



25 East State Street, North Aurora, IL 60542
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www.northaurora.org

APPLICATION FOR BUILDING PERMIT

Please Note: All new construction and commercial remodeling/build-outs must have a Fox Metro Sanitary Connection Permit.

Date: _____

Applicant: _____ Phone No: _____

Job Address: _____ E-mail: _____

Subdivision: _____ Phase: _____ Unit: _____

Lot No. _____ Tax Parcel Number: _____

Township: Aurora _____ Batavia _____ Blackberry _____ Sugar Grove _____

Improvement Type: (below) _____ Property Use: _____

- | | | | |
|-------------------------|------------------------|--------------------------|----------------|
| 1 - New Residential | 2 - New Commercial | 3 - New Multi-Family | 4 - Demolition |
| 5 - Remodel Residential | 6 - Remodel Commercial | 7 - Remodel Multi-Family | |
| 8 - Basement Remodel | 9 - Deck/Gazebo | 10 - Driveway | 11 - Fence |
| 12 - Garage | 13 - Lawn Sprinklers | 14 - Patio | 15 - Shed |
| 16 - Swimming Pool | 17 - Re-Roof | 18 - Siding | 19 - Windows |
| 20 - Other _____ | | | |

Square Feet: _____ # of Bedrooms _____ # of Bathrooms _____ Stories: _____ Garage _____

Property Owner: _____ Phone: _____

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

Contractor: _____ Phone: _____ E-mail: _____

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

(Over)

* Plumber's License # _____ Expiration Date _____
(Required by the State of Illinois)

* Electrician's License # _____ Expiration Date _____

* Roofers License # _____ Expiration Date _____
(Required by the State of Illinois)

Please Note: Copy of Electrician's, State Plumber's and Roofer's License required with ALL Applications doing plumbing, electrical or roofing work.

Model: _____ Elevation: _____

Project Cost: _____ Retail Value at Completion: _____

****Applicant must submit with this application, **2 copies** of the current plat of survey showing all existing improvements and showing the location of the proposed work drawn to scale. Unless reviewed by the Community Department.

Applicants must submit **2 copies** of the building plans, **4 copies** if commercial. Plans should include all views of the proposed work, including size, top view of all floors, foundation plan, electric and plumbing locations, cross sections, elevations, etc. We require **2 copies** of a site plan and **4 copies** of a site plan if commercial. Please include any additional drawings or details that may be necessary to show work.

Architects Seal (Illinois) required on all commercial, industrial, multi-family structures and on homes of 2000 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 in his/her behalf as the agent, I agree to conform to all the laws and Ordinances of the Village of North Aurora, Illinois.

Owner's **Printed** Name: _____

Signed: _____ Date: _____

FOR OFFICE USE

Date Received/Submitted: _____ **Fox Metro** _____

Approved by: _____ Rejected by: _____

Date: _____ Date: _____

Fee: _____ Total: _____