FOR OFFICE USE ONLY

Jurisdiction: Village of Hinckley **Permit Number:** ____-____-____

Date Received: ____/____/____ **Date Issued:** ____/____/____

APPLICATION FOR PERMIT

(Type or print in black or blue ink)

Applicant's Name: _____ **Applicant's Address:** _____
Street/P.O. Box
_____
City/State/Zip

Applicant's Telephone: _____

Applicant's Fax Number: _____ **Applicant's E-Mail Address:** _____

Owner's Name: _____ **Owner's Address:** _____
(If different from applicant.)
Street/P.O. Box

Owner's Telephone: _____
_____
City/State/Zip

Owner's Fax Number: _____ **Owner's E-Mail Address:** _____

Address for Permit: _____ **County:** _____
(Must include applicable title: Street/Drive/Court, etc.)

Subdivision: _____ **Unit:** _____ **Lot:** _____

Property Index Number (PIN): _____ **Construction Value:** $_____

Purpose of Permit: _____

A Plat of Survey must accompany all permit applications for construction of any new structure or addition/change to existing structures, including decks, swimming pools, fences, etc. Projects such as roofing or residing do not require a Plat of Survey.

DESCRIPTION

Dimensions of Building or Addition: Number of Stories: _____ Width: _____ Depth: _____ Height: _____

Structure's Total Sq. Footage (all floors and garage): _____ No. of Rooms: _____ No. of Bedrooms: _____

No. of Parking Spaces: Indoor: _____ Outdoor: _____

PROJECT PROFESSIONALS

	Name	Street Address City/State/Zip	Telephone	Facsimile
Architect			- -	- -
Engineer			- -	- -
General Contractor			- -	- -

UNDER PENALTIES OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or completed this application, and that it is true and correct to the best of my knowledge and belief. I agree to construct said improvement(s) in compliance with all provisions of the Building and Zoning Ordinances and all amendments thereto. I realize the information I have affirmed hereon forms a basis for the issuance of a building permit and any misrepresentations will nullify any permit issued based upon this application. I also realize this permit is null and void 180 days from the date of issuance; and, it is my responsibility to request and have all required inspections completed prior to continuing with construction. ***The applicant for this permit agrees to pay all Plan Review Fees whether or not a permit is issued (no refunds will be issued). If the permit is returned after issuance for a refund because of project cancellation, the applicant agrees to pay a penalty payment of 25% of the building permit fee, to defray administrative costs.***

Applicant's Signature: _____ *Date:* _____

Printed Name of Applicant: _____

DO NOT OCCUPY BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

DO NOT WRITE BELOW THIS LINE—FOR DEPARTMENT OF BUILDING SAFETY USE ONLY

Zoning Classification: _____ Zoning Review Completed and Approved: _____ Date Completed: _____

Flood Plain Classification: _____ Flood Plain Review Completed and Approved: _____ Date Completed: _____

Permit Issuance Approved by: _____ Date: _____

Issuing Information: _____

Plan Review Fee: $_____ Fire Sprinkler/Alarm Plan Review Fee: $_____ Building Permit Fee: $_____

White — Jurisdiction/Municipality Yellow — Assessor Green — Applicant Card—Building Official