

EASEMENT RESPONSIBILITY

Per city ordinances Structures on easements are prohibited.

Sec. 6-51

No structure of any kind or nature, including but not limited to buildings and outbuildings, shall be placed upon any utility easement in the city shown or recorded in the public records of Wabash County, Illinois.

Easements on properties are used for water mains, sewer mains, gas lines, electric lines, telephone, cable and internet.

It is the home owner's responsibility to know their property lines and easements before placing or building any structure or fence upon any platted easements. This includes structures on skids.

Easements can be found in the County Clerk's Office, or the County Assessor's Office.

A copy of the plat with any recorded easements must be attached with application.



BUILDING PERMIT PLAN EXAMINATION APPLICATION

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1,2,3,4,5 of this form. Easement Sign off form will be sent to Mount Carmel Public Utility for signature. Electrical work: Complete also Parts 6, 12,13 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.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO.
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BUILDING PERMIT PLAN EXAMINATION APPLICATION

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
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) <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: <input type="checkbox"/> CONCRETE <input type="checkbox"/> MASONRY <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		EXTERIOR WALLS <input type="checkbox"/> CONCRETE <input type="checkbox"/> MASONRY <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER	
Are any structural assemblies fabricated off-site <input type="checkbox"/> YES <input type="checkbox"/> 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 \$_____			



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6. ELECTRICAL

TOTAL SERVICE _____ AMPS	EST. ELECTRICAL VALUE \$ _____
EST. START DATE ____/____/____	EST. FINISH DATE ____/____/____

7. MUNICIPAL WATER SEWER CONNECTION

Water Tap ____ YES ____ NO	Water Tap Size _____ IN.
Sewer Tap ____ YES ____ NO	Sewer Tap Size _____ IN.
Fire Suppression ____ YES ____ NO	

8. MECHANICAL PERMIT APPLICATION

TYPE HEATING SOURCE:	TYPE OF HEATING FUEL
TYPE COOLING SOURCE:	EFFICIENCY:
EST START ____/____/____	EST FINISH ____/____/____
EST VALUE MECHANICAL \$ _____	

9. OTHER WORK

PERMIT TYPE:		
DESCRIPTION OF WORK:		
EST START ____/____/____	EST. FINISH ____/____/____	EST. VALUE \$ _____



BUILDING PERMIT PLAN EXAMINATION APPLICATION

10. WATER/SEWER TAP APPLICATION

DATE _____

APPLICANT _____

ADDRESS _____

PHONE NO. _____

LICENSED PLUMBER _____

WATER TAP SIZE _____

SEWER TAP SIZE _____

FIRE SUPPRESSION _____ YES _____ NO

11. PLUMBING INSPECTIONS

The City of Mount Carmel does not enforce plumbing codes. The following is for your information: The State of Illinois Department of Public Health has the Illinois Plumbing Code. This code is enforced by the Illinois Department of Public Health. The Marion Regional Office is responsible for inspections in this municipality. The Regional office is located at 2309 W. Main St. Suite 106 Marion, Illinois 62959. The Regional Office phone number is 618-993-7010

Section 890 Joint Committee on Administrative Rules

Administrative Code Title 77: Public Health

Chapter 1: Department of Public Health

Subchapter r: Water Sewage

Part 890 Illinois Plumbing Code

Section 890.1910 Inspections

A plumbing system or any part of thereof shall not be enclosed, covered up or used until the system has been inspected and approved by a plumbing inspector. It is the responsibility of the licensed plumber or plumbing contractor on the job to arrange for inspections by the Illinois Department of Public Health. The State plumbing inspector may require tests as listed in Section 890.1930 to determine whether or not the system as installed is in compliance with this Part. Plumbing found not to be in compliance with this part shall not be approved. A plumbing system not complying with this provision of this part shall not be used until such time as it is brought into compliance with this part. After the plumbing corrections have been made, the plumbing contractor shall arrange for re-inspection with The Illinois Department of Public Health.

I have read and understand the above listed code. I understand it is not the responsibility of the City of Mount Carmel.

Property Owner or Agent

Date Signed



BUILDING PERMIT PLAN EXAMINATION APPLICATION

12. SITE PLANS (SHOW LOT LINES, EASEMENTS AND WORK LAYOUT AND DIMENSIONS)

Scale = 1 Inch = _____ Feet



BUILDING PERMIT PLAN EXAMINATION APPLICATION 1 & 2 FAMILY DWELLING PLAN REVIEW

The City of Mount Carmel is participating in a program initiated by the Insurance Industry, through the services of the Insurance Service Office, Inc. (ISO), for the purpose of establishing Building Code Effectiveness Grading System (BCEGS). The purpose of this program is to provide an effective index for the City that may be reflected in rate adjustments in Insurance premiums for property owners that is based on this rating index.

To implement this program it is going to be necessary that a plan review be conducted prior to the issuance of a building permit for all projects. The following information needs to be provided and reviewed for code compliance. It can be provided in the form of drawings with supplemental notes attached, or on the form provided with the Building Permit Application, and should include a basic dimensioned plan for each floor of the building in question.

1. **Plot Plan**

Location of the building on the site, including setbacks, easements, property lines and proposed utility service lines.

2. **Footings/Foundations**

Minimum frost depth, basement & crawl space constructions, footing material & dimensions

foundation wall & dimensions, foundation and habitable floor insulation.

Slab on ground construction describe the slab and haunch details being used

3. **Wood Framed Floors**

Live loads supported, size of joists, type of joist (sawn or engineered), span of joists, spacing of joists, minimum required wood grade of joists, span/material/dimension of intermediate girders, anchorage requirements (anchor bolts/straps), number, spacing, size, type/minimum required grade of floor sheathing.

4. **Wood Framed Walls**

Size (2x4, 2x6), spacing of studs, minimum required wood grade, size/span/material of headers, type of lateral support (structural sheathing, let-in braces, etc.) Insulation type and R value.

5. **Wood Framed Roofs**

Live loads, size of members, type of member (solid sawn, truss & type, or other engineered) spacing, minimum required wood grade of members, means of anchorage to wall, type of roof (gable, hip, gambrel, etc.) type of roofing material, underlayment, insulation (ceiling/roof), type and R value

6. **Areas of High Wind and/or Snow, or Seismic Loading (where applicable)**

Description of shearwall construction/location or other means being used to counteract horizontal, or overturning forces.

Description of the methods being used to establish continuous load paths in the structure.



BUILDING PERMIT PLAN EXAMINATION APPLICATION

TABLE 3:01.2a CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

SUBJECT TO DAMAGE FROM								
ROOF SNOW LOAD POUNDS PER SQ FEET	WIND PRESSURE POUNDS PER SQ FEET	SEISMIC CONDITION BY ZONE	WEATHERING	FROST LINE DEPTH	TERMITE	DECAY	WINTER DESIGN TEMP FOR HTG FACILITIES	RADON RESISTANT CONSTRUCTION REQUIRED
20	70	2	5	28"	H-H	S-M	10	NO
<p>For S1: 1 pound per square foot (psf) =0.0479 KN/Msquared</p> <ol style="list-style-type: none"> 1. Weathering may require a higher strength concrete or grade of masonry than necessary to satisfy structural requirements of this code. The weathering column shall be filled in with the weathering index (i.e, "negligible," "moderate" or "severe") for concrete as determined from the Weathering Probability Map (Figure 301.2.0). The grade of masonry units shall be determined from ASTM C34, C55, C62, C73, C90, C129, C145, C216 or C652. The frost line depth may require deeper footings than indicated in figure 403.1.a The Jurisdiction shall fill in the frostline depth column with "yes" or "No" including minimum depth of footing below finish grade. 2. The jurisdiction shall fill in this part of the table with "yes" or "no" depending on whether there has been history of local damage. 3. The jurisdiction shall fill in this portion of the table with wind design loads determined from the Wind Probability Map (figure 301.2d) 4. If heating facilities are not required in this climate enter "None required" 5. The jurisdiction in areas of high radon potential as indicated by Zone 1 on the U.S. EPA Map of Radon Zones (figure 301.2h) or as determined from other locally available data, shall fill in this part of the table with "yes" 								

FOOTINGS/FOUNDATION

Minimum Frost Depth = _____ inches (see table above)

Material used for Footings _____

Footing Dimensions _____ inches wide x _____ inches thick

Foundation Wall Material _____

Foundation Wall Dimensions = _____

Internal Piers Dimensions = _____

Anchor Bolts/Straps size = _____ Spacing = _____

SLAB-ON-GROUND CONSTRUCTION

Description of Slab & Haunch Details _____

Insulation: Foundation/Habitable Floor Area

Type _____, Material _____



BUILDING PERMIT PLAN EXAMINATION APPLICATION

WOOD FRAMED WALLS

Size Studs = _____ inches X _____ inches Spacing = _____ inches On Center

Minimum Required Wood Grade = _____

Size of Headers = _____ inches X _____ inches Material of Headers = _____

Type of Lateral Supports = _____

Insulation Type = _____ R value = _____

WOOD FRAMED ROOFS

Live Load Being Supported = _____ pounds per square foot

Size of Members = _____ inches X _____ Spaced = _____ inches O.C.

Type of Member = _____ (solid sawn, truss, etc.)

Type of Roof = _____ (gable, hip, gambrel, etc.)

Type Roof Material _____

Type & Weight of Underlayment _____

Roof/Ceiling Insulation Type = _____, R Value = _____

Means of Anchorage to Wall _____

WOOD FRAMED FLOORS

Live Loads Being Supported = _____ pounds per square foot

Type Joist = _____

Size of Joist = _____ inches X _____ Inches Spacing = _____ On Center

Span of Joists = _____ feet and inches

Minimum Required Wood Grade = _____

Intermediate Girders Size = _____ inches X _____ Inches Span = _____

Girder Material _____

Type/Grade Floor Sheathing = _____



BUILDING PERMIT PLAN EXAMINATION APPLICATION

13. UTILITY EASEMENT SIGN OFF FORM

DATE:		
ADDRESS:		
PARCEL NUMBER:		
Height of Proposed Structure or Addition: _____		
I have attached a copy of the recorded plat of the property.		
OFFICE USE BELOW		
Does Mount Carmel Public Utility have an easement in the area of construction?	YES	NO
IS THE PROPOSED CONSTRUCTION APPROVED BY MOUNT CARMEL PUBLIC UTILITY	YES	NO
IS THE PROPOSED CONSTRUCTION APPROVED BY THE CITY OF MOUNT CARMEL	YES	NO

MOUNT CARMEL PUBLIC UTILITY REPRESENTATIVE

DATE

CITY OF MOUNT CARMEL REPRESENTATIVE

DATE



BUILDING PERMIT PLAN EXAMINATION APPLICATION

ENERGY EFFICIENCY CERTIFICATE

ADDRESS: _____

Ceiling with Attic Space R-value _____ Ceiling without Attic Space R-value _____

Wood Framed Wall R-value _____ Floors over Unconditioned Space R-value _____

Basement Walls R-value _____ Slab R-value _____ Depth _____

Crawl Space R-value _____

Fenestration U-Factor: _____ SHGC: _____ Skylight U-Factor _____

Ducts Outside of Thermal Envelope R-value _____ Ducts Other R-value _____

Duct system all joints and seams of air ducts, air handlers, filter boxes, and building cavities are airtight by means of _____

Duct system Air Leakage _____ cfm per 100 sf

Building Envelope Air Leakage _____ air changes per hour (max of 3)

Heating System Efficiency _____ Cooling System Efficiency _____

Water Heating Efficiency _____ Gas Fired Unvented room heater _____

Electric Furnace _____ Baseboard Electric Heater _____

This Certificate is based upon The current International Energy Conservation Code and The 2006 International Residential code. This Certificate shall be posted on or in the Electrical distribution Panael.

I certify that the information contained on this certificate is true and complete signature required below.

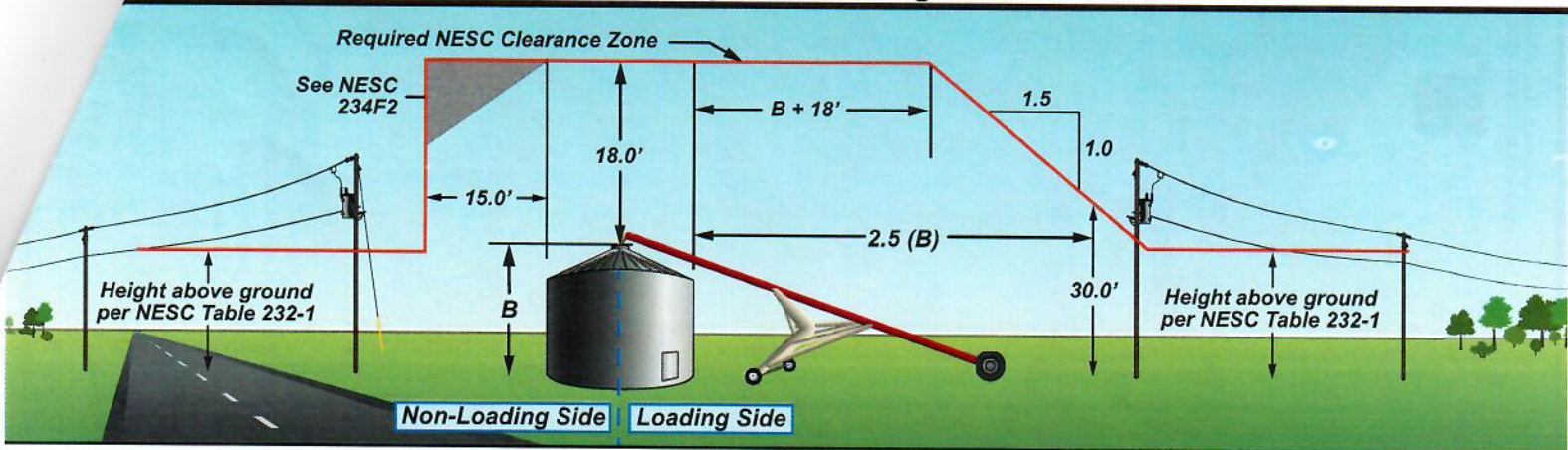
Mechanical Contractor _____ Date _____

Electrical Contractor _____ Date _____

Plumbing Contractor _____ Date _____

General Contractor _____ Date _____

Clearance Over* or Near Grain Bins Loaded by Portable Auger NESC 234F2



B = Vertical height to highest filling or probing port

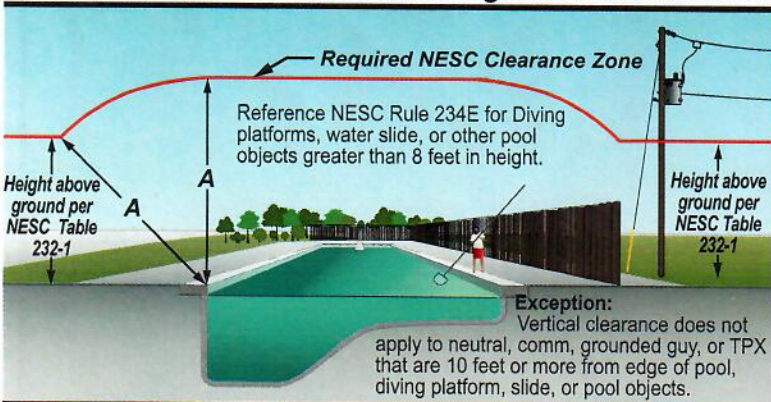
Note: If $B > 12$ feet, vertical height of conductors is 30 feet at a distance equal to 2.5 times B

*Largest vertical sag

Non-Loading Side is when use of portable auger is limited by:

1. Permanent building/structure
2. Physical obstruction
3. Public road or other right of way
4. Designation or agreement

Clearance Over* or Near Swimming Pools NESC 234E1

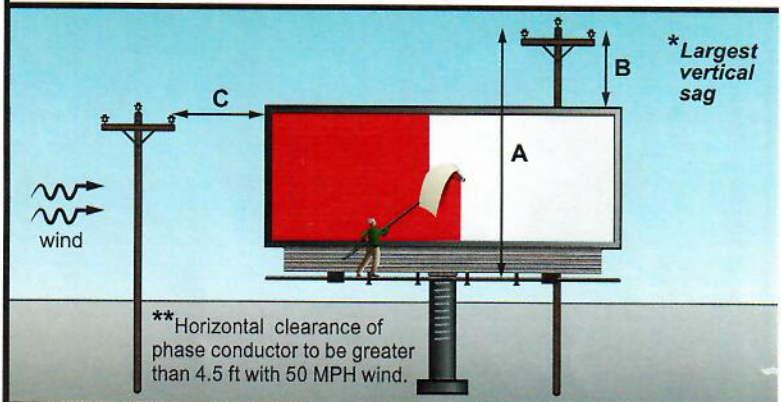


Neutral	TPX	7.2/12.5 kV	14.4/25 kV	19.9/35 kV
22.0 ft	22.5 ft	25.0 ft		

*Largest vertical sag

Aboveground pool with deck or ladder, clearance is from highest point upon which people can stand.

Clearance Over* or Near Billboards NESC 234C



	Neutral	TPX	7.2/12.5kV	14.4/25kV	19.9/35kV
A - Where personnel walk	10.5 ft	11.0 ft	13.5 ft		
B - Other Surface	3.0 ft	3.5 ft	8.0 ft		
C - Horizontal**	4.5 ft	5.0 ft	7.5 ft		

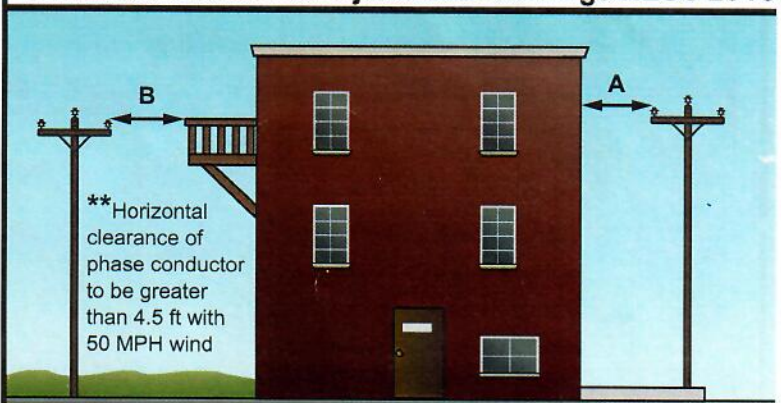
Vertical Clearance Over* Buildings NESC 234C



Roof	Neutral	TPX	7.2/12.5kV	14.4/25kV	19.9/35kV
Accessible**	10.5 ft	11.0 ft	13.5 ft		
Non-Accessible	3.0 ft	3.5 ft	12.5 ft		

*Largest vertical sag

Horizontal Clearance Adjacent to Buildings NESC 234C



	Neutral	TPX	7.2/12.5kV	14.4/25kV	19.9/35kV
A - To Walls**	4.5 ft	5.0 ft	7.5 ft		
B - Accessible Areas**	4.5 ft	5.0 ft	7.5 ft		