



VILLAGE OF SHOREWOOD APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9.		Permit Number
App. Date (mm/dd/yy)	Type Permit <input type="checkbox"/> Building (B) <input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)		

2. OWNER INFORMATION

First Name	Last Name or Business Name	Customer Number	Phone
Street Address	City	State	Zip

3. CONTACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	STREET ADDRESS	CITY	STATE	LICENSE NO.
Applicant (not owner)					
Architect / Engineer					
General Contractor					

COMPLETE LIST OF CONTRACTORS ON PAGE 4

4. CERTIFICATION

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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. 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 representative 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.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK	TITLE	PHONE NO.

5. BUILDING PERMIT INFORMATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE: ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12 (7) <input type="checkbox"/> DAY CARE FACILITY (8) FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)		INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI FAMILY (17) <input type="checkbox"/> BCCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)		<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FEEL SERVICE REPAIR GARAGE PUBLIC UTILITY _____ _____ _____ _____ _____ _____
Plan Number _____		IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)				

Structural (check that applicable) Frame <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4) _____	Exterior (check those applicable) Walls <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4) _____
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. Feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. Feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. Feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. Feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. Feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. Feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. Feet)
Elevators / Escalators (Number)	Outside Parking (Number)	Manufacturing (Sq. Feet)
Est. Start _____ MM / DD / YY	Est. Finish _____ MM / DD / YY	Building Est. Value \$

6. ELECTRICAL PERMIT INFORMATION

Electrical Work Yes No

Total Service	AMPS	Number of Circuits:	2 WIRE	3 WIRE	4 WIRE	Number of Service Outlets:	110V	220V
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD	
1				7				
2				8				
3				9				
4				10				
5								
6				Total Number of Motors				

Utility Service Revisions: _____

Est. Start _____ MM / DD / YY	Est. Finish _____ MM / DD / YY	Electrical Work Est. Value \$
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7. PLUMBING PERMIT INFORMATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/showers		Drinking Fountains	Back Flow Preventers
Shower Stalls		Floor Drains	Water Pumps
Lavatories		Water Heaters	Roof Openings
Toilets		Water Softeners	Parking Lot Drains
Urinals		Sewage Ejectors	Inside Downspouts
Sinks		Sump Pumps	Swimming Pools
Laundry Tubs		Grease Traps	Standpipes (Y/N) (Number of Hose Outlets)
Dishwashers		Bidets	Fire Sprinklers (Y/N) (Number of Heads)
Garbage Disposals			Lawn Sprinklers (Y/N) (Number of Heads)
			Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)	
Water Service Size _____ IN.		Water Meter Size _____ IN.	Avg. Daily Water Use _____ GPD
Utility Service Revisions:			
Est. Start _____ MM / DD / YY	Est. Finish _____ MM / DD / YY	Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT INFORMATION

Mechanical Work Yes No

Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor	Electric Furnace
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start _____ MM / DD / YY	Est. Finish _____ MM / DD / YY	Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____ MM / DD / YY	Est. Finish _____ MM / DD / YY	Est. Value \$

LIST ALL SUBCONTRACTORS:

	TYPE OF CONTACTOR	FULL COMPANY NAME	PHONE NO.	LICENSE NO.
1	GENERAL			
2	ASPHALT PAVING			
3	CARPENTRY			
4	CONCRETE			
5	DRYWALL/LATHING			
6	DRYWALL/PLASTER			
7	ELECTRICAL			
8	EXCAVATION			
9	FIRE ALARM			
10	GUTTERS			
11	HVAC			
12	INSULATION			
13	LANDSCAPING			
14	MASONRY			
15	MECHANICAL			
16	PAVING			
17	PLUMBING			
18	ROOFING			
19	ROUGH CARPENTRY			
20	SEWER			
21	SIDING			
22	SPRINKLER			
23	STEEL ERECTION/BASEMENT			
24				
25				
26				
27				
28				
29				
30				

ATTACH A LIST OF ALL CONTRACTORS NOT LISTED ON THIS FORM

Village of Shorewood Top of Foundation Agreement for Residential Uses

Subdivision	Unit No.	Lot No.
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I, _____, the undersigned, do hereby agree to construct the
(please print)

top of the foundation wall to the following elevation as required by the Final Plat dated _____, 20_____.

I fully acknowledge that the Village of Shorewood will accept only *four (4) inches higher -or- three (3) lower* than the elevation of _____, given to me by the Village of Shorewood.

A plat of survey or a statement from an engineering firm indicating the elevation of the foundation wall needs to be submitted to the Building Inspector for review. The plat of survey or statement is required to be submitted before framing begins on the home.

If the plat of survey or statement is not received prior to the onset of framing, a stop work order may be issued. If the foundation wall is not in conformance, it may be necessary to remove the wall at the builder's or owner's expense.

Any violation of this agreement will result in a "stop work order" being placed on this structure and necessitate the removal of the non-conforming walls and foundation at my expense.

Date

Signature

Pad	.
+	. 66
T.O.W.	. =====
Inlet No.	
San. Rim No.	
Elevation	

Builder _____

Organization _____

Address _____

City _____ **State** _____ **Zip** _____

Village of Shorewood

Final Grade Responsibility Agreement

Subdivision	Unit No.	Lot No.
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I, _____, the undersigned, being the:

- (check all that apply) applicant for a building permit for the above described lot
- owner of the above described lot
 - contract purchaser of the above described lot
 - developer of the above named subdivision

do hereby agree that I am responsible for the final grading of the above described lot. I agree to grade to the overall ***as-built subdivision grading plan*** as set forth by the Village of Shorewood or the subdivision developer's specifications. I will provide the final grading survey by a surveyor prior to a final inspection or bond \$500.00 when the occupancy permit is issued.

Date

Signature

Builder _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____