



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: _____

CONSTRUCTION PERMIT APPLICATION

Property Owner: _____

Address: _____

Property Pin #: _____

(Can be found on your tax bill)

Phone: _____

Email: _____

I prefer to be contacted by:

_____ Phone _____ Text _____ Email

_____ Residential New Construction

_____ Commercial New Construction

_____ Addition

Address of Structure Location:

Lot No: _____ Subdivision: _____

Applicant's Information:

Name: _____

Phone: _____

Address: _____

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.

Estimated cost of new structure/remodel/addition:

\$ _____

Proposed Use (Residential Only-check all that apply):

_____ Single Family

_____ Condominium

_____ Two-Family

Email permit to: _____ Owner _____ Contractor Email address: _____

Construction Permit Fees:

Residential: New Construction: \$1,000.00 plus mechanical inspection fees as required.

Business and Commercial: New Construction (Finished space) \$0.25/sq. ft, or \$1,000/min, plus mechanical inspection fees as required. New Construction (Unfinished space) \$.10/sq ft or \$1,000 min.

Additional Electrical, Plumbing or HVAC Inspections (as needed) - \$80.00 per inspection

Other: Additions to existing structures: \$325.00

ALL FEES MUST BE PAID WHEN YOU PICK UP YOUR BUILDING PERMIT

- Construction must begin within 60 days of permit being issued.
- Construction must be completed within 12 months of permit being issued.
- Lot Pins must be located and flagged to verify the location of any new structure. This is the responsibility of the home owner, contractor or a land surveyor if needed. The city will assist in lot information and dimensions only.
- 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: _____

NOTE: APPLICANT MUST INCLUDE A PLOT PLAN SHOWING THE LOT CONFIGURATION, SETBACKS AND BUILDING PLACEMENT. THIS IS REQUIRED OF ALL NEW CONSTRUCTION AND ADDITIONS.

New Construction / Square Footage of Structure:

House: _____

Garage: _____

Basement: _____

Additions/Square footage of Addition: _____

Square footage of all existing buildings (first floor only with roofs): _____

Total Square Footage: (used for coverage calculation): _____

Lot Dimensions and Location: (must be completed for new construction and additions):

- NW to NE _____ NE to SE _____ SE to SW _____ SW to NW _____
- _____ Interior Lot _____ Corner Lot _____ Total Lot Square Footage
- Coverage (Zoning Officer to calculate): _____
- Proposed Building Set Backs (from lot lines):
Front _____ Back _____ N, S, E, W Side _____ N, S, E, W Side _____

Main Building New Construction: (section to be completed for new construction and additions only)

**Include 2 reduced (8-1/2 x 11) sets of construction plans with your application.
(Commercial and Residential)**

- _____ Wood/Frame _____ Brick _____ Steel _____ Other (describe: _____)
- Structure Width _____ Height _____ Length _____
- Number of Stories _____ Number of Bedrooms _____
- Zoning District _____ Single Family _____ Two-Family _____ Multi-Family _____ P.U.D.
_____ Highway Frontage _____ General Business _____ Industrial
- Is structure within Fire Limits (Business District)? Fire limits boundaries are Washington Street to Chestnut Street and Third Street to Blackhawk Street. _____ Yes _____ No
- Is structure located in flood zone? _____ Yes _____ No

For New Dwelling Construction Only:

Water & Sewer Hookup Permit Fees must be paid when picking up your building permit.

Contact City Hall for Water and/or Sewer Permit fees. Additional meters are available and fees are dependent on type and size - please contact Public Works for pricing. When connecting to a sewer main where there is no opening and the main must be tapped, a neoprene saddle supplied by the City must be used. The cost will depend on type and size needed. Please contact Public Works for pricing. Hookups must be inspected and approved at the time of hookup. Contractor shall not turn on or off water, under penalty. Contractor is responsible for cleaning up any deposits on streets. Washing out cement trucks on any City property is not allowed, under penalty. Any water hookup or extension must have BACKFLOW PREVENTION put in.

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):

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_____ APPROVED

_____ DENIED

Reason: _____

Date

Enforcing Official

PERMIT FEES

DATE

A. Residential - New Construction

\$ _____

B. Business & Commercial

\$ _____

C. Additional Electrical & HVAC Inspection

\$ _____

D. Additions to Existing Structure

\$ _____

E. Inspection Fee(s)

\$ _____

F. Miscellaneous Fees

\$ _____

TOTAL FEES:

\$ _____

VARIANCE

Zoning Board of Appeals Meeting Date: _____

() APPROVED YES _____ NO _____ ABSTAIN _____

() DENIED YES _____ NO _____ ABSTAIN _____

City of Byron City Council Meeting Date: _____

() APPROVED YES _____ NO _____ ABSTAIN _____

() DENIED YES _____ NO _____ ABSTAIN _____

ORDINANCE NUMBER _____