

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

PERMIT

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

CITY OF MOUNT CARMEL
219 N. MARKET ST.
MOUNT CARMEL, IL 62863

TIF # _____

E.P.

Electrical work: Complete also Part 6 _____ Yes _____ No

Municipal Water Sewer Connection Part 7 _____ Yes _____ No

Mechanical work: Complete also Part 8 _____ Yes _____ No

Other work: Complete also Part 9 _____ Yes _____ No

Site Plan must be shown on Page 6 or attached hereto.

App. Date ____/____/____		Is Owner Applicant Yes _____ No _____
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1. PROPERTY INFORMATION

Street Address	Apt.	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type _____ Residential (R) _____ Industrial (I)	_____ Commercial (C) _____ Other (O)

2. OWNER INFORMATION

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

3. CONTRACTORS INFORMATION

APPLICANT	NAME OF CONTRACTOR	STREET ADDRESS	CITY, STATE	LICENSE NO.
Applicant (Not Owner)				
Architect / Engineer				
General Contractor				
Electrical				
Water Tap				
Sewer Tap				
Mechanical				
Roofing				

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.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO.
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Email address: _____

PROPOSED USE: **5. BUILDING PERMIT APPLICATION**

ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11) INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)	RESIDENTIAL <input type="checkbox"/> IBC HOTEL, MOTEL (16) <input type="checkbox"/> IBC MULTI-FAMILY (17) <input type="checkbox"/> IRC SINGLE-FAMILY (18) <input type="checkbox"/> IRC TWO FAMILY (19) STORAGE <input type="checkbox"/> MODERATE HAZARD (20) <input type="checkbox"/> LOW HAZARD (21)	<input type="checkbox"/> OTHER (22) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____
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IMPROVEMENT TYPE:

<input type="checkbox"/> NEW CONSTRUCTION (1)	<input type="checkbox"/> ALTERATION (3)	<input type="checkbox"/> DEMOLITION (5)	<input type="checkbox"/> FOUNDATION ONLY (7)
<input type="checkbox"/> ADDITION (2)	<input type="checkbox"/> REPAIR/ REPLACEMENT (4)	<input type="checkbox"/> RELOCATION (6)	<input type="checkbox"/> CHANGE OF USE ONLY (8)

STRUCTURAL FRAME: <input type="checkbox"/> STEEL (1) <input type="checkbox"/> OTHER (5) IDENTIFY _____ <input type="checkbox"/> MASONRY (2) _____ <input type="checkbox"/> CONCRETE (3) <input type="checkbox"/> WOOD (4)	EXTERIOR WALLS <input type="checkbox"/> STEEL (1) OTHER: _____ <input type="checkbox"/> MASONRY (2) _____ <input type="checkbox"/> CONCRETE (3) <input type="checkbox"/> WOOD (4)
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Are any structural assemblies fabricated off-site? Yes No

STORIES (NUMBER) _____	BED ROOMS (NUMBER) _____
GARAGES (NUMBER) _____	LOT AREA (SQ. FEET) _____
BUILDING AREA (SQ. FEET) _____	PARKING AREA (SQ. FEET) _____
LIVING AREA (SQ. FEET) _____	BASEMENT AREA (SQ. FEET) _____
GARAGE AREA (SQ. FEET) _____	OFFICE/SALES (SQ. FEET) _____
SERVICE (SQ. FEET) _____	MANUFACTURING (SQ. FEET) _____
Est. Start ____/____/____ Est. Finish ____/____/____	BUILDING EST. VALUE \$ _____

6. ELECTRICAL PERMIT APPLICATION **Electrical Work** Yes No

Total Service _____ AMPS Number of Circuits: _____ 2WIRE _____ 3WIRE _____ 4WIRE Number of Service Outlets: _____ 110V _____ 220V

	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD
1				7			
2				8			
3				9			
4				10			
5							
6					Total Number of Motors		
Est. Start ____/____/____ Est. Finish ____/____/____				ELECTRICAL WORK EST. VALUE \$ _____			

7. Municipal Water Sewer Connection

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Water Tap <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Tap Size _____ IN.	
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Sewer Tap <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer Tap Size _____ IN.	
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Est. Start ____/____/____	Est. Finish ____/____/____	
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8. MECHANICAL PERMIT APPLICATION

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas / Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	

Type of Heating Fuel: Gas (1) Oil (2) Electric (3) Coal (4) Wood (5) Other (6)

Est. Start ____/____/____	Est. Finish ____/____/____	Mechanical Work Est. Value \$ _____
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9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:

Description of Work:

Est. Start ____/____/____	Est. Finish ____/____/____	Est. Value \$ _____
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CITY OF MT. CARMEL
219 N. Market Street
Mt. Carmel, IL 62863

WATER/SEWER TAP APPLICATION

Date _____	Permit # _____
Applicant _____	
Address _____	
Phone No. _____	Licensed Plumber: _____
Location _____	
Legal Description _____	
_____	PIN # _____
Type Building _____	Proposed Use _____
Water Tap Size _____"	Sewer Tap Size _____" Fire Suppression Use: YES NO
Applicant _____	
Signature _____	
OFFICE USE ONLY	
Water Tap Size _____" Fee \$ _____	Sewer Tap Size _____" Fee \$ _____
Fire Suppression Fee \$ _____	Total Fees \$ _____
Date Tap/Service Installed _____	Date Meter Installed _____
New Meter No. _____	New Meter Reading _____
Installed/Read By _____	

Plumbing Inspections

The City of Mt. 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 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.

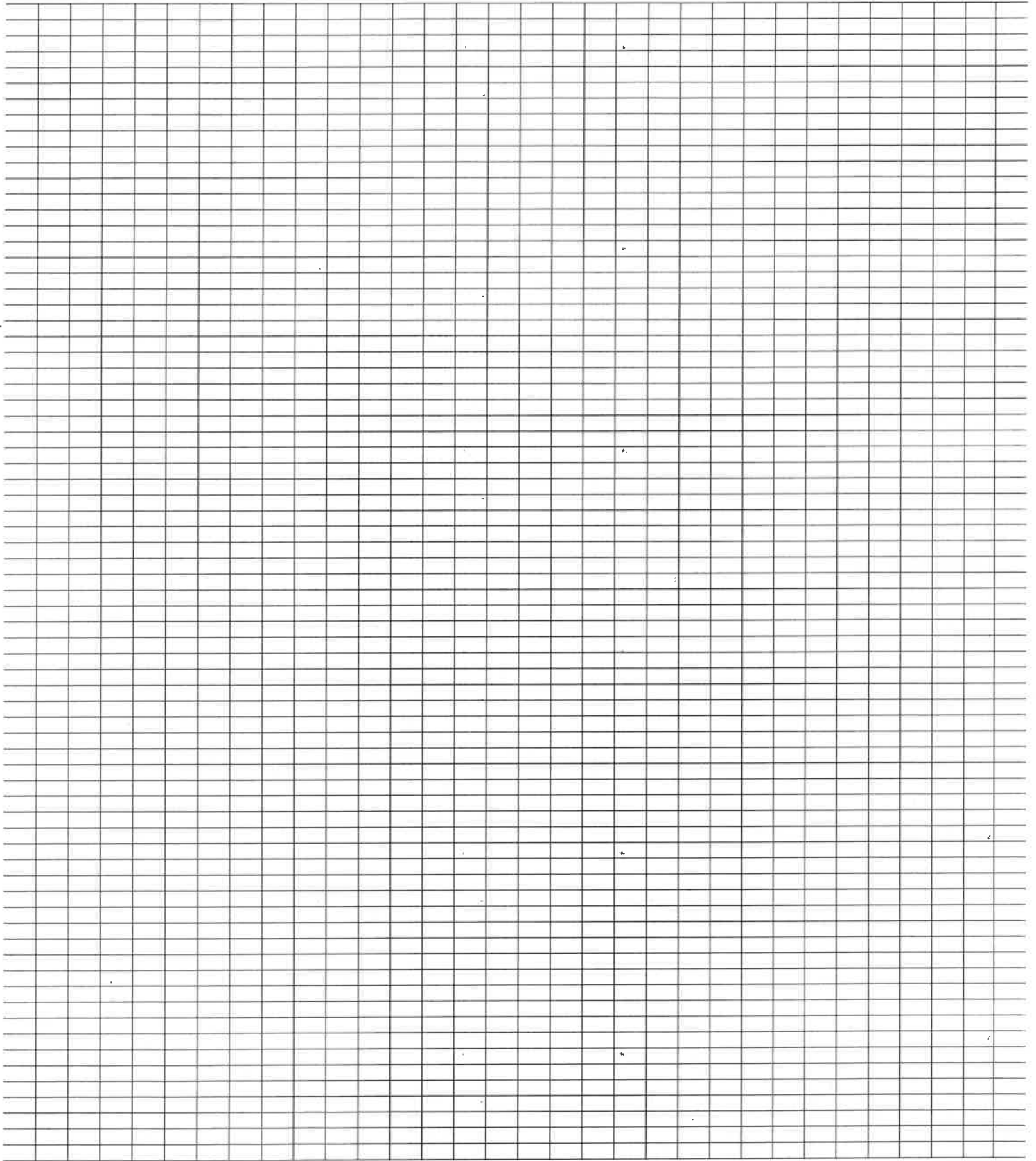
I have read and understand the above listed Administrative Code. I understand it is not the responsibility of The City of Mt. Carmel and I understand it is the plumbing contractors responsibility to arrange all inspections for plumbing.

Property Owner or Agent

Date Signed

10. SITE PLANS

(Show lot lines, easements and work layout and dimensions)



Scale = 1 Inch = _____ FEET

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 effectiveness 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 1 & 2 Family Dwellings. 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

For basement & crawl space constructions: a description of footing material & dimensions; foundation wall & dimensions; maximum depth of unbalance fill being supported; dimensions of any internal piers.

For slab-on-ground construction: a description of the slab and haunch details being used.

Foundation & habitable floor insulation.

3. **Wood Framed Floors**

Live loads being supported; size of joists, type of joist(solid 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, etc., 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 being supported, size of members, type of member (solid sawn, truss & type, or other engineered item) 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.

Mount Carmel Public Utility Easement Sign off Form

Date:

Street Address:

Parcel Number:

Attach a copy of proposed addition for Mount Carmel Public Utility.

This form must be signed by Mount Carmel Public Utility prior to building permit approval.

Does Mount Carmel Public Utility have easement in area of construction?	Yes	No

Is the proposed construction approved by Mount Carmel Public Utility?	Yes	No

Mount Carmel Public Utility Representative

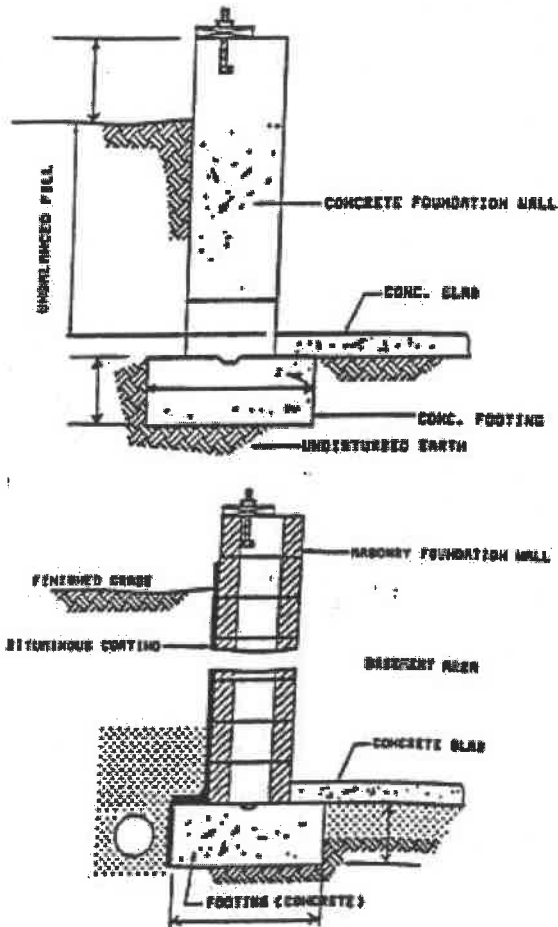
Date

**TABLE 3:01.2a
CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA**

ROOF SNOW LOAD POUNDS PER SQUARE FEET	WIND PRESSURE POUNDS PER SQUARE FEET	SEISMIC CONDITION BY ZONE	SUBJECT TO DAMAGE FROM				WINTER DESIGN TEMP. FOR HTG. FACILITIES	RADON-RESISTANT CONSTRUCTION REQUIRED
			WEATHERING	FROST LINE DEPTH	TERMITE	DECAY		
20	70	2	S	28"	H-H	S-M	10	No

For SI: 1 pound per square foot (psf) = 0.0479 KN/Msquared

- 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.c). The grade of masonry units shall be determined from ASTM C34, C55, C62, C73, C90, C129, C145, C216 OR C 652. The frost line depth may require deeper footings than indicated in figure 403.1.a. The jurisdiction shall fill in the frost line 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 a 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 I 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

Footing Material _____

Footing Dimensions _____ " wide x _____ " thick

Foundation Wall Material _____

Foundation Wall Dimensions = _____

Internal Piers Dimensions = _____

Anchor Bolts/Straps: No. _____ .Spacing _____

Size: _____ " x _____ "

SLAB-ON-GROUND CONSTRUCTION

Description of slab & haunch details _____

INSULATION: FOUNDATION/HABITABLE FLOOR AREA

Type _____ .Material _____

REMARKS: _____

WOOD FRAMED WALLS

Size Studs = _____ " X _____ " Spacing = _____ " O.C.

Minimum Required Wood Grade = _____

Size of Headers = _____ " x _____ "

Material of Headers = _____

Type of Lateral Support = _____

Insulation: Type = _____, R Value = _____

WOOD FRAMED ROOFS

Live Load Being Supported = _____ p.s.f.

Size of Members = _____ " x _____ "

Spaced = _____ " O.C.

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

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

Type Roofing Material _____

Type & Weight of Underlayment _____

Roof/Ceiling Insulation:

Type _____, R Value = _____

Means of Anchorage to Wall _____

WOOD FRAMED FLOORS

Live Loads Being Supported = _____ p.s.f.

Type of Joist = _____

Size of Joists = _____ " x _____ " Spacing = _____ " O.C.

Span of Joists = _____ "

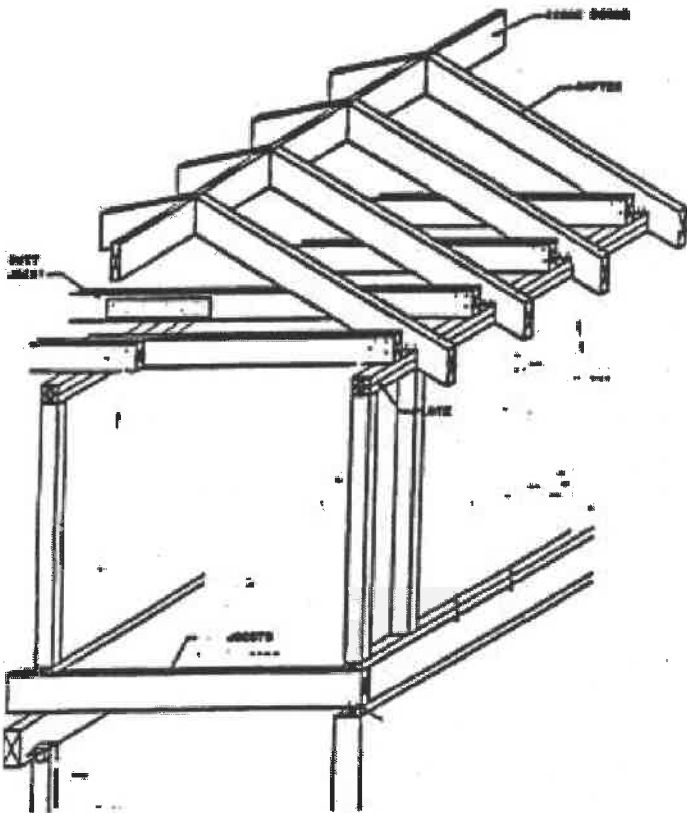
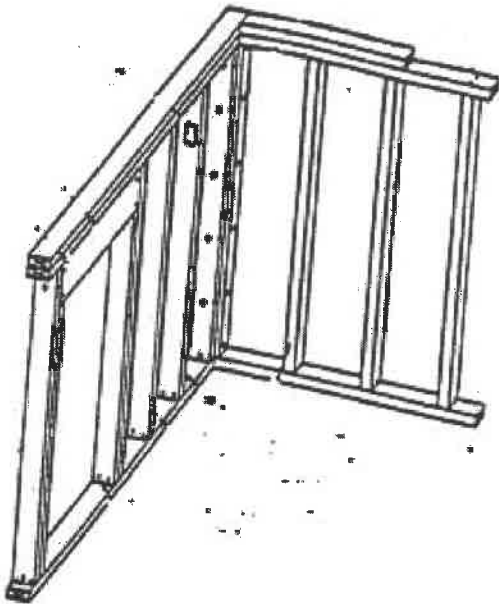
Minimum Required Wood Grade = _____

Intermediate Girders:

Size = _____ " x _____ " Span = _____

Girder Material = _____

Type/Grade Floor Sheathing = _____



ENERGY EFFICIENCY CERTIFICATE

Address: _____

Component Values

Ceiling with Attic Space R-value _____

Ceiling without Attic Space R-value _____

Wood Frame 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 100sf

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 Heat: _____

This Certificate is based upon Section R401.3 of the 2012 International Energy Conservation Code and The 2006 International Residential Code. This Certificate shall be posted on or in the electrical distribution panel.

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 _____