

City of Freeport

APPLICATION FORM FOR BUILDING PERMIT

314 W. Stephenson St, Freeport, IL 61032 • Phone (815) 235-8202 • Fax (815) 599-5819 • cdadmin@cityoffreeport.org

ADDRESS: _____ DATE: _____

ADDRESS OWNERS NAME(S): _____

DETAILED TYPE OF CONSTRUCTION: _____

Is the property for which the permit is requested in the Historic District? ___Y ___N Floodway? ___Y ___N

Will the project for which the permit is requested require erosion control per Freeport Ordinance 2022-10? ___Y ___N

ESTIMATED CONSTRUCTION COST (LABOR & MATERIALS) \$ _____

CONTRACTORS

BUILDING	_____	SIGNAGE	_____
ELECTRIC	_____	CONCRETE	_____
HVAC	_____	DEMOLITION	_____
PLUMBING	_____	ROOFING	_____
MISC CONTRACTOR	_____	LICENSE #	_____

"The lot lines are located as shown on the sketch and all distances from the lot lines to buildings are correct as set forth in the sketch. In the event any site work is necessary to verify location of lot lines and distances, the work will be done at the expense of the undersigned."

By signing below, the undersigned represents that he/she will perform all work authorized by this permit in strict accordance with the plans and specifications submitted herewith, and in compliance with all applicable building, zoning, and safety codes.

Applicant Signature _____

Phone # _____ Email _____

PLANS APPROVED BY: Commissioner _____ Building Inspector _____

PLANS NOT APPROVED: _____ Permit Fee \$ _____