

BUILDING PERMIT

JURISDICTION OF CITY OF LA GRANGE

JOB ADDRESS
OWNER

Applicant to complete numbered spaces only.

| | | | |
|--|--------------|-----|---|
| 1 JOB ADDRESS | | | |
| 1 LEGAL DESCR. | LOT NO. | BLK | TRACT <input type="checkbox"/> (SEE ATTACHED SHEET) |
| 2 OWNER | MAIL ADDRESS | | ZIP PHONE |
| 3 CONTRACTOR | MAIL ADDRESS | | PHONE REGISTRATION NO. |
| 4 ARCHITECT OR DESIGNER | MAIL ADDRESS | | PHONE REGISTRATION NO. |
| 5 ENGINEER | MAIL ADDRESS | | PHONE REGISTRATION NO. |
| 6 LENDER | MAIL ADDRESS | | BRANCH |
| 7 USE OF BUILDING | | | |
| 8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE | | | |
| 9 Describe work: | | | |

| | | | | | |
|---|------------------|-------------------------------|--|----------|--------------|
| 10 Valuation of work. \$ | | PLAN CHECK FEE | PERMIT FEE | | |
| SPECIAL CONDITIONS | | Type of Const. | Occupancy Group Division | | |
| | | Size of Bldg. (Total Sq. Ft.) | No. of Stories Max. Occ. Load | | |
| | | Fire Zone | Use Zone Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY | | | |
| <p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> | | No. of Dwelling Units | OFFSTREET PARKING SPACES: Covered Uncovered | | |
| | | Special Approvals | Required | Received | Not Required |
| | | ZONING | | | |
| | | HEALTH DEPT. | | | |
| | | FIRE DEPT. | | | |
| | | SOIL REPORT | | | |
| | | OTHER (Specify) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT | | (DATE) | | | |
| SIGNATURE OF OWNER (IF OWNER BUILDER) | | (DATE) | | | |

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH