



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Building Permit Application

USE BLACK INK: DO NOT WRITE IN SHADED AREA	HOLDS:					
		Y	N		Y	N
APPLICATION PERMIT NO.: _____	Stop Order(s):			Violations		
DS APPLICATION NO.: _____	Landmark			Special Admin. Hold		
DATE ISSUED: _____	Lakefront Prot.			Other		
	Flood Plain					

1. GENERAL INFORMATION

(Provide Original House Number Certificate for new construction.)

Address: Please enter two if a corner property.

Number of dwelling units, number of stories, building use, description of proposed work and parking:

Enter permit number if revision to an existing permit:

Cost of Construction:

2. CLASSIFICATION BY OCCUPANCY:

A Residential	D Open Air Assembly	H1 Storage Low Hazard
A2 Residential	E Business	H2 Storage Moderate Hazard
B Institutional	F Mercantile	H3 Garages
C1 Assembly	Private Garage	1 Hazardous
C2 Assembly	G1 Industrial Low Hazard	J Miscellaneous Building
C3 Assembly	G2 Industrial Moderate Hazard	Technology Center

3A. BUILDING INFORMATION FOR EXISTING BUILDING:

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Existing										

3B. BUILDING INFORMATION FOR NEW CONSTRUCTION (IF APPLICABLE):

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Addition										
New Bldg. (Front or Rear)										
Detached Garage										
Fence										
Trash Enclosure										

3C. BUILDING INFORMATION FOR RENOVATION (IF APPLICABLE):

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Area to be Renovated										

4. 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 Adjustment, Variance or Special Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Case Number:	
Comments Section:	
Signature of Approval:	Date:

5. FIRE PREVENTION ITEMS:

	Yes	No		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)?		

8. REMARKS AND APPROVALS

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

9. CONTACT INFORMATION

Owner/Tenant/Agent: _____
Lic. # _____ City _____
Address: _____ State: _____ Zip Code: _____
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: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Mason Contractor: _____
Lic. #: _____ A, B, or C City: _____
Address: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Electrical Contractor: _____
Lic. #: _____ City: _____
Address: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Vent/Heat Contractor: _____
Lic. #: _____ City: _____
Address: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Refrig./AC Contractor: _____
Lic. #: _____ City: _____
Address: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Plumbing Contractor: _____
Lic. #: _____ City: _____
Address: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Expeditor: _____
Lic. #: _____ City: _____
Address: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Local Arch./Eng.:* _____
Lic. #: _____ City: _____
Address: _____ State: _____ Zip Code: _____
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

I, _____, as property owner/tenant, and I, _____, as general contractor, understand that it is against the law to exceed the scope of a building permit. I understand that if I build, or allow anyone else to build, any building, room addition, structure or other object that differs from, or in any way exceeds, what this permit authorizes me to build, I can and will be **severely punished**. I understand that if I exceed, or allow anyone else to exceed, the scope of this building permit, I can have my **permit 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 expense** all completed work; and, in addition to any other penalties provided by law, required to **reimburse the City** up to three times any damages incurred for providing any false or inaccurate information in this building permit application. I understand that all construction work under this proposed permit must conform to the requirements of the Chicago Building Code and, if it does not, I acknowledge that I can and will be **severely punished**.

Owner Signature _____ Date _____
-or-
Tenant Signature (if applicable) _____ Date _____
and-
General Contractor Signature _____ Date _____

CERTIFICATION BY PROPERTY OWNER/TENANT

I, _____, as property owner/tenant, hereby certify that the statements in this application are true; that I have legal authority to do the work authorized by this proposed permit on the property identified in this Application; that all construction work under this proposed permit will conform to the requirements of the Chicago Building Code under possible penalty of prosecution; and that if the construction work authorized under this proposed permit does not conform to the requirements of the Chicago Building Code, I will do whatever is necessary to correct the Code violation. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Owner Signature _____ Date _____
-or-
Tenant Signature (if applicable) _____ Date _____

Does the Owner require a Residential Real Estate Developer's License to do the proposed work at this address? Yes ___ No ___
If yes, license number _____

CERTIFICATION BY EXPEDITOR

I, _____, as expeditor, hereby certify that the statements in this Application are true. I understand that any false or inaccurate information contained in this permit Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Expeditor _____ Expeditor No. _____ Date _____

CERTIFICATION BY DESIGN PROFESSIONAL

I, _____, as design professional, hereby certify that all information contained in this Application under item numbers 1, 2, 3A, 3B, 3C, 5, 6 and 7 is complete and accurate to the best of my knowledge. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Licensed Architect or Structural Engineer of Record Date _____

License Number

Professional Seal