

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	<u>.</u>					
Application Date:	Applicant Name:					
Property Address:						
Pin/ Tax ID (found on title	or tax bill):					
Relation to Property:	Owner Con	ntractor Lessee	/Tenant Other: _			
Applicant Phone:		Applicant Email:				
Primary Contact for Buildir	ng Permit:					
Property Owner Inform	nation:				Check here if appl	icant is property owner
Name:Email:	Phone:					
Mailing Address:						
Type of general work b	eing requeste	<u>d:</u>				
New Construction	Remodel/ A	Alteration Addit	tion Repair	Est	tablishment of Use	Demolition
Specific type of work	being requeste	<u>ed:</u>				
Accessory Structure	Cell Tow	Cell Tower Co-Location Electric			Pool/ Hot Tub/ Spa	Shed< 200 square ft.
Agricultural Exemption	on Damage	Assessment	Generator		Privacy Fence	Sign Single Family
Basement (finished)		ging System	HVAC/Water Heater			Residence
Cell Tower	Deck/ Ga	azebo /Pavilion	Kitchen/ Bath Remodel		Solar Panel System	Windows/Doors
Type of Building:	Residential	Commercial	Agricultural		Multi-Family Re	esidence
Description of Work:						
						
		<u> </u>				
Project Cost:		New Square Fe			Please check below	v if applicable:
New Construction Cost: _		Above ground:				
Remodel Cost:		Basement: Crawl Space:			Private Septic	Private Well
Total Cost:		Total Sq. Feet:				

 $\label{lem:problem} Please \ submit\ the\ required\ permit\ documents\ to: \\ KaneBuildingDeptPermits@KaneCountyIL.Gov$

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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

2018 Illinois Energy Conservation Code

2014 Illinois State Plumbing Code

2018 Illinois Accessibility Code

General Contractor Int	formation: Check here if property owner will be the one doing the work.
Contractor Name:	Contractor Phone #:
Contractor Address:	
Architect Information:	
Architect Name:	Architect Phone #:
Architect Email:	
Architect Address:	
Roofing Contractor Info	ormation:
Contractor Name:	Contractor Phone #:
Contractor Email:	
Contractor Address:	
Plumbing Contractor I	nformation:
Contractor Name:	Contractor Phone #:
Contractor Email:	
Contractor Address:	
Electric Contractor Info	ormation:
Contractor Name:	Contractor Phone #:
Contractor Email:	
Contractor Address:	
If your Contractor is no	ot listed above please provide information below:
Contractor Name:	Contractor Phone #:
Type of Contractor:	
Contractor Email:	
Contractor Address:	
conform to the regulation performed under said per	oplication and attached forms being made a part thereof, and the issuance of permit I/We will set forth on the Kane County Zoning & Building Ordinances. I/We also agree that all work mit will be in accordance with the building plans and site plan which accompany this ch 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