

City of Moline
BUILDING PERMIT APPLICATION
 3635 4 Avenue, Moline, IL 61265
 Phone 309-524-2370 Fax 309-524-2379

Permit No. _____
 Code Edition 2003 IBC
 2003 IRC

Job Address _____
 Registered landmark or in historic district? Yes No

(circle one): RESIDENTIAL COMMERCIAL

Property Owner _____
 Address _____
 City/State _____ Zip _____
 Phone _____

Describe Scope of Work: (complete reverse side if new construction, addition, sprinkler, or demolition)

- Residential: Owner Occupied _____
 Rental Property _____
- Tenant Name, if commercial _____

Developer _____
 Contact Name _____
 Address _____
 Phone No. _____

	\$ Valuation		Fees
	Applicant	City	
Building	_____	_____	_____
Demolition	_____	_____	_____
Sprinkler	_____	_____	_____
Sign	_____	_____	_____
Electrical	_____	_____	_____
Mechanical	_____	_____	_____
Plumbing	_____	_____	_____
Sidewalk	_____	_____	_____
Approach/Curb Cut	_____	_____	_____

Firm Preparing Plans:
 Contact Name _____
 Address _____
 Phone _____

Total Job Cost _____

Registered Architect or Engineer:
 Illinois Reg. No. _____

Certificate of Occupancy Fee

\$ _____ or Performance Bond _____

General Contractor _____
 Contact Name _____
 Address _____
 Phone _____

Enterprise Zone (permit/plan review fees waived) YES NO

Sprinkler Contractor _____
 Address _____
 Phone _____

Other Fees

Plan Review Fees _____
 Drainage Permit _____
 Investigation _____
 Re-inspection _____

Roofing Contractor _____
 Address _____
 Phone _____
 State Roofing License No. _____
 Expiration Date _____

TOTAL FEES _____

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the Moline Code of Ordinances. I realize that the information I have affirmed hereon forms a basis for the issuance of the building permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provisions of any City of Moline Ordinance or to excuse the owner or his successors in title from complying therewith. The applicant agrees that THIS STRUCTURE SHALL NOT BE USED, OCCUPIED OR FURNISHED IN WHOLE OR IN PART UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED as required by law.

Electrical Contractor _____
 Address _____

Applicant Name (please print) _____

Mechanical Contractor _____
 Address _____

Applicant Signature _____

Plumbing Contractor _____
 Address _____

Address _____

Building Official _____	Date _____
Zoning _____	Date _____
Fire _____	Date _____

City/State _____ Zip _____

Phone _____ Cell _____

1. PROPOSED USE CLASSIFICATION: _____

2. TYPE OF CONSTRUCTION: _____

3. OCCUPANCY GROUP(S): _____

4. PROPOSED FLOOR AREAS:

No. of Stories _____

Building Height _____

Total Habitable Square Footage

First Floor _____

Second Floor _____

Additional Floors _____

Basement _____

Finished _____

Unfinished _____

Garage/Carport Square Footage _____

Deck/Porch Square Footage _____

5. DRIVEWAY (width at property line before flare) _____

Second Entrance: Yes No

Variance Granted: Yes No

6. CITY SIDEWALK (linear feet) _____

7. WATER & SEWER TAP-ON FEES PAID: Y N

Water \$ _____

Sewer \$ _____

9. FLOODPLAIN CERTIFICATE SUBMITTED: Y N

10. SPRINKLER, PRIVATE HYDRANT OR OTHER
FIRE PROTECTION EQUIPMENT:

Have plans been submitted for approval to Insurance

Underwriters: Y N

Sprinklers:

How many installed or added: _____

How many removed: _____

Hydrants on private property:

How many installed or added: _____

How many removed: _____

11. STORM WATER DRAINAGE PERMIT
(SEC 34-4200)

NO PERMIT REQUIRED
(Less than 500 sq ft of land disturbance)

CLASS 1 DRAINAGE \$150.00
(500 sq ft but less than 43560 sq ft/1 acre of land disturbance or additional impervious surfaces)
▪ Submit documents with permit application as noted on checklist

CLASS 2 DRAINAGE \$250.00
(43560 sq ft/1 acre or more of land disturbance or additional impervious surfaces)
▪ Submit documents with permit application as noted on checklist

STORM WATER UTILITY MEASUREMENTS:
(Figures should reflect measurements for total lot, not just net changes)

Impervious Area: acres _____

Pervious Area: acres _____

City Engineer

Date

12. DEMOLITION

➤ 10-day notice to State of Illinois submitted: Y N

➤ Sewer connection terminated:

Plumbing Inspector

➤ Gas service terminated:

Mechanical Inspector

➤ Water service & meter terminated:

Water Department

➤ Electrical service terminated:

Electrical Inspector

CONTRACTOR ASSURES THAT ALL MATERIALS OR WASTE MUST BE ABATED OR DISPOSED OF IN ACCORDANCE WITH THE MOLINE CODE OF ORDINANCES.