

BUILDING PERMIT APPLICATION

VILLAGE OF PORT BYRON IL
120 S Main St – Port Byron IL
(309) 523-3705

PERMIT NUMBER _____

PARCEL NUMBER _____

ADDRESS OF PERMIT _____

OWNER _____

OWNER'S ADDRESS _____ SAME AS ABOVE

PHONE NUMBER _____ SECOND PHONE _____

WORK TO BE COMPLETED BY _____
(name of contractor, developer, or name of homeowner, if performing the work)

FULL ADDRESS (if other than homeowner) _____

CONTACT PERSON _____ PHONE _____

Circle one: RESIDENTIAL NON-RESIDENTIAL LIC # _____

FULL DESCRIPTION OF WORK TO BE DONE: _____

PLOT PLAN (indicate building setback, abutting streets, yard setbacks) _____

I hereby acknowledge that I have read this application, the information I have furnished is correct, and that I am the owner or duly authorized agent. I agree to comply with all laws regulating construction. I state with signature below that work will not commence until the application has been received, processed by the Village of Port Byron, and that all required inspections will be called for at the appropriate intervals.

SIGNATURE _____ **DATE** _____
(owner or agent)

	Valuation	Fee
BUILDING		
PLUMBING		
ELECTRICAL		
HVAC		
DEMOLITION		
SEWER HOOK-UP		
WATER HOOK-UP		
OTHER		
TOTAL AMOUNT DUE		

Electrical subcontractor Lic # _____
Name _____
Cell # _____

Plumbing subcontractor Lic # _____
Name _____
Cell # _____

HVAC subcontractor Lic # _____
Name _____
Cell # _____

Payment Received _____ (date)
Signature _____
Check # _____

This application is not a permit until signed by the appropriate Building Official or his deputy and payment is received and acknowledged.

Signature, BUILDING INSPECTOR

_____ **Date**