



BUILDING PERMIT APPLICATION

Community Development
Building and Inspection Services
2100 Ridge Avenue
Evanston, Illinois 60201-2798
T 847.448.4311
FAX 847.448.8020
www.cityofevanston.org

Please type or print in ink. ALL APPLICABLE LINES **MUST BE COMPLETED**.
YOU WILL NEED ARCHITECTURAL DRAWINGS IF CONSTRUCTION COST EXCEEDS \$10,000

Address of Property: _____
(Include floor/unit #'s where work is to be done - Must include a house number and street name. We do not accept intersections or building names).

Name of Business: _____
Type of Business: _____
 Check if change from previous business type

Use of Building/ Type of Project: (Check all that apply)
 Single Family Commercial
 Multi-Family-Rental: # of units _____
 Condo Conversion / New Condo: # of units _____
 Dwelling Conversion
 Addition
 Garage Detached Attached
 Exterior Renovation Interior Renovation
 Restaurant Office
 Health Care Retail
 Educational
 Other: _____
 Check if change from previous building use

**** Office Use Only ****

Application # _____

Landmark / Historic District: _____

Yes Applicant **MUST** complete back of application & Pres. worksheet
 No

Owner Occupied: Yes No

Scope of Work: _____

Work Valuation (required for permit issuance) \$ _____

APPLICANT/CONTACT NAME: _____
PHONE NUMBER: _____ X _____
E-MAIL ADDRESS: _____

24 HOUR EMERGENCY CONTACT-DURING CONSTRUCTION:
Name: _____
Phone Number: _____

OWNER OF PROPERTY: _____ **PHONE#:** _____
Address (if different): _____ **E-MAIL ADDRESS:** _____
ARCHITECTURE FIRM: _____ **PHONE #:** _____ **FAX #:** _____
ARCHITECT'S E-MAIL ADDRESS: _____

Contractor Information

(Please enter the contractors necessary for this job. If the contracts are out to bid, this portion can be completed prior to permit issuance)

General Contractor: _____
Phone #: _____
Address: _____ **Email:** _____
Evanston License #: _____ **Expiration Date:** _____

Plumber/Sewer: _____
Phone #: _____ **IL State License #:** _____
Address: _____ **Email:** _____

Electrical Contractor: _____
Phone #: _____
Address: _____ **Email:** _____
City where licensed: _____ **License #:** _____

Mechanical Contractor: _____

Phone #: _____

Address: _____ Email: _____

Evanston License #: _____ Expiration Date: _____

Additional Permit Information
(Please complete the sections below that apply)

Sign/Roofing/Other Contractor: _____
Address : _____
Phone #: _____ Email: _____

LANDMARK / HISTORIC DISTRICT

Is the property where the work is to be done a Landmark or in a Historic District?

- If YES, please answer the following questions: NO

Are there exterior modifications to the property?

If YES, you must apply for a Certificate of Appropriateness.

NO, I will not be modifying the exterior in anyway: X _____

Sign and Print Your Name

MULTI-UNIT APARTMENTS / CONDOMINIUMS

Are you constructing a new multi-unit residential building, upgrading an existing apartment building, or converting an existing building into apartments?

- If Yes, please answer the following questions No

Are these residential units going to be condominiums?

If YES, how many units? _____
You must contact the Plan Review/Project Super Supervisor at (847) 448-4311 to begin the Condominium paperwork.
(Required for Permit issuance).

NO, These units will not be sold as condominiums: X _____

Sign and Print Your Name

WATER/SEWER: NEW, REPAIR, OR REPLACEMENT, AND/OR WORK ON THE PUBLIC WAY

Does this project require street, sidewalk/parkway openings and/or obstruction of a public right of way (driveway, street, sidewalk, or parkway)? Yes No

If YES, a Right of Way Permit must be obtained from the City Engineer prior to issuance of a building permit, and in addition to a building permit for work performed.

I have completed the application honestly and to the best of my knowledge. I understand that all work performed pursuant to this application shall be in strict compliance with all provisions of the City of Evanston statutes, laws, rules, regulations and ordinances.

Applicant Signature _____ **Date:** _____