



City of Byron  
232 W. Second St.-PO Box 916  
Byron IL 61010  
815-234-2762

For Office Use Only:

Date Paid: \_\_\_\_\_  
Total Due: \_\_\_\_\_  
Cash or Check #: \_\_\_\_\_  
Received by: \_\_\_\_\_

**REMODEL/ALTERATION/UPGRADE PERMIT**

**Basement Finish \$275.00 • Kitchen or Bath Remodel \$150.00 • Misc. (Fee varies) \_\_\_\_\_**

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Property Pin #: \_\_\_\_\_  
(Can be found on your tax bill)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I prefer to be contacted by:

\_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_ Email

\_\_\_\_\_ General Remodel \_\_\_\_\_ Basement Refinishing

\_\_\_\_\_ Kitchen/Bath update \_\_\_\_\_ Other

If "other", description of project: \_\_\_\_\_

Address of remodel: \_\_\_\_\_

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial

\_\_\_\_\_ I will be doing the work myself

(As the homeowner, you are allowed to perform any work that you are qualified to do. You do not have to be a licensed contractor in that trade. However, all work will have to pass a code compliant inspection.)

OR

Please list contractors names and addresses—i.e. General, Electrical, Mechanical, Plumbing—on next page of application. It is not necessary to list painting, cabinet, wallpaper or audio contractors.

Approx. project cost:

\$ \_\_\_\_\_

Email permit to: \_\_\_\_\_ Owner \_\_\_\_\_ Contractor Email address: \_\_\_\_\_

**APPLICANT MUST INCLUDE A DETAILED SKETCH SHOWING THE AREAS OF WORK INCLUDING ELECTRICAL, PLUMBING, AND HVAC LAYOUTS IF APPLICABLE. PLEASE BE AS DETAILED AS POSSIBLE.**

- Construction must begin within 60 days of permit being issued.
- Construction must be completed within 12 months of permit being issued.
- Please refer to your "Inspection Requirement Sheet" and call or email to schedule the necessary inspections. Failure to have work inspected may result in fines or rework.
- All construction must follow the 2006 IBC or IRC Codes adopted by the City of Byron. All plumbing must be in accordance with the Illinois State Plumbing Code.

**THIS IS NOT A PERMIT - DO NOT BEGIN CONSTRUCTION WITHOUT ONE**

The undersigned applicant certifies that the plans and specifications being submitted with the application comply with the Environmental Barriers, 410 IL Compiled Statutes Section 25/1 et. seq., and that they meet the requirements of the Accessibility Standards Illustrated, as amended, in construction or remodeling of a "public facility" in the event that this application is for a "public facility" as defined in 410 IL Compiled Statutes Section 25/3 (r), and in Section 1.1.3 of the Accessibility Standards."

The applicant says that he is the owner or authorized agent for which the foregoing work is proposed to be done, and that all work will be performed in accordance with all existing state laws and local ordinances.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY~~~~~

The proposed structure and the use thereof complies with the provisions of the building codes and ordinances.

Application Approved \_\_\_\_\_

Application Denied \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date

Contractor/Sub-Contractor Information

ONLY FILL IN THOSE TRADES THAT APPLY TO YOUR PROJECT

**General Contractor:**

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Electrical Contractor:**

Contractor to do work: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

State License #: \_\_\_\_\_ Alarm System Installer: \_\_\_\_\_

**Mechanical Contractor:**

Contractor to do work: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am upgrading or replacing the following:

\_\_\_\_\_ Forced Air Furnace      \_\_\_\_\_ Hot Water Heat      \_\_\_\_\_ Electric Baseboard Heat

\_\_\_\_\_ Electric Furnace      \_\_\_\_\_ Steam Heat      \_\_\_\_\_ Air Conditioning

\_\_\_\_\_ Other: \_\_\_\_\_

**Plumbing Contractor:**

Contractor to do work: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

State Plumbing License #: \_\_\_\_\_

**Other Sub-Contractors (List trade/name/phone):**

---

---

---

---