

**CITY OF PROPHETSTOWN  
BUILDING PERMIT APPLICATION**

339 Washington St. Prophetstown, IL 61277  
Phone (815) 537-5598 Fax (815) 537-2388

Application Forms and Handouts can be found at [www.prophetstownil.org](http://www.prophetstownil.org)

Total Fee Due \_\_\_\_\_

Total Fee Paid \_\_\_\_\_

Permit No. \_\_\_\_\_

<b>Project Address</b>	<b>Unit or Suite #</b>	<b>Project/Business Name (if applicable)</b>
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<b>Property Owner's Name</b>	<input type="checkbox"/> Owner resides or will reside at job address	<b>Email Address</b>
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<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone</b>
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<b>Contractor/Builder's Name</b>	<b>DC# / Exp. Date:</b> _____
	<b>DCQ# / Exp. Date:</b> _____

<b>Dwelling Contractor Qualifier Name ( 1 or 2 family dwellings)</b>	<b>Email Address:</b>
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<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone:</b> <b>Fax:</b>
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<b>Applicant (if other than owner or contractor)</b>	<b>Email Address</b>
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<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone</b>
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**Project Type:**    1 & 2 Family    Commercial    Industrial    Institutional    Multi Family - # of Units \_\_\_\_\_

**PERMIT TYPE:** \*THESE ITEMS HAVE PLAN REVIEW FEES DUE WITH APPLICATION – PLEASE SEE RESPECTIVE HANDOUTS.

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| <ul style="list-style-type: none"> <li>*<input type="checkbox"/> New (other than 1 &amp; 2 family)</li> <li>*<input type="checkbox"/> Addition</li> <li>*<input type="checkbox"/> Alteration - <b>WORK AREA</b> _____ <b>sq. ft.</b></li> <li><input type="checkbox"/> Demolition</li> <li><input type="checkbox"/> Building Damage Repair</li> <li><input type="checkbox"/> Building Move</li> <li><input type="checkbox"/> Foundation Repair</li> <li>*<input type="checkbox"/> Fireplace</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Accessory Building (wood) <b>OR</b> <input type="checkbox"/> Prefab. Storage Encl. (metal, vinyl, resin, concrete) Size _____</li> <li><input type="checkbox"/> Reroofing   <input type="checkbox"/> Complete Tear Off   <input type="checkbox"/> Over One Layer - Type of Material _____</li> <li><input type="checkbox"/> Residing - Existing Material _____ Replacement Material _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Fence – Type and Height _____</li> <li><input type="checkbox"/> Spa/Hot Tub   <input type="checkbox"/> On Slab   <input type="checkbox"/> On Deck</li> <li>*<input type="checkbox"/> Pool   <input type="checkbox"/> In Ground   <input type="checkbox"/> Above Ground (Ht. above ground) _____</li> <li>*<input type="checkbox"/> Deck   <input type="checkbox"/> Attached   <input type="checkbox"/> Detached   <input type="checkbox"/> Pool</li> <li><input type="checkbox"/> Accessory Bldg./Garage. Size _____ on slab</li> <li><input type="checkbox"/> Type of Heat: Gas ___ Oil ___ Elec ___ Other ___</li> <li><input type="checkbox"/> Sewage Disposal: Public ___ Private ___</li> </ul> |
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Additional Project Description:

\_\_\_\_\_

("Net" excludes cost for Plumbing/Electrical/HVAC work)

Estimate "Net" Total Project Cost: \$ \_\_\_\_\_

Estimate Total Project Cost: \$ \_\_\_\_\_

**DRAW SITE PLAN ON ATTACHED SHEET**

**CONTACT PERSON (print)** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FAILURE TO OBTAIN PERMIT PRIOR TO STARTING WORK  
FIRST OFFENSE TRIPLE FEES, SUBSEQUENT OFFENSES QUADRUPLE FEES  
SEPARATE PERMITS REQUIRED FOR PLUMBING, ELECTRICAL AND HVAC**

## **DRAWING AND DIMENSIONS**

**The dimensions of the Lot or tract of land, the exact locations of all existing buildings and structures, dimensions, distances to center of road and to property or tract lines. Existing buildings and structures are marked X. Proposed buildings and structures are marked P.**

**Make all measurements carefully.**

## **NOTICE TO APPLICANT**

**Location of Buildings or structures MUST be staked out on Property shown above using Orange or White stakes or flags. This will be checked before permit is issued.**

**Construction may not be started until permit is issued. No changes in location as shown above may be made without first contacting Building Official.**

**VALIDATION FOR OFFICE USE ONLY**

**Building Permit Issued Date** \_\_\_\_\_

**Building Permit Fee Paid \$** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

\_\_\_\_\_  
**Building Official**