



# Kane County Development & Community Services

## Building Permit Application

**Kane County  
Government Center**  
719 Batavia Ave Building A  
Geneva, IL, 60134  
(630) 232-3485

### Applicant Information:

Application Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Pin/ Tax ID (found on title or tax bill): \_\_\_\_\_

Relation to Property: Owner/ Contractor/ Lessee/ Tenant / Other: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Primary Contact for Building Permit: \_\_\_\_\_

### Property Owner Information:

☐ Check here if applicant is property owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Type of general work being requested:

☐ New Construction    ☐ Remodel/ Alteration    ☐ Addition    ☐ Repair    ☐ Establishment of Use    ☐ Demolition

### Specific type of work being requested:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Accessory Structure    | <input type="checkbox"/> Damage Assessment      | <input type="checkbox"/> HVAC/Water Heater     | <input type="checkbox"/> Solar Panel System      |
| <input type="checkbox"/> Agricultural Exemption | <input type="checkbox"/> Deck/ Gazebo /Pavilion | <input type="checkbox"/> Kitchen/ Bath Remodel | <input type="checkbox"/> Shed< 200 square feet.  |
| <input type="checkbox"/> Basement (finished)    | <input type="checkbox"/> EV Charging System     | <input type="checkbox"/> Pool/ Hot Tub/ Spa    | <input type="checkbox"/> Sign                    |
| <input type="checkbox"/> Cell Tower             | <input type="checkbox"/> Electric Service       | <input type="checkbox"/> Privacy Fence         | <input type="checkbox"/> Single Family Residence |
| <input type="checkbox"/> Cell Tower Co-Location | <input type="checkbox"/> Generator              | <input type="checkbox"/> Roof/Siding           | <input type="checkbox"/> Windows/Doors           |

### Type of Building:

☐ Residential    ☐ Commercial    ☐ Agricultural    ☐ Multi-Family Residence

### Description of Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Project Cost:

New Construction Cost: \_\_\_\_\_

Remodel Cost: \_\_\_\_\_

Total Cost: \_\_\_\_\_

### New Square Feet:

Above ground: \_\_\_\_\_

Basement: \_\_\_\_\_

Crawl Space: \_\_\_\_\_

Total Sq. Feet: \_\_\_\_\_

### Please check below if applicable:

☐ Private Septic    ☐ Private Well

Please submit the required permit documents to:

[BuildingPermits@KaneCountyIL.Gov](mailto:BuildingPermits@KaneCountyIL.Gov) or  
<https://cvportal.kanecountyil.gov/portalserver>

2021 International Residential Code  
2021 International Building Code  
2021 International Existing Building Code  
2021 International Mechanical Code  
2020 National Electric Code  
2024 Illinois Energy Conservation Code  
2014 Illinois State Plumbing Code  
2018 Illinois Accessibility Code

**General Contractor Information:**☐ Check here if property owner will be the one doing the work.

Contractor Name: \_\_\_\_\_ Contractor Phone #: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**Architect Information:**

Architect Name: \_\_\_\_\_ Architect Phone #: \_\_\_\_\_

Architect Email: \_\_\_\_\_

Architect Address: \_\_\_\_\_

**Roofing Contractor Information:****Submit Copy of License**

Contractor Name: \_\_\_\_\_ Contractor Phone #: \_\_\_\_\_

Contractor Email: \_\_\_\_\_ IL Roofing Contractor License # \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**Plumbing Contractor Information:****Submit Copy of -055 License**

Contractor Name: \_\_\_\_\_ Contractor Phone #: \_\_\_\_\_

Contractor Email: \_\_\_\_\_ IL Plumbing Contractor License # \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**Electric Contractor Information:**

Submit copy of license

Contractor Name: \_\_\_\_\_ Contractor Phone #: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**If your Contractor is not listed above, please provide information below:**

Contractor Name: \_\_\_\_\_ Contractor Phone #: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

In consideration of this application and attached forms being made a part thereof, and the issuance of permit I/We will conform to the regulation set forth on the Kane County Zoning & Building Ordinances. I/We also agree that all work performed under said permit will be in accordance with the building plans and site plan which accompany this application, except for such changes as may be authorized by the Kane County Building Officer.

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent\_\_\_\_\_  
Printed Name of Property Owner or Authorized Agent\_\_\_\_\_  
Date Signed & Printed

Effective 1/1/2024