



RESIDENTIAL BUILDING PERMIT APPLICATION

INSPECTIONS DEPARTMENT
 912 16TH AVE, EAST MOLINE, IL 61244
 PHONE: (309) 752-1509 FAX: (309) 752-1572
 OFFICE HOURS: MON-FRI 8-9:30 AM, 3:30-4:30 PM

Section 1 – PROJECT INFORMATION

Project Address: _____
 Owner Name: _____ Owner Phone: _____
 Description of Work Proposed: _____

Section 2 – VALUATION – PERMIT FEE

General Construction	\$	_____	Electrical	\$	_____	Total Cost	\$	_____
Mechanical	\$	_____	Plumbing	\$	_____	Permit Fee	\$	_____

Section 3 – SUBCONTRACTORS

Electrical: _____ Plumbing: _____
 Mechanical: _____ Concrete/Flatwork: _____
 Sprinkler: _____ Roofing: _____

Section 4 – CONSTRUCTION DETAILS

<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Garage/Shed <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Waterproofing <input type="checkbox"/> Other	Total Square Feet _____ Basement Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No Egress Window? <input type="checkbox"/> Yes <input type="checkbox"/> No # Stories _____ # Bedrooms _____ # Bathrooms _____ # Replacement Windows: _____ # Replacement Doors: _____ U-Factor of Windows or Doors: _____	Roofing: <input type="checkbox"/> House <input type="checkbox"/> Garage Tear Off: <input type="checkbox"/> Yes <input type="checkbox"/> No Existing Layers: _____ Total Number of Squares: _____ Roof Material: <input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other <hr/> Siding: <input type="checkbox"/> House <input type="checkbox"/> Garage Total Number of Squares: _____ Siding Material: <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Vinyl <input type="checkbox"/> Cement <input type="checkbox"/> Metal
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Section 5 – APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one): <input type="checkbox"/> Contractor (Registered with East Moline) <input type="checkbox"/> Property Owner (Owner of Legal Record) <input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	Applicant or Company Name: _____ Applicant or Company Address: _____ Applicant or Company Phone Number: _____
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APPLICANT SIGNATURE: X _____ **DATE:** _____