

**CITY OF CARMi
BUILDING PERMIT APPLICATION**

Date: _____

Permit Number: _____

---Submit to: City Clerk; City of Carmi; 225 E. Main St.; Carmi, IL 62821 (Phone: 618.384.2001)

APPLICANT:

Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____ Business Name (if applicable): _____

Property Owner (if different than applicant):

Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

PROPERTY

Address of Project Site: _____

Present Use of Property: _____ Proposed Use: _____

Circle One: New Construction Remove or Demolish

List Names of Adjoining Property Owners: _____

Describe Work to be Done: _____

IF YOU ARE ON A STATE HIGHWAY, PLEASE CHECK WITH IDOT FOR RULES AND REGULATIONS.

ANY NEW COMMERCIAL STRUCTURE MUST BE INSPECTED BY THE ILLINOIS PLUMBING INSPECTOR

Signature of Applicant

Date

Signature of Property Owner

Date

ON THE REVERSE SIDE OF THIS PAGE PLEASE PROVIDE A PENCIL DRAWING OF THE PROPOSED CONSTRUCTION. PLEASE SHOW APPROXIMATE DISTANCE TO PROPERTY LINES, SIDEWALKS, STREETS, UTILITIES AND OTHER BUILDINGS IN GENERAL AREA. SHOW DIRECTION WITH A "NORTH" INDICATOR.

DO NOT WRITE BELOW LINE – OFFICE USE ONLY

THIS SECTION TO BE COMPLETED BY LOCAL UTILITY DEPARTMENTS

WATER DEPT: DATE INSPECTED: _____ APPROVED BY: _____

SEWER DEPT: DATE INSPECTED: _____ APPROVED BY: _____

STREET DEPT: DATE INSPECTED: _____ APPROVED BY: _____

ELECTRIC DEPT: DATE INSPECTED: _____ APPROVED BY: _____

FLOOD PLAIN OFFICIAL: DATE INSPECTED: _____ APPROVED BY: _____

GAS COMPANY: DATE INSPECTED: _____ APPROVED BY: _____

**FINAL APPROVAL
CITY OF CARMi**

APPROVED: _____ / _____ / _____ DENIED: _____ / _____ / _____

CITY CLERK