City of Danville
Department of Community Development – Building Safety

APPLICATION FOR BUILDING PERMIT

PROJECT ADDRESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CONTRACTOR'S NAME: _____ **REGISTRATION #:** _____

CONTRACTOR'S ADDRESS: _____

SUB-CONTRACTOR INFORMATION:_____

CLASS OF WORK: Choose Option

TYPE OF STRUCTURE: Choose Option **Roof License #:**_____

DESCRIPTION OF WORK PLANNED: _____

_____

_____

PROJECT VALUE: $ _____ **COMPLETION DATE:** _____

IS THE PROJECT LOCATED WITHIN THE ENTERPRISE ZONE? YES NO

DOES THIS WORK TAKE PLACE IN THE PUBLIC RIGHT OF WAY? YES NO

(Examples: Sidewalk, Driveway Approach, Curb cut, etc.) IF YES, RIGHT OF WAY PERMIT IS ALSO REQUIRED

DOES THIS WORK TAKE PLACE IN THE 100 YEAR FLOODPLAIN? YES NO

APPLICANT UNDERSTANDS THAT THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT. NOTE: THE LAW REQUIRES THAT ALL WORK MUST BE INSPECTED AND APPROVED BEFORE IT IS CONCEALED. It is the sole responsibility of the permit holder to call the inspector and make arrangements at least 24 hours in advance for required inspections. Applicant certifies that all information given is correct and does hereby acknowledge that the work noted above will be in conformance with the codes and ordinances of the City of Danville and with the laws of the State of Illinois.

_____ _____

APPLICANT (please print) **SIGNATURE**

_____ _____ _____

PHONE # **EMAIL** **APPLICATION DATE**

----------*TO BE COMPLETED BY CITY STAFF*----------

Permit Cost: $_____ Fee Paid?: Y N Receipt #: _____

Payment - Check #:_____ Cash:_____ CreditCard:_____ Zoned: _____ (example R1, B1, P1)

Permit Number Assigned: BLDG____-_____ Initials for Approval: _____