

**KANE COUNTY DEVELOPMENT DEPARTMENT
BUILDING AND COMMUNITY SERVICES DIVISION
719 BATAVIA AVENUE BUILDING A
GENEVA, ILLINOIS 60134
(630) 232-3485**

KANE COUNTY BUILDING AND ZONING PERMIT APPLICATION

Application Date: _____

REQUIRED SUBMITTALS required at time of application

For Residential Construction:
2003 International Residential Code, as amended

- 2 complete sets of construction plans
- 3 copies of a plat of survey or site plan drawn to scale, with the proposed construction and all existing structures drawn to scale, no larger than 11 x 17 paper size
- Signed Kane County Health Dept. form for well / septic or water / sewer hook-up approval
- 1 copy of access / culvert permit
- Legal description for new single family construction
- KDOT Impact Fee receipt

For Non-residential and Multi-family:
2003 International Building Code, as amended

Schedule pre-application meeting with the Building Officer or Permit Coordinator

For Agricultural Exempt Structures:

Refer to handout for Agricultural Exempt Structures
Notarized Agricultural Exempt Structure Form required

In the State of Illinois, Fire Protection Districts have the authority to adopt and enforce ordinances independent from Kane County's adopted building codes and ordinances. It is the owner's responsibility to notify the appropriate fire protection district and comply with any required submittals, inspections and occupancy requirements in addition to those required by Kane County.

PROPERTY INFORMATION PLEASE PRINT

Parcel/ PIN / Tax Id. REQUIRED
(from title or tax bill)

Property Address (except new construction) _____

City _____ Zip _____

Property Owner Information

Owner: _____

Address: _____

City / St: _____ Zip _____

Phone #: _____

BUILDING PERMIT APPLICATION

Proposed Construction &/or Use: _____

Residential: Subdivision/Lot _____

Commercial: Project Name _____

Private Well?

Public Water Supplier _____

Private Septic?

Public Sewer _____

COSTS, SQUARE FOOTAGE, UNITS

New Construction Cost _____ Stormwater Permit # _____

Remodeling Cost _____ Well & Septic Permit # _____

Total Estimated Cost _____ Well & Septic Permit #2 _____

New Dwelling Units _____ Access Permit

Issued by _____

New Square Feet	
Above Ground _____	(includes garage, decks, porches & stoops)
Basement _____	
Crawl Space _____	
Total _____	

(Continued on Other Side)

CONTACTS

Primary Contact for Project: Owner Lessee General Contractor
 Other _____

GENERAL CONTRACTOR (Required)

_____ Zip _____

Office _____ Mobile _____

Company _____

Contact _____

Address _____

City & State _____

E-mail _____

Phone #s _____

ARCHITECT (Required, if Commercial Project)

_____ Zip _____

Office _____ Mobile _____

ROOFING CONTRACTOR (Required)

_____ Zip _____

Office _____ Mobile _____

License _____

Company _____

Contact _____

Address _____

City & State _____

E-mail _____

Phone #s _____

License _____

PLUMBING CONTRACTOR (Required)

_____ Zip _____

Office _____ Mobile _____

License _____

Other Contacts such as Lessee, Electrical Contractor, Designer, Structural Engineer, etc. Indicate which in type of contact.

Type of Contact _____

_____ Zip _____

Office _____ Mobile _____

Company _____

Contact _____

Address _____

City & State _____

E-mail _____

Phone #s _____

Type of Contact _____

_____ Zip _____

Office _____ Mobile _____

In consideration of this application and attached forms being made a part thereof, and the issuance of permit, I/we will conform to the regulations set forth on the Kane County Zoning and 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 Building Officer.

 Signature of Owner or Authorized Agent

 Printed Name