplaces (#)		D. Other (Elevator, Fire Systems)	
Garage Area (ft)		Building Area (ft)		E. All Other Costs	
Living Area (ft)		Lot Area (ft)		(Including Labor and Materials)	
Basement Area (ft)		Parking Area (ft)		Total Cost	
		Outside Parking (#)		Estimated Project Cost	
		Height Above Grade		Estimate Start Date	

**ATTACH A SITE PLAN FOR PLAN REVIEW**

**TYPE OF USE: Select one of the following.**

- Single-Family Residence
- Multi-Family Residence
- Manufactured Residence
- Commercial

**SCOPE OF WORK: Explain in detail what work is being done.**

Please Explain Details:

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Use of Building - Explain in detail what the building is being used for. If it's for storage, what is being stored in the building?

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**Select all that may apply and explain in detail what work is being done.**

- Alteration
- Garage
- Deck
- Addition
- Shed
- Siding
- Relocation
- Carport
- Porch
- Foundation Only
- Pole Barn
- Roofing
- New Construction

**PLEASE MARK ALL THAT APPLY**

	Yes	No
Is there public water available?	<input type="checkbox"/>	<input type="checkbox"/>
Is there public sewer available?	<input type="checkbox"/>	<input type="checkbox"/>
Is this a corner lot?	<input type="checkbox"/>	<input type="checkbox"/>
Is this in the floodplain?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be cancelled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature \_\_\_\_\_ Applicant Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant is:  Building/property owner  General Contractor Representative  Tenant  
 Other \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

**\*\*Additional permits will be required and must be completed:  
Electrical and Plumbing\*\***

## CONSTRUCTION DETAIL

- |    |  |     |  |
|----|--|-----|--|
| 1  | Roof pitch _____ in 12   | 22. | Floor Insulation R-value (R-19 minimum)<br>R- _____  |
| 2  | Roof Sheathing _____   | 23  | Foundation Insulation _____  |
| 3  | Roof Trusses _____   | 24  | Depth of footings (36" minimum)<br>If basement, how far below grade _____  |
| 4  | Roof Rafters 2 x _____ @ x _____ length  | 25  | Footing Thickness _____  |
| 5  | Ceiling joists 2 x _____ @ x _____ length<br>16" o.c. _____ 24" o.c. _____ N/A _____       | 26  | Footing Width _____<br>Reinforcing Rebar Size _____<br>Rebar Spacing _____   |
| 6  | Attic Insulation R-Value (R-49 minimum)<br>R- _____  | 27  | Ground cover under crawl space<br>Sand _____ Rock _____<br>Visqueen _____ N/A _____  |
| 7  | Vapor Barrier Yes _____ No _____   | 28  | Ground cover under slab-on-grade<br>construction, or basement floor<br>Sand _____ Rock _____<br>Visqueen _____ N/A _____   |
| 8  | Framing Studs<br>Size 2x4 _____ 2x6 _____<br>Spacing 16" o.c. _____ 24" o.c. _____         | 29  | Drain tile around foundation<br>Inside _____ Outside _____   |
| 9  | Exterior Sheathing _____   | 30  | 2 Anchor Bolts at 6'0" o.c. are required:<br>7" embedment for concrete block, and<br>7" embedment for concrete anchor bolt<br>length _____                         |
| 10 | Wall insulation R-Value (R-20 minimum)<br>R- _____   | 31  | Finished basement _____<br>Unfinished Basement _____<br>Crawl _____  |
| 11 | Vapor Barrier Yes _____ No _____   | 32  | Smoke detectors are required in each<br>bedroom and immediately outside of each<br>area, and each level of the structure No.<br>of smoke detectors _____           |
| 12 | Subfloor Sheathing _____   | 33  | Bedroom egress windows are required<br>No. of egress windows _____, opening<br>size ( minimum 5.7 sq. ft. openable area)   |
| 13 | Box Sill 1x _____ 2x _____   | 34  | Stairs, Handrails and Guards -Residential<br>Riser Height (maximum 7 3/4) _____<br>Tread Depth (minimum 10") _____<br>Handrail Height _____<br>Guard Spacing _____ |
| 14 | Box Sill insulation R-Value R- _____   |     |  |
| 15 | Floor Trusses<br>Size _____ Spacing _____  |     |  |
| 16 | Floor joist<br>Size 2x _____ @x _____ length<br>Spacing 16" o.c. _____ 24" o.c. _____      |     |  |
| 17 | Sill Plate (must be treated) 2x _____  |     |  |
| 18 | Sill sealer is required Type _____   |     |  |
| 19 | Termite Shield or Soil Treatment Required.<br>Termite Shield _____<br>Soil Treatment _____ |     |  |
| 20 | Foundation<br>Block _____ Concrete _____   |     |  |
| 21 | Foundation Coating _____   |     |  |

LOCATION OF PROPERTY LINES, EASEMENTS AND RIGHTS OF WAY ARE THE RESPONSIBILITY OF THE OWNER AND/OR APPLICANT.

Indicate on plan all streets, easements and North arrow.

