

# CITY OF ST CHARLES

## Application for Building Permit



Department: Building & Code Enforcement Division

Phone: (630) 377-4406

Application Date: \_\_\_\_\_ Parcel No. \_\_\_\_\_ Permit No. \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

I, \_\_\_\_\_, do hereby apply for a permit for the following described work

located at \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Description of proposed work: \_\_\_\_\_

If your project is for "windows and doors" what is the proposed date of installation: \_\_\_\_\_

Check List for Submittal of Application:

- Is your property located in the Historic Preservation District? Yes/No If yes, your application will need to be approved by the Historic Preservation Committee.
- If any windows or doors are being replaced or installed new - documentation is required on the U-Factor rating.
- If any roofing is conducted by anyone other than the owner we need a copy of the Roofing Contractor's Illinois State License and a copy of the signed contractor with the owner's signature.
- If any work is being conducted in the City right-of-way or street, the Engineering Department must issue a Right-of-Way permit prior to issuance of the Building Permit.
- Payment on permits are to be by cash or check payable to the City of St. Charles.

**Owner of the Property:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone NO. \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone NO. \_\_\_\_\_

**General Contractor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone NO. \_\_\_\_\_  
Illinois License No. \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone NO. \_\_\_\_\_  
Illinois License No. \_\_\_\_\_

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**REPORT OF THE BUILDING OFFICIAL**

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**For Office Use**

Received \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_