



BUILDING PERMIT APPLICATION

PERMIT NO. _____

TAX KEY # _____

**VILLAGE OF**

- FONTANA #64-126
 WALWORTH #64-191

PROJECT LOCATION

(Building Address) _____

PROJECT DESCRIPTION

- COMMERCIAL ONE & TWO FAMILY

Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Construction Contractor (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Electrical Contractor (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Plumbing Contractor (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
HVAC Contractor (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____

PROJECT INFORMATION

_____ 1/4, _____ 1/4, SECTION _____, T _____, N, R _____ E(OR)W

Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____	Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.	Right _____ Ft.
1a. PROJECT	3. TYPE	6. ELECTRICAL	9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Other _____	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____		Fuel _____ Nat. Gas _____ L.P. _____ Oil _____ Elec. _____ Solid _____ Solar _____ Space Htg. _____ Water Htg. _____	
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment. Infiltration control option is: <input type="checkbox"/> Full sealing of joints. <input type="checkbox"/> Blower door tests, <input type="checkbox"/> Exterior air infiltration barrier.	
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____		13. HEAT LOSS (Calculated) Envelope _____ BTU/HR Infiltration _____ BTU/HR	
2. AREA	5. STORIES	8. USE	11. WATER		14. ESTIMATED COST	
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	<input type="checkbox"/> 1 - Story <input type="checkbox"/> 2 - Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well _____		\$ _____	

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ DATE _____

FEES:	PERMIT ISSUED	APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.	
Building Fee _____	Bldg. _____		
Zoning Fee _____	Zoning _____		
Electric Fee _____	Elec. _____		
Plumbing Fee _____	Plmb. _____		
HVAC Fee _____	HVAC _____		
Outside Sewer _____	O. S. _____		
Raze Fee _____	Raze _____		
WI Seal Fee _____	WI Seal _____		
Road Bond _____	ETZ _____		
Adm. Fee _____	Tree _____		
Other Fee _____	Sign _____		
TOTAL _____	Other _____		
		RECEIPT	PERMIT ISSUED BY MUNICIPAL AGENT:
		Ck. _____	Name _____
		Amount _____	Date _____
		Date _____	Certification No. _____
		From _____	
		Rec. By _____	