

 **United City of Yorkville**
 651 Prairie Pointe Drive
 Yorkville, Illinois, 60560
 630-553-8545
 630-553-7264
 bzpermits@yorkville.il.us

COMMERCIAL PERMIT APPLICATION

PERMIT NUMBER:		DATE/TIME RECEIVED:	
SITE ADDRESS:		PARCEL NUMBER:	
SUBDIVISION:		LOT/UNIT:	
APPLICANT INFORMATION			
APPLICANT/BUSINESS NAME:		TELEPHONE: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
ADDRESS:		E-MAIL: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
CITY, STATE, ZIP:		FAX:	
DESCRIPTION OF WORK:			
OWNER INFORMATION			
<input type="radio"/> CHECK IF INFORMATION PROVIDED ABOVE IS THE SAME			
NAME:		TELEPHONE: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
ADDRESS:		E-MAIL: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
CITY, STATE, ZIP:		FAX:	
PROJECT INFORMATION (IF APPLICABLE)			
TENANT OR BUSINESS NAME:			
TYPE OF BUSINESS/LAND USE:		<input type="radio"/> EXISTING BUSINESS <input type="radio"/> NEW BUSINESS	
PROJECT TOTAL AREA:		PROJECT CONSTRUCTION VALUE:	
PLEASE INCLUDE WITH APPLICATION: <ul style="list-style-type: none"> <li style="width: 50%;">• 3 SETS OF PAPER PLANS <li style="width: 50%;">• COMCHECK <li style="width: 50%;">• 1 SET CD OR PDF <li style="width: 50%;">• PLUMBER LICENSE & LETTER OF INTENT <li style="width: 50%;">• SITE PLAN <li style="width: 50%;">• PROJECT PROFESSIONAL LIST 			
SUBMIT PLANS TO YORKVILLE-BRISTOL SANITARY DISTRICT AND KENDALL COUNTY HEALTH DEPARTMENT IF APPLICABLE.			
TERMS: In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the United City of Yorkville. I/we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE TO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED. This Permit is a public document and all information on it is subject to public review pursuant to the Illinois Freedom of Information Act.			
SIGNATURE/AUTHORIZED AGENT: _____		DATE: _____	
REVIEW CONCLUSIONS <i>(all staff comments on back of application):</i>			
BUILDING CODE COMPLIANCE: _____		DATE: _____	
<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED			
ZONING CODE COMPLIANCE: _____		DATE: _____	
<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED			
RE-SUBMITTAL: _____	DATE: _____	<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED	DATE/TIME ISSUED:

