

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		
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY	Fire Zone Use Zone Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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