

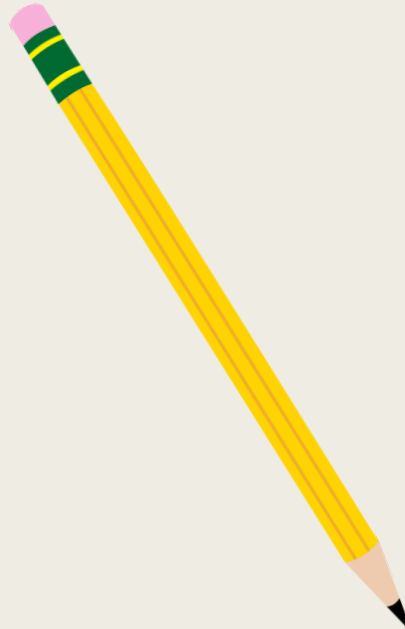
HOW TO FILL OUT THE BUILDING PERMIT APPLICATION

City of Mount Carmel



Step-By-Step Instructions

- I will try to walk you through the permit application below.



 **BUILDING PERMIT PLAN EXAMINATION APPLICATION**

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1,2,3,4,5, of this form.

Easement Sign off form must be completed by Mount Carmel Public Utility and returned with this application.

Electrical work: Complete also Parts 6, 12,13 Municipal Water/Sewer Connection Complete also Parts 7,12,13

Mechanical work: Complete also Parts 8,12,13 Other Complete also Parts 9

App. Date _____	Type Permit: _____ Roofing _____ Building _____ Electrical _____ Mechanical _____ Tap Water/Sewer _____ Other _____	Is Applicant the Owner Yes _____ No _____
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1. PROPERTY INFORMATION

Address _____	Parcel Type: _____ Residential _____ Commercial _____ Industrial _____
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2. OWNER INFORMATION

Last Name, First Name _____	Business Name _____	Phone _____
Street Address _____	City _____	State _____ Zip _____

3. CONTRACTOR INFORMATION

APPLICANT	NAME OF CONTRACTOR	LICENSE NO.
General Contractor	_____	_____
Architect/ Engineer	_____	_____
Plumbing Contractor	_____	_____
Electrical Contractor	_____	_____
Mechanical Contractor	_____	_____
Roofing Contractor	_____	_____

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I will contact building official for inspections as require by the municipality.

- *Please fill in the date of application
- *Type Permit place x beside one of the choices
- *Are you the owner circle yes or no



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App. Date _____	Type Permit: ____ Roofing ____ Building ____ Electrical ____ Mechanical ____ Tap Water/Sewer ____ Other ____	Is Applicant the Owner Yes No
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1. Property Information

- Address of the property for the building permit
- Parcel Type: Place an X beside Residential, Commercial or Industrial



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App. Date_____	Type Permit: ____ Roofing ____ Building ____ Electrical ____ Mechanical ____ Tap Water/Sewer ____ Other	Is Applicant the Owner Yes No
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1. PROPERTY INFORMATION

Address	Parcel Type: ____ Residential ____ Commercial ____ Industrial
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2. Owner Information

- This is the owner of the property information section. please complete all.

2. OWNER INFORMATION

Last Name, First Name	Business Name	Phone	
Street Address	City	State	Zip

3. Contractor Information

- * *Please fill in all areas*
- * If Owner is doing the work, please put self or same .
- * License Number is for Roofing and Plumbing
- * If Contractor has not been selected yet, please put TBD
- * All Contractors must be registered with the City of Mt. Carmel

3. CONTRACTOR INFORMATION

APPLICANT	NAME OF CONTRACTOR	LICENSE NO.
General Contractor		
Architect/ Engineer		
Plumbing Contractor		
Electrical Contractor		
Mechanical Contractor		
Roofing Contractor		

4. Certification

- * Signature of applicant
- * Email address this helps in case I have a question about the application.
- * Phone NO. is required
- * This completes Page 1

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I will contact building official for inspections as require by the municipality.

SIGNATURE OF APPLICANT	EMAIL ADDRESS	PHONE NO.
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO.
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1

CITY OF MOUNT CARMEL PHONE 618-262-4822 FAX: 618-262-4208
631 N MARKET STREET
MOUNT CARMEL, IL 62863

Page 2

5. Building Permit Application

* Proposed Use → Check ALL that apply

* The Description area can be filled in if you want to explain any thing on this section.

FAQ Answers: ■ I am residential and building an accessory building what do I check mark. You would check mark under residential IRC Single-Family and Other Accessory Bldg

5. BUILDING PERMIT APPLICATION			
PROPOSED USE: (CHECK ALL THAT APPLY)			
ASSEMBLY <input type="checkbox"/> THEATRE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CHURCH <input type="checkbox"/> BANK <input type="checkbox"/> SALES <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER ASSEMBLY	FACTORY <input type="checkbox"/> LOW HAZARD <input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> HIGH HAZARD	RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> IRC SINGLE-FAMILY <input type="checkbox"/> IRC TWO-FAMILY	OTHER <input type="checkbox"/> GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> REPAIR SHOP <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> STORAGE <input type="checkbox"/> MERCANTILE <input type="checkbox"/> Accessory Bldg.
INSTITUTIONAL <input type="checkbox"/> GROUP HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> JAIL <input type="checkbox"/> DAY CARE FACILITY	EDUCATIONAL <input type="checkbox"/> PRE SCHOOL <input type="checkbox"/> GRADES K-12	DESCRIPTION AREA <hr/> <hr/> <hr/>	

Improvement Type

- Check all that apply.
 - * Example if you are adding an addition check mark new construction and addition

IMPROVEMENT TYPE: (CHECK ALL THAT APPLY)			
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR/REPLACE	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> CHANGE OF USE ONLY

Structural Frame and Exterior Walls

- what type material are used for the structural frame check mark correct.
- What type Exterior Walls are used check mark correct one.

STRUCTURAL FRAME: ___ CONCRETE ___ MASONRY ___ STEEL ___ WOOD ___ OTHER	EXTERIOR WALLS ___ CONCRETE ___ MASONRY ___ STEEL ___ WOOD ___ OTHER
Are any structural assemblies fabricated off-site ___ YES ___ NO	

Completing page 2

* Number of Stories use this if you are building new construction

* the other areas are wanting square footage of construction

* Estimated Start and Finish Date needs to be filled in.

*Building Estimated Value needs to be filled in.

STRUCTURAL FRAME: ___ CONCRETE ___ MASONRY ___ STEEL ___ WOOD ___ OTHER	EXTERIOR WALLS ___ CONCRETE ___ MASONRY ___ STEEL ___ WOOD ___ OTHER
Are any structural assemblies fabricated off-site YES NO	
NUMBER OF STORIES	NUMBER OF BEDROOMS
GARAGE SQ FEET	LOT AREA SQ FEET
BUILDING AREA SQ FEET	PARKING AREA SQ FEET
COVERED PORCH / DECK SQ FEET	BASEMENT SQ FEET
LIVING AREA SQ FEET	OFFICE/SALES SQ FEET
ACCESSORY BUILDING SQ FEET	MANUFACTURING SQ FEET
EST. START DATE ____ / ____ / ____	EST. FINISH DATE ____ / ____ / ____
BUILDING EST. VALUE \$ _____	

Completing Page 3

- * 6. Electrical is only completed if Electrical work is being done.
- * 7. Municipal Water Sewer this is only completed if you are having a water or sewer tap or a fire suppression system.
- * 8. Mechanical permit is only completed if the permit has mechanical work being completed.

- * 9. Other work this is a good area to describe the work being completed

Completing Page 4

- * 10. Water/Sewer Tap Application is only completed if you are having a tap for your permit.
- * 11.Plumbing Inspections. This section explains you are required to contact the State Plumbing Inspector for any plumbing work.

Completing Page 5

- * 12. Site Plans

- * This area is where you need to draw property lines

draw your proposed construction include distance from property lines and other existing buildings.

Please show existing streets on this drawing.

Page 6

- * 1& 2 Family Dwelling Plan Review

This section explains the plan review process.

Page 7

* Climatic and Geographic Design Criteria

This section has a table that explains the code requirements in our area such as the 28" frost line depth

The Footings / Foundation section you need to fill in all applicable sections

Page 8

- * Wood Framed Walls, roofs, and floors

This section needs to be completed with the information asked.

Page 9

* 13. Mount Carmel Public Utility Easement Sign off Form

This page must be completed by Mount Carmel
Public Utility .

This page is required to be turned in completed at
the time of turning in building permit.

Page 10 and 11

* These are for your use only. These do not need to be turned back in.