

Please PRINT using ONLY BLUE or BLACK INK

www.troyil.us

OFFICE WILL ASSIGN: Permit #: _____ Date: _____

JOBSITE

BUILDING PERMIT FEES ARE NON-REFUNDABLE

Street Address of Mobile Home: _____

Age of Mobile Home: _____

Value of Mobile Home: _____

INSPECTION PROCESS

Email: buildingzoning@troyil.us

INCLUDE: ADDRESS, TYPE of inspection & APPROXIMATE TIME desired.

PART 1 – OWNER INFORMATION:

Name _____ Address _____

Phone # _____ Email _____

PART 2 – PROPERTY INFORMATION:

Lot Owner's Name _____ Address _____

Phone # _____ Email _____

PART 3 – CONTRACTOR INFORMATION:

Services	Name/Company	Email	Phone/Cell
Contractor			
Electrician			
Plumber			

PART 4 – ACKNOWLEDGEMENT & CERTIFICATION:

In making this application, I represent that all submitted information and any attached drawings are a true description of the proposed new or altered uses and/or buildings. I understand that any permit issued is subject to an immediate stop work order, revocation without notice, and/or citation if my sub-contractors or I breach representations, conditions, codes, policies, or inspection requirements.

I understand and agree that I am responsible for full compliance with all of the codes, policies, and inspection requirements, and to provide this information to all subcontractors and material suppliers to make sure they are aware of these codes, policies, and inspection requirements. I agree that it is also my responsibility to comply with any subdivision covenants and restrictions that may also apply to this proposed construction. I agree to notify the Building and Zoning for inspections as improvements progress and not to allow a person to use or occupy the structure before a final inspection has been made and approved. 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/her authorized agent. I agree to conform to all applicable laws of this jurisdiction and any applicable State of Illinois codes and regulations that may be more stringent. 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 representatives 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. Furthermore, approval of this building permit application and issuance of a building permit does not give permission to violate the City of Troy's building and zoning codes.

SIGNATURES:

Applicant/ Property Owner/ Owner's Representative / Contractor _____ Date _____ Phone _____

Contact Person in Charge of Work (Title) _____ Phone _____ Cell Phone _____

PLOT PLAN ~ RESIDENTIAL

Show below:

1. All lot dimensions, corner property pins, setbacks from all property lines (not from back of curb), structures, and decks. Please verify setback requirements with inspector.
2. Location of driveway, water and sewer lines, manholes, water valves, fire hydrants, drainage easements and concrete swales.
3. How water will drain from the property using arrows.

NOTE: All property pins must be exposed and string lines up before any inspections will be made.

OFFICE USE ONLY: Current Zoning: _____ Permit fee: \$100 (Active 6 months from approval date)

Comments: _____

Permit approved by: _____

Final inspection approved by: _____

Building Inspector

Date

Building Inspector

Date