



City of LaSalle

La Salle County, Illinois
City Offices - 745 Second Street - La Salle, Illinois 61301-2599

Fax: 815-223-9508 www.lasalle-il.gov

Building Inspections

Tel: 815-223-2980

Inspection Hours:

10 AM - 4 PM

BUILDING PERMIT

No. B _____

PERMIT TO:

INSTALL
 ALTER

EXCAVATE
 REPAIR

ERECT
 DEMOLISH

ADDRESS OF STRUCTURE

DATE OF APPLICATION

PIN

LOT #

APPLICATION IS HEREBY MADE FOR / SCOPE OF WORK

FOUNDATION AREA

TOTAL FLOOR AREA

BUILDING HEIGHT & NO. OF STORIES

BEDROOMS

BATHS

EXT. WALL CONST.

BASEMENT (YES, NO, PARTIAL)

MULTI. FAMILY UNITS

BEDROOMS

0-1

2

3

4

OWNER WHEN COMPLETED

ADDRESS

CITY

ZIP

PHONE

ARCHITECT

ADDRESS

CITY

ZIP

PHONE

PLAN NUMBER

REMARKS

GENERAL CONTRACTOR

ADDRESS

CITY

ZIP

PHONE

CARPENTRY

ADDRESS

CITY

ZIP

PHONE

MASONRY

ADDRESS

CITY

ZIP

PHONE

LATHING, DRYWALL, OR PLASTERING

ADDRESS

CITY

ZIP

PHONE

ROOFING CONTRACTOR

ADDRESS

CITY

ZIP

PHONE

HVAC CONTRACTOR

ADDRESS

CITY

ZIP

PHONE

CONDITIONS:

- PLANS SPECIFICATIONS AND SURVEY ARE ATTACHED AS A PART OF THIS APPLICATION. THE APPLICANT HEREBY CERTIFIES TO THE CORRECTNESS OF THE ABOVE INFORMATION AND AGREES THAT NO OCCUPANCY WILL BE PERMITTED WITHOUT FIRST SECURING FINAL INSPECTION AND OCCUPANCY CERTIFICATE. APPLICANT FURTHER AGREES TO ADHERE TO THE PROVISIONS OF THIS APPLICATION AND THE BUILDING, ZONING, AND OTHER APPLICABLE ORDINANCES OF THE CITY OF LASALLE, ILLINOIS.
- THIS PERMIT IS ISSUED WITH THE EXPRESS STIPULATION THAT IF THE PUBLIC SIDEWALK IS DAMAGED IT MUST BE REPLACED, AND IF LOCATED IN A SUBDIVISION APPROVED AFTER 1-1-05 SHALL BE INSTALLED.
- CONSTRUCTION MATERIAL OR DUMPSTERS CANNOT BE PLACED ON CITY PROPERTY.
- SMOKE DETECTORS REQUIRED PER ILLINOIS STATE LAW, THE INTERNATIONAL BUILDING CODE, AND INTERNATIONAL RESIDENTIAL CODE.
- SIX-INCH (6") ADDRESS NUMBERS REQUIRED (CONTRASTING COLOR) VISIBLE FROM THE STREET.

Permit Expires: _____
(6 months following date of application)

FOR OFFICE USE ONLY

PROCESSED BY: _____

NAME / SIGNATURE

APPROVED BY: _____

BUILDING INSPECTOR SIGNATURE

ESTIMATED COST: \$ _____

ZONING DISTRICT: _____

USE GROUP: _____

CONST. TYPE: _____

MIN. YARD SETBACKS

FRONT: _____
SIDE: _____
SIDE: _____
REAR: _____

SIGNATURE OWNER AGENT

PRINT NAME