

THE CITY OF SPARTA HAS ADOPTED THE FOLLOWING CODES:

- 2018 International Building Code
- 2018 International Residential Code
- 2018 International Existing Building Code
- 2018 International Mechanical Code
- 2021 Illinois Energy Conservation Code
- Illinois Plumbing Code
- 2017 National Electrical Code
- Illinois Accessibility Code

CITY OF SPARTA

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		Is Owner Applicant (Y/N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)			

PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		
Plan Number		ASSEMBLY	INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
IMPROVEMENT TYPE:		<input type="checkbox"/> THEATRE	<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> PARKING GARAGE
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> NIGHT CLUB	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> CARPORT
<input type="checkbox"/> ADDITION		<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> JAIL	<input type="checkbox"/> MOTOR FUEL SERV.
<input type="checkbox"/> ALTERATION		<input type="checkbox"/> CHURCH	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> REPAIR GARAGE
<input type="checkbox"/> REPAIR / REPLACEMENT		<input type="checkbox"/> OTHER ASSEMBLY	RESIDENTIAL	<input type="checkbox"/> PUBLIC UTILITY
<input type="checkbox"/> DEMOLITION		<input type="checkbox"/> BUSINESS	<input type="checkbox"/> HOTEL, MOTEL	_____
<input type="checkbox"/> RELOCATION		EDUCATIONAL	<input type="checkbox"/> APARTMENT	_____
<input type="checkbox"/> FOUNDATION ONLY		<input type="checkbox"/> (GRADES 1-12)	<input type="checkbox"/> MULTI-FAMILY	_____
<input type="checkbox"/> CHANGE OF USE ONLY		<input type="checkbox"/> DAY CARE FACILITY	<input type="checkbox"/> DUPLEX	_____
		FACTORY	<input type="checkbox"/> SINGLE FAMILY	_____
		<input type="checkbox"/> MODERATE HAZARD	STORAGE	
		<input type="checkbox"/> LOW HAZARD	<input type="checkbox"/> MODERATE HAZARD	
		<input type="checkbox"/> HIGH HAZARD	<input type="checkbox"/> LOW HAZARD	

Structural Frame		Exterior Walls	
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood
<input type="checkbox"/> Other Identify: _____		<input type="checkbox"/> Other Identify: _____	

Are any **structural assemblies** fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value \$

PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water Tap Date ____/____/____		Public Sewer Tap Date ____/____/____			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start ____/____/____		Est. Finish ____/____/____		Plumbing Work Est. Value \$	

MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units

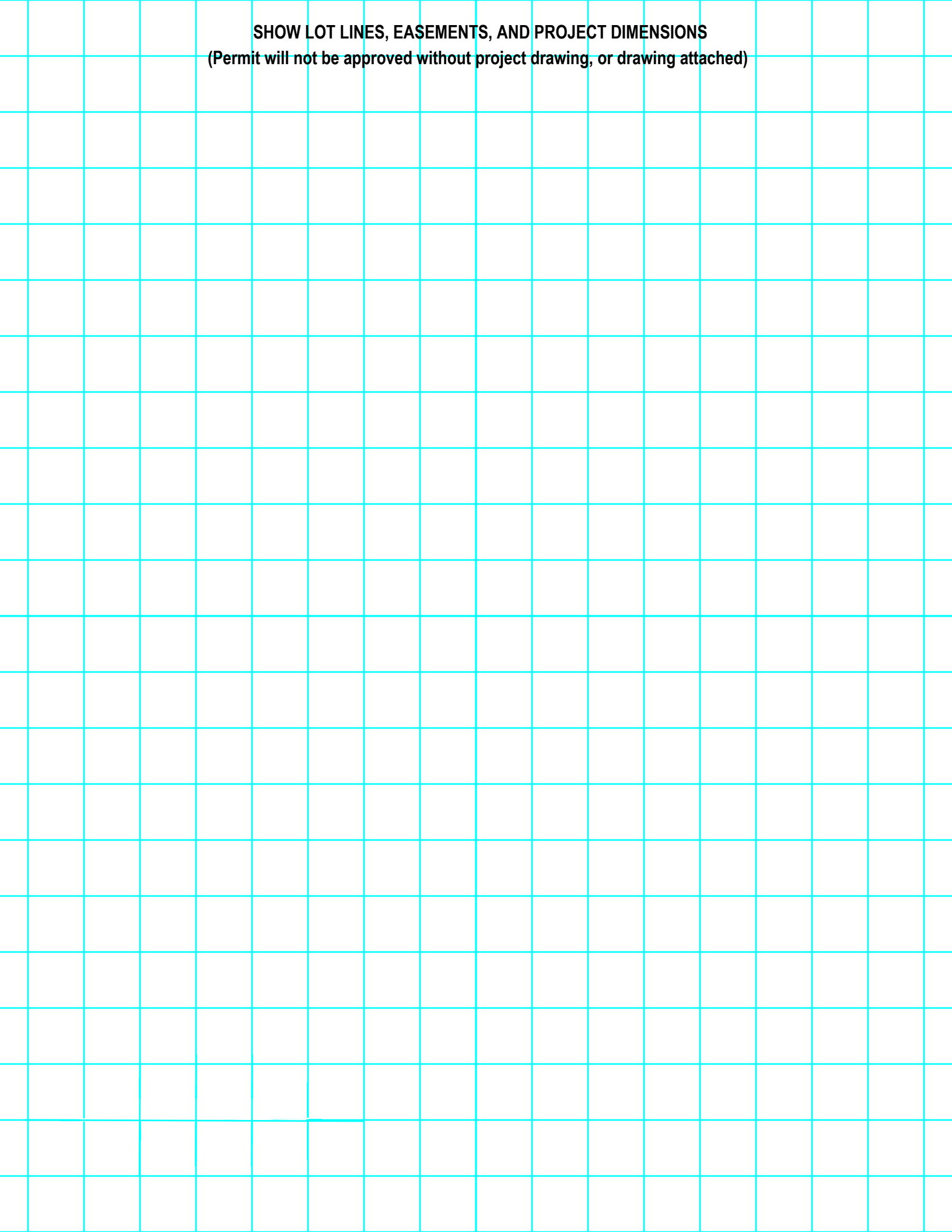
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other					
Est. Start ____/____/____		Est. Finish ____/____/____		Mechanical Work Est. Value \$	

SOLAR / ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE			Number of Service Outlets: _____ 110V _____ 220V		
POWER DEVICES		No.	OUTPUT/LOAD	SOLAR PANELS		No.	OUTPUT/LOAD
				OTHER			
Will the current electric service or existing panel be upgraded? Yes No							
Is Roof Remediation Required for Solar? Yes No							
Est. Start ____/____/____		Est. Finish ____/____/____		Electrical Work Est. Value \$			

SHOW LOT LINES, EASEMENTS, AND PROJECT DIMENSIONS
(Permit will not be approved without project drawing, or drawing attached)



FOR OFFICE USE ONLY
PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ZONING DISTRICT _____ PERMIT NO. _____
 LOT AREA _____ LOT COVERAGE (%) _____
 STORMWATER PLAN _____ ENCROACHMENTS _____
 OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____
 LOADING SPACE _____
 SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

SPARTA CITY COUNCIL APPROVAL REQUIRED _____ APPROVED _____
 BOARD OF ZONING APPEALS APPROVAL REQUIRED _____ APPROVED _____

Building Permit			
Electrical Permit			
Plumbing Permit			
Mechanical Permit			

Plan Review Fee
 Certificate of Occupancy Fee
 Other Fee

TOTAL FEES

Completed _____ Date _____

Approved By: _____ Title: _____