

## **Kane County Development & Community Services Building Permit Application**

Kane County Government Center 719 Batavia Ave Building A Geneva, Il, 60134 (630) 232-3485

Applicant Information:						
pplication Date: Applicant Name:						
Property Address:						
Pin/ Tax ID (found on title or tax bill):						
Relation to Property: Owner/ Contractor/ Lessee/ Tenant / Other:						
Applicant Phone:	Applicar	nt Email:				
Primary Contact for Building P	ermit:					
Property Owner Information: Check here if applicant is property owner						
Name:			Phone:			
Email:						
Mailing Address:						
Type of general work being requested:						
New Construction I	Remodel/ Alteration	Addition	Repair	Establishment of Use	Demolition	
Specific type of work being requested:						
Accessory Structure	Damage Assessment	HVAC/V	Water Heater	Solar Panel System		
Agricultural Exemption	Deck/ Gazebo /Pavilion	Kitchen/	Bath Remodel	Shed< 200 square feet.		
Basement (finished)	EV Charging System	Pool/ Ho	ot Tub/ Spa	Sign		
Cell Tower	Electric Service	Privacv	Fence	Single Family Residence		
Cell Tower Co-Location	Generator Roof/		ling	Windows/Doors		
Type of Building:	Residential Con	dential Commercial Agricultural Multi-Family Resi		Multi-Family Residence	ce	
Description of Work:						
- 						
Project Cost:	_	New Square Feet:		Please check below if applicable:		
New Construction Cost:	Dagamanti					
Crawl Space:				Private Septic Priv	ate Well	
Total Cost:	—— Total Sq. Fee	Total Sq. Feet:				

 $\label{lem:prop:control} Please \ submit\ the\ required\ permit\ documents\ to: \\ KaneBuildingDeptPermits@KaneCountyIL.Gov$ 

or

https://cvportal.kanecountyil.gov/portalserver

2021 International Residential Code

2021 International Building Code

2021 International Existing Building Code

2021 International Mechanical Code

2020 National Electric Code

2018 Illinois Energy Conservation Code

2014 Illinois State Plumbing Code

2018 Illinois Accessibility Code

General Contractor Info	Check here if property owner will be the one doing the work.
Contractor Name:	Contractor Phone #:
Contractor Email:	
<b>Architect Information:</b>	
Architect Name:	Architect Phone #:
Architect Email:	
Roofing Contractor Info	
Contractor Name:	Contractor Phone #:
Contractor Email:	
Contractor Address:	
Plumbing Contractor In	formation:
	Contractor Phone #:
Contractor Email:	
Contractor Address:	
Electric Contractor Info	rmation:
Contractor Name:	Contractor Phone #:
Contractor Email:	
Contractor Address:	
If your Contractor is not	listed above please provide information below:
Contractor Name:	Contractor Phone #:
Type of Contractor:	
Contractor Email:	
Contractor Address:	
conform to the regulation s performed under said per	plication and attached forms being made a part thereof, and the issuance of permit I/We will set forth on the Kane County Zoning & Building Ordinances. I/We also agree that all work nit will be in accordance with the building plans and site plan which accompany this h changes as may be authorized by the Kane County Building Officer.
-	Signature of Property Owner or Authorized Agent
-	Printed Name of Property Owner or Authorized Agent
	Date Signed & Printed