



Community Development
 Building and Inspection Services
 2100 Ridge Avenue
 Evanston, Illinois 60201-2798
 T 847.448.4311
 FAX 847.448.8020
www.cityofevanston.org

BUILDING PERMIT APPLICATION

*Please type or print in ink. ALL APPLICABLE LINES **MUST** BE COMPLETED.*
YOU WILL NEED ARCHITECTURAL DRAWINGS IF CONSTRUCTION COST EXCEEDS \$10,000

Address of Property: _____
 (Include floor/unit #'s where work is to be done - This must include a house number and street name.
 We do not accept street intersections or building names.)

Use of Bldg:

- Single Family
- Multi-Family-Rental: # of units _____
- Existing Condominium # of units _____
- Condo Conversion / New Condo: # of units _____
- Restaurant
- Office
- Garage
- Retail: _____
- Health Care
- Educational: _____
- Other: _____

**** Office Use Only ****

Application # _____

Landmark / Historic District: _____

Yes Applicant **MUST** complete back of application & Pres. worksheet

No

Scope of Work: _____
Work Valuation (required for permit issuance) \$ _____

APPLICANT/CONTACT NAME: _____

PHONE NUMBER: _____ X _____

E-MAIL ADDRESS: _____

24 HOUR EMERGENCY CONTACT-DURING CONSTRUCTION:

Name: _____

Phone Number: _____

OWNER OF PROPERTY: _____ **PHONE#:** _____

Address (if different): _____ **E-MAIL ADDRESS:** _____

ARCHITECTURE FIRM: _____ **PHONE #:** _____ **FAX #:** _____

ARCHITECT'S E-MAIL ADDRESS: _____

Contractor Information

(Please enter the contractors necessary for this job. If the contracts are out to bid, this portion can be completed prior to permit issuance)

General Contractor: _____

Phone #: _____ **Fax #:** _____

Address: _____ **Email:** _____

Evanston License #: _____ **Expiration Date:** _____

Plumber/Sewer: _____

Phone #: _____ **IL State License #:** _____

Address: _____ **Email:** _____

Electrical Contractor: _____

Phone #: _____ **Fax #:** _____

Address: _____ **Email:** _____

City where licensed: _____ **License #:** _____

Mechanical Contractor: _____

Phone #: _____ **Fax #:** _____

Address: _____ **Email:** _____

Evanston License #: _____ **Expiration Date:** _____

Additional Permit Information
(Please complete the sections below that apply)

Sign/Roofing/Other Contractor: _____	
Address : _____	Email: _____
Phone #: _____	Fax #: _____

LANDMARK / HISTORIC DISTRICT

Is the property where the work is to be done a Landmark or in a Historic District?

- If YES, please answer the following questions: NO

Are there exterior modifications to the property?

- If YES, you must apply for a Certificate of Appropriateness.

NO, I will not be modifying the exterior in anyway: X _____
Sign and Print Your Name

MULTI-UNIT APARTMENTS / CONDOMINIUMS

Are you constructing a new multi-unit residential building, upgrading an existing apartment building, or converting an existing building into apartments?

- If Yes, please answer the following questions No

Are these residential units going to be condominiums?

- If YES, how many units? _____
You must contact the Plan Review/Project Super Supervisor at (847) 448-4311 to begin the Condominium paperwork.
(Required for Permit issuance).

NO, These units will not be sold as condominiums: X _____
Sign and Print Your Name

WATER/SEWER: NEW, REPAIR, OR REPLACEMENT, AND/OR WORK ON THE PUBLIC WAY

Does this project require street, sidewalk/parkway openings and/or obstruction of a public right of way (driveway, street, sidewalk, or parkway)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, a Right of Way Permit must be obtained from the City Engineer prior to issuance of a building permit, and in addition to a building permit for work performed.</i>

I have completed the application honestly and to the best of my knowledge. I understand that all work performed pursuant to this application shall be in strict compliance with all provisions of the City of Evanston statutes, laws, rules, regulations and ordinances.

Applicant Signature _____ **Date:** _____