For Office Use: Permit:____

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CITY OF OTTAWA

Community Development Department

301 W. Madison Street, Ottawa, Illinois 61350 815-433-0161

www.cityofottawa.org

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

(Please Print Clearly)

	Date Issued:
	Permit Fee:
٦	Payment Method:

_Check ___CCard

OWNER:PROJECT ADI	DRESS:
OWNER ADDRESS:PHONE NUM	IBER:
PARCEL NUMBER:EMAIL:EMAIL:	
PROJECT DESCRIPTION:	n, remodel
PROPOSED USE:CURRENT ZONIN	NU:
EXISTING/PROPOSED HEIGHT OF STRUCTURE:LOT DIMENSIONS	: SIZE OF LOT (Ft ²)
ESTIMATED COST OF IMPROVEMENT:SIZE OF IMPROVEMENT:SIZE OF IMPROVEMENT:SIZE OF IMPROVEMENT.	ROVEMENT(ft ²)
GENERAL CONSTRUCTION INFORMATION:	
Type of Construction:	nstruction Class:
Footing Detail:	1 ype 1,11,111,1v, v
Foundation Wall Detail: Material, depth, thickness, water proofing, insulation	
Roof Covering/Protection Detail:	
HVAC Detail:	
Estimated Land Disturbance (including grading, site preparation, structure footprin	
Is this property located in a special flood hazard area?	☐ Yes ☐ No
Will there be new or updated plumbing associated with the project?	☐ Yes ☐ No
If Yes, has the plumbing permit been applied for?	☐ Yes ☐ No
Will there be new, updated, or modifications to electricity with the project?	☐ Yes ☐ No
If Yes, has the Electrical Permit been applied for?	☐ Yes ☐ No
Attached are two sets of plans sealed by a licensed Illinois design professional? (including design criteria to meet adopted Energy Codes a Com Check and ADA re	equirements)

PROJECT CONTACT INFORMATION:

Project Contact:	Phone:	Email:	Email:	
Design Professional:	Phone:	Email:		
PROJECT CONTRACTOR INFORM **This information can be submitted at time of s	ATION: application or upon permit pickup. All contractors mus	t be registered and in good standing prior to	o the permit being released**	
General				
Business Name:	City of C	Ottawa License Number:		
Contact Name:	Phone:			
Plumber Business Name:	State Lic	cense Number:		
	Phone:			
Electrical Business Name		Ottawa License Number		
	Phone:			
Roofing Business Name:	State Lie	cense Number:		
Contact Name:	Phone:		<u> </u>	
Mechanical Business Name:	City of C	Ottawa License Number:		
Contact Name:	Phone:			
	I I hear by agree to perform said work and ecifications submitted and agree to completion of the City's Municipal Code.			
Print Name	Signature	Date		
	within detailed statement, together with a copy al Ordinance, relating to the construction in the records this date.			
BUILDING/ZONING OFFICIAL: For questions of ad	ditional information contact Mike Sutfin, Buildin	DATE:		

- NO WORK SHALL COMMENCE UNTIL ALL APPLICABLE PERMITS HAVE BEEN ISSUED AND PAID FOR.
- A SITE DIAGRAM AND A SET OF CONSTRUCTION PLANS SHALL BE ATTACHED TO THIS APPLICATION.
- PERMIT EXPIRES 1 YEAR FROM THE DATE OF ISSUANCE.
- ALL INSPECTIONS INDICATED ON PERMIT MUST BE PASSED PRIOR TO OCCUPYING/UTILIZING OF STRUCTURE.
- CALL 811/JULIE BEFORE YOU DIG!
- DISCHARGING STORMWATER, ROOF GUTTERS, OR FOOTING TILE TO THE SANITARY SEWER IS PROHIBITED.
- MECHANICAL, PLUMBING, ELECTRICAL, and SIGN APPLICATIONS REQUIRE SEPARATE PERMITS.
- OCCUPANCY AND USE IS PROHIBITED UNTIL A CERTIFCATE OF OCCUPANCY IS ISSUED.