



25 East State Street, North Aurora, IL 60542
 P: 630.897.1457 F: 630.897.0269
 www.northaurora.org

APPLICATION FOR BUILDING PERMIT

Applicant: _____ Phone No: _____

JOB LOCATION & LOT INFORMATION

Property Use (circle one) Residential Commercial Industrial

Street Address: _____ Lot No. _____

Subdivision: _____ P.I.N. _____ - _____ - _____

Additional Information: Bedroom(s): _____ Bathroom(s): _____ Square Footage: _____

Township (circle one): Aurora Batavia Blackberry Sugar Grove

IMPROVEMENT TYPE (circle one):

1 New Residential	2 New Commercial	3 New Multi-Family	4 Demolition
5 Residential Remodel	6 Commercial Remodel	7 Multi-Family Remodel	8 Basement Remodel
9 Deck/Gazebo/Pergola	10 Driveway	11 Garage	12 Lawn Sprinkler
13 Patio	14 Shed	15 Swimming Pool	16 Roofing
17 Siding	18 Windows	19 Other _____	

Total Cost of Project (estimated): \$ _____ **Fair Market Value:** \$ _____

PROPERTY OWNER(S):

Property Owner: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____

Tenant / Renter: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____



25 East State Street, North Aurora, IL 60542
P: 630.897.1457 F: 630.897.0269
www.northaurora.org

CONTRACTOR(S):

General Contractor: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Plumbing Contractor: _____ **Plumber's License #** _____

Roofing Contractor: _____ **Roofing License #** _____

Please Note:

****All new construction and commercial remodeling/build-outs must submit a Fox Metro sanitary connection permit.**

****A copy of the State of Illinois plumbing or roofing license shall be required with ALL permit applications involving plumbing or roofing work.**

****Applicant must submit **two (2) copies** of the current plat of survey showing all existing improvements and showing the location of the proposed work drawn to scale.

Applicants must submit **two (2) sets** of the building plans for residential and **four (4) sets** for commercial. Plans should include all views of the proposed work; including size, top view of all floors, foundation plan, electrical and plumbing locations, cross sections, elevations, etc. Please include any additional drawings or details that may be necessary to properly describe the scope of work.

Architect's Seal (Illinois) required on all commercial, industrial, multi-family structures and on homes of 2,000 square feet or more. **(Required by State of Illinois, Department of Professional Regulations).**

Provide if applicable: Flood plain, curb cut permit, parking plan, KDOT and IDOT permit and permits from Fox Metro Water Reclamation District and Kane County Department of Transportation Impact Fee.

I hereby certify that I am the owner of record or the owner of record authorizes the proposed work, and I have been authorized to act on his/her behalf as the agent. I agree to conform to all applicable laws and ordinances of the Village of North Aurora.

Printed Name: _____

Date: _____

Signature: _____

FOR OFFICE USE

Approved by: _____

Date: _____

Fox Metro Approval? _____

KDOT Approval? _____

Plumbing Fee: \$ _____

Total Fee: \$ _____