



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

RESIDENTIAL PERMIT APPLICATION

PERMIT NUMBER:				DATE/TIME RECEIVED:	
SITE ADDRESS:			PARCEL NUMBER:		
SUBDIVISION:			LOT/UNIT:		
APPLICANT INFORMATION					
APPLICANT/BUSINESS NAME:			TELEPHONE: ☐ HOME ☐ BUSINESS		
ADDRESS:			E-MAIL: ☐ HOME ☐ BUSINESS		
CITY, STATE, ZIP:			FAX:		
DESCRIPTION OF WORK:					
OWNER INFORMATION					
☐ CHECK IF INFORMATION PROVIDED ABOVE IS THE SAME					
NAME:			TELEPHONE: ☐ HOME ☐ BUSINESS		
ADDRESS:			E-MAIL: ☐ HOME ☐ BUSINESS		
CITY, STATE, ZIP:			FAX:		
PROJECT INFORMATION (IF APPLICABLE)					
STATE OF ILLINOIS PLUMBING LICENSE NUMBER:			STATE OF ILLINOIS ROOFING LICENSE NUMBER:		
AREA OF A NEW CONSTRUCTION HOME/DWELLING (IN SQUARE FEET):					
1ST STORY:		2ND STORY:		GARAGE:	
				BASEMENT:	
				TOTAL AREA:	
PROJECT TOTAL AREA (FOR ALL OTHER PROJECTS):			PROJECT CONSTRUCTION VALUE:		
A PLAT OF SURVEY MUST ACCOMPANY ALL PERMIT APPLICATIONS FOR CONSTRUCTION OF ANY NEW STRUCTURE OR ANY ALTERATION TO EXISTING STRUCTURES, INCLUDING DECKS, SWIMMING POOLS, SHEDS, ETC. ROOFING OR SIDING PROJECTS DO NOT REQUIRE A PLAT OF SURVEY.					
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. <u>This Permit is a public document and all information on it is subject to public review pursuant to the Illinois Freedom of Information Act.</u>					
SIGNATURE/AUTHORIZED AGENT: _____				DATE: _____	
REVIEW CONCLUSIONS (<i>all staff comments on back of application</i>):					
BUILDING CODE COMPLIANCE: _____				DATE: _____	
☐ APPROVED ☐ NOT APPROVED					
ZONING CODE COMPLIANCE: _____				DATE: _____	
☐ APPROVED ☐ NOT APPROVED					
RE-SUBMITTAL:		DATE: _____ ☐ APPROVED ☐ NOT APPROVED		DATE/TIME ISSUED:	

STAFF REVIEW (FOR CITY STAFF USE ONLY)

ZONING REVIEW

ALL NEW DWELLING UNIT PERMITS

SUBDIVISION:	ZONING:	BUILDING HEIGHT:
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SETBACKS

REQUIRED:	FRONT	REAR	SIDE	CORNER
PROPOSED:	FRONT	REAR	SIDE	CORNER

LOT COVERAGE

LOT SIZE:	ALLOWABLE PERCENT:	PROPOSED COVERAGE:	PROPOSED PERCENT:
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CALCULATIONS:

DECK/SHED/POOL/PATIO/OTHER

- ☐ MORE THAN 5 FEET FROM SIDE AND REAR LOT LINES
- ☐ MORE THAN 10 FEET FROM THE MAIN STRUCTURE
- ☐ LESS THAN 15 FEET IN HEIGHT (MEASUREMENT DEFINED IN SECTION 10-2-3)

LOT COVERAGE:	CALCULATIONS:	NOTES:
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BUILDING CODE REVIEW

RE-SUBMITTAL INFORMATION
