

CITY OF CHILLCOTHE  
BUILDING PERMIT

INFORMATION AND APPLICATION

2017

**CITY OF CHILlicoTHE**  
**BUILDING PERMIT FEE SCHEDULE**

**ONE-FAMILY AND TWO-FAMILY RESIDENTIAL: NEW CONSTRUCTION, ADDITIONS AND ALTERATIONS**  
(cost includes trade permits)

Fee per square foot.....	\$ 0.50
Minimum fee, new construction.....	\$ 1,000.00
Minimum fee, additions.....	\$ 500.00
Minimum fee, alterations.....	\$ 250.00

**COMMERCIAL**

(Requires separate trade permits)

Fee per square foot.....	\$ 0.75
Minimum.....	\$1,000.00
Maximum.....	\$7,500.00

**ELECTRICAL, PLUMBING, HVAC (Including generator)**

New construction, additions.....	no additional fee
Alterations.....	\$ 55.00 Per additional permit (see separate permit)

**MISCELLANEOUS BUILDING PERMITS**

Swimming pools:

Above ground.....	\$50.00
Partially or totally submerged.....	\$100.00

Fences.....\$50.00

Sign

No electrical.....	\$50.00
With Electrical.....	\$100.00

Demolition permit.....\$50.00

Accessory Buildings other than garages

<100 sf.....	\$50.00
>100 sf.....	\$100.00

Garages

<600 sf.....	\$250.00
>600 sf.....	\$500.00

Decks/Porchs

Freestanding.....	\$250.00
Attached.....	\$500.00

**CITY OF CHILLCOTHE  
REQUIRED BUILDING INSPECTIONS**

It is required that a set of Permit Documents must be at the Site at all times

1. FOOTINGS/EXCAVATION, with
  - a. Form Set
  - b. Reinforcing installed
  - c. Erosion control in place
  - d. Temporary electrical service completed

NOTE: For underground/under-slab plumbing inspections contact the Illinois State Plumbing inspector at (309) 210-8963

2. FOUNDATION WALLS AND BASEMENT FLOOR SLAB (prior to backfill)
3. FRAMING, EXTERIOR ENVELOPE, MECHANICAL AND ELECTRICAL ROUGH-IN

NOTE: Truss engineering package must be included with permit documents.  
For plumbing inspections contact the Illinois State Plumbing Inspector at (309) 210-8963

4. EXTERIOR AIR BARRIER INSPECTION
5. INTERIOR INSULATION INSPECTION
6. FINAL INSPECTION

INSPECTIONS FOR: BUILDING  
STRUCTURAL  
HVAC  
ELECTRICAL  
FIRE PROTECTION

CALL: SCOT WOLF (309) 251-7346

INSPECTIONS FOR: PLUMBING

CALL: ILLINOIS STATE PLUMBING INSPECTOR  
(309) 210-8963

CITY OF CHILLICOTHE  
CONTACT INFORMATION

UTILITY LOCATIONS:	(JULIE) 811 OR 1-800-892-0123 OR <a href="http://www.illinois1call.com">www.illinois1call.com</a>
ADDRESS ASSIGNMENT	(309) 274-5056 DENISE PASSAGE OFFICE MANAGER
AMEREN ILLINOIS	1-800-755-5000
WIGAND DISPOSAL (GARBAGE)	(309) 274-4589
WATER/SEWER	SHAWN SUTHERLAND SUPERINTENDENT OF PUBLIC WORKS (309) 303-5889
INSPECTIONS FOR:	BUILDING                      CALL: SCOT WOLF (309) 251-7346 STRUCTURAL HVAC ELECTRICAL FIRE PROTECTION
INSPECTIONS FOR:	PLUMBING                      CALL: ILLINOIS STATE PLUMBING INSPECTOR (309) 210-8963

## CITY OF CHILlicoTHE

### CHECKLIST FOR NEW SINGLE FAMILY DWELLINGS AND DUPLEXES

- PROVIDE A COMPLETED PERMIT APPLICATION. The consolidated application is for zoning approval and a building permit.
- PROVIDE 2 COPIES OF THE SITE PLAN. At least one copy should be hard copy and you may submit one copy in electronic format. Providing the detailed site plans is required to verify compliance with zoning requirements and help in determining and issuing any required right away permits. See the list of items to be included on the site plan.
- PROVIDE 2 SETS OF BUILDING PLANS. At least one copy should be hard copy and you may submit one copy in electronic format. Residential plans are not required to be architecturally sealed. See the list of items to be included on prints.
- PROVIDE ENGINEERING SPECIFICATIONS FOR TRUSSES, I-JOIST, LVL's, LAM's AND STEEL BEAMS, ECT. All beam specifications are required at the time of application. Other specifications may be provided at a later date.
- PROVIDE A RESCHECK. All permits must meet Illinois Energy Conservation Code which follows the latest published edition of the INTERNATIONAL ENERGY CONSERVATION CODE (IECC). More information can be found @ <https://www.illinois.gov/cdb/business/codes/Pages/IllinoisEnergyConservationCode.aspx> . If using REScheck to verify compliance it must pass the current edition of REScheck, available @ <https://www.energycodes.gov/rescheck> . A prescriptive method may also be used; a detailed checklist can be provided to help verify compliance.
- STATE RADON ACT. All new residential construction must follow the State of Illinois – Radon Resistant Construction Act (420 ILCS 52 - <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3422&ChapterID=37> )
- APPLICATIONS ARE AVAILABLE ON LINE AT <http://www.cityofchillicotheil.com> . Click on Departments, click on Zoning/Building and select Permit Application for the permit application and permit fee information.
- APPLICATIONS AND SUPPORTING DOCUMENTATION MAY BE SUBMITTED BY E-MAIL. Please send all required information to Denise Passage - [dpassagemanager@mchsi.com](mailto:dpassagemanager@mchsi.com) .
- THE APPLICANT IS REQUIRED TO OBTAIN THE PERMIT PRIOR TO STARTING CONSTRUCTION
- THE AVERAGE REVIEW AND PROCESS TIME REQUIRED PRIOR TO THE ISSUANCE OF A NEW SINGLE FAMILY PERMIT IS 72 HOURS.
- FOR ANY QUESTIONS OR CONCERNS YOU MAY CONTACT THE ZONING ADMINISTRATOR, DENISE PASSAGE, AT (309) 274-5056 OR VISIT OUR OFFICE LOCATED ON THE AT CITY HALL, 908 N. 2<sup>ND</sup> STREET, CHILlicoTHE, IL 61523.

## **ITEMS TO BE INCLUDED ON RESIDENTIAL PRINTS**

### **1. Site plan drawn to an identified scale**

- Label property lines
- Show the distance between the property lines and the proposed structure
- Depict the driveway and show the width
- Show directional North arrow

### **2. Elevations**

- Show all 4 sides of the house (include exterior wall coverings)

### **3. Foundation Plan**

- Footing size
- Pier pad location and size
- Wall type and height (height of backfill)
- Vertical rebar size and on center spacing
- Vapor barrier
- Label required egress window
- Indicate location of sump pump and floor drain
- Indicate if basement is unfinished or finished (if finished, label rooms and provide sq. ft.)

### **4. Floor Plans**

- Indicate the sq. ft. of living space
- Label all rooms
- Show dimensions of rooms and include size of wall openings and header sizes
- Label required egress windows
- Show wall height (all that exceed 8' provide a framing detail)

### **5. Provide length of dryer vent (include the number and type of elbows)**

### **6. Provide wall section representative of building submitted**

- Include insulation R values
- Show ice shield
- Size of overhang
- Show vapor barrier
- Indicate wall sheathing or alternate

### **7. Provide engineering specifications for all laminated beams, LVL's, Steel Beams, I-Joist and trusses**

- Provide layout for I-Joist and truss systems

***Providing us with the above information reduces our review time, allows us to issue you the permit faster and helps eliminate discrepancies during the construction of your project.***

**CITY OF CHILLCOTHE  
APPLICATION FOR BUILDING PERMIT**

For Office Use Only:  
Date Received: \_\_\_\_\_  
Permit # \_\_\_\_\_

**PROPERTY INFORMATION:**

Street Address: \_\_\_\_\_  
Current Zoning District: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Total Construction Cost: \_\_\_\_\_

**DEVELOPMENT INFORMATION:**

Site Plan and/or Building Plans and Structural Information required:

	Existing	Proposed
Building Square Footage		
Building Height		
Number of Parking Spaces		

- Application for:**
- Addition
  - Deck
  - Shed
  - Porch open
  - Porch Enclosed/roofed
  - Attached Garage
  - Detached Garage
  - Single Family Dwelling
  - Multi Family Dwelling
  - Interior Remodel
  - Other \_\_\_\_\_
  - Change in occupancy
  - Commercial

- Submittal Requirements:**
- Construction drawings required
  - Site Plan, drawn to engineer/architect scale
  - items listed on page 5
  - Commercial plans must be sealed by an engineer/architect

(Alteration or remodeling of existing building or structure shall include any changes in structural members, stairways, basic construction, type, kind or class of occupancy, light or ventilations, means of egress and ingress or any other changes affecting or regulated by the building code, except for minor repairs of changes not involving any of the aforesaid provision)\_

**Description of Work to be performed:**

**APPLICANT INFORMATION:**

Owner/Tenant (Print): \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor/Agent (Print): \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Signature\*\*: \_\_\_\_\_

**Applicable Building Codes:**

2012 International Building Code	2012 International Fire Code	2012 International Residential Code
2012 International Mechanical Code	2012 International Fuel Gas Code	2012 International Existing Build Code
Current State of Illinois Plumbing Code	National Electrical Code (NFPA70)2014	2012 International Property Maintenance Code
2015 International Energy Conservation Code (State Mandated 2015 IECC)		Illinois Accessibility Code

\*by signing this form, I certify that I have read and understand the application and have also checked appropriate boxes. The information provided is true and correct. I understand that the Permit being issued based upon the information I have provided on the application: that the permit will not be valid if the application is found to be untrue or incorrect: and that enforcement action will ensue if the application or improvements are determined to be illegal. Should inspections not be completed the applicant will be fully responsible for code conformances.

\*\*Contractor agrees to perform the above work in accordance with the plans, specifications and ordinances of the City of Chillicothe Violation of the above shall subject the person to fines and penalties.

The layout shown below represents your lot. The dimensions of your lot, width and depth are required to be shown on the layout. Show the location of existing buildings on the lot, the footage from the four property lines, the location of the proposed building with the footage from the four property lines for the new construction. Also show any streets and/or alley adjacent to the property as well as North arrow. The research and locations of all easements (e.g. sewer, electric, telephone, gas, water, etc...) and property line is the responsibility of the property owner.

**SKETCH ALL STRUCTURES ON THE PROPERTY WITH DIMENSIONS AND SETBACKS**

**(IMPORTANT: Setback footage from the property lines must be accurate)**





**LIST OF SUBCONTRACTORS**

1. FOUNDATION: \_\_\_\_\_

2. PLUMBING: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

ILLINOIS STATE LICENSE #: \_\_\_\_\_

3. HVAC: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

5. ELECTRICAL: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

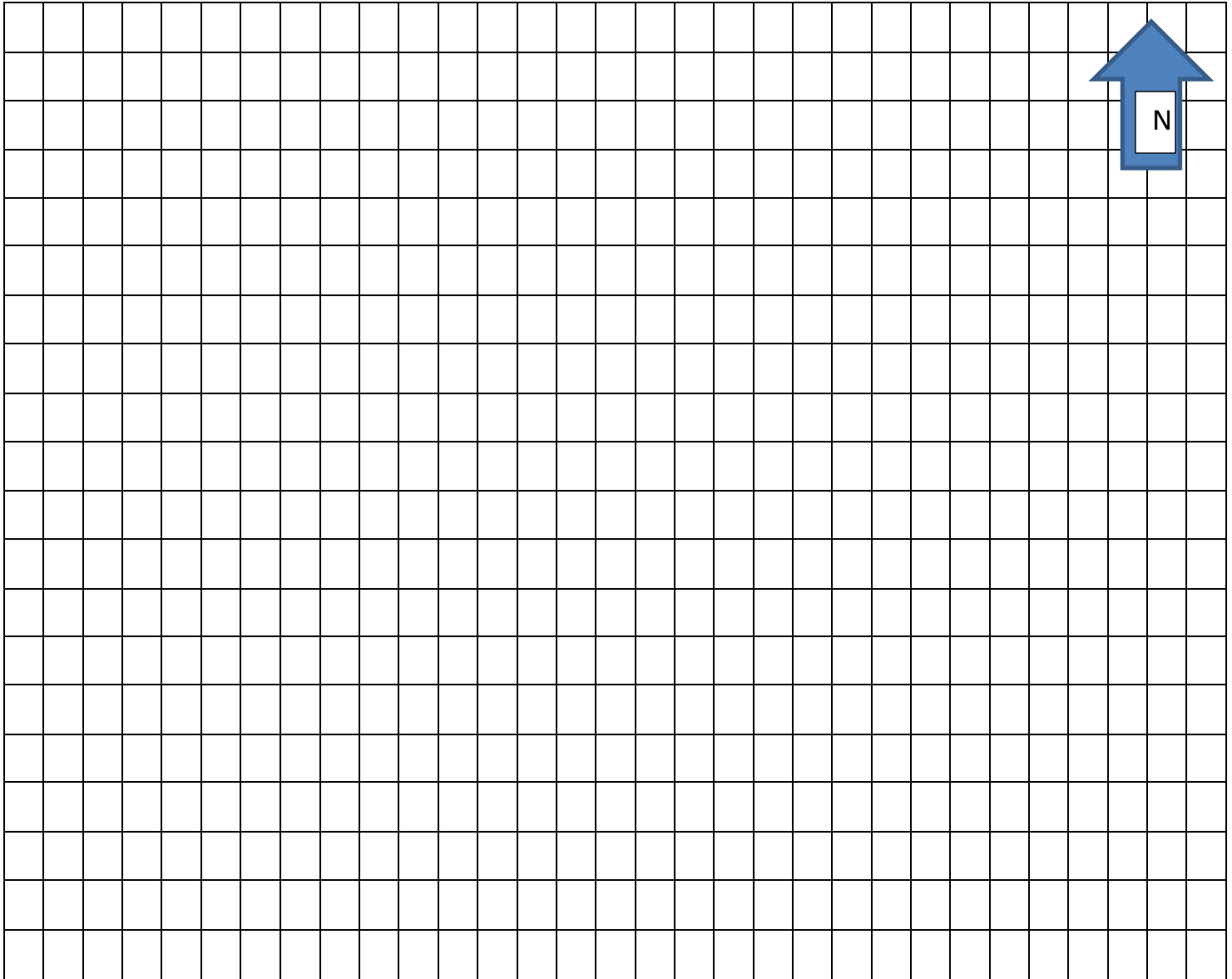
6. ROOFING: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

ILLINOIS STATE LICENSE #: \_\_\_\_\_

CITY OF CHILLCOTHE  
BUILDING PERMIT  
SITE PLAN





Complete the site plan using blue or black ink. Include the following information on the site plan above AND attach a reproducible site plan with the same information:

- all existing and/or proposed buildings and structures and the dimensions  
Of each
- topographical information such as roads, trees, ponds, hills gullies, streams, etc..
- label all structures (e.g. house, shed, garage, etc...)
- label requests pertinent to this petition

**LEGEND**

Property Line =

Existing Structure = 

Proposed Structure = 

Fence = 

CITY OF CHILLICOTHE  
APPLICATION  
WATER AND SEWER SERVICE

WATER APP, NO. \_\_\_\_\_ SEWER APP. NO. \_\_\_\_\_ DATE: \_\_\_\_\_

The undersigned applicant hereby certifies to the Mayor and the City Council for the City of Chillicothe, Peoria County, Illinois, that he is the legal owner in the title real estate in the City of Chillicothe legally described as:

Lot Number: \_\_\_\_\_  
Block Number: \_\_\_\_\_  
House Address: \_\_\_\_\_

Said property is improved with a \_\_\_\_\_ constructed on said property, and hereby requests permission of the Superintendent of Public Works of the City of Chillicothe on behalf of the Mayor and City Council for:

Water Connection: 1" Pipe 2" Pipe Sewer Connection 6" pipe: Yes No  
Circle one Circle One

**FEE SCHEDULE**

<u>Water Connection</u>	<u>Sewer Connection</u>	<u>Meter/Backflow Fee:</u>
Connection Fee \$500.00	Connection Fee \$500.00	3/4" - \$ 227.00
Connection Fee over 1" *	Connection fee over 1" *	1" - \$ 351.00
*Note: Connections larger than 1" shall also pay additional charges as determined by the Superintendent of Public Works based on the actual cost of the connection.		Over 1" Determined by Superintendent

**DESCRIPTION OF PREMISES**

Residential Home: Yes No Other: \_\_\_\_\_  
Circle One

The applicant hereby agrees to make the necessary connections to the water and sewer system as reported above and comply with all ordinances of the City of Chillicothe and the Greater Chillicothe Sanitary District regulating the operation of the water and sanitary sewer systems. Applicant further agrees to ascertain that all service lines of the system are in compliance with specifications and rules established by the City for the regulations of said system. The cost of the labor and materials required for installing water service from the property line to the premises and the sewer service from the sanitary sewer to the premises will be paid for by the applicant (no water service shall be farther than (60) feet from main to curb stop). **All house water and sewer connection and City water and sewer connections are required to be made in the presence of the Superintendent of Public Works or his representative and sewer inspector before back filling of the connections can be undertaken or completed.** Suitable space must be provided for all meter connections as per specifications by the Superintendent of Public Works. I certify that the construction work will be done by contractor duly licensed by the City of Chillicothe. I agree to give the office of the City Clerk proper notice of the beginning and ending of the work provided by ordinance. Further, before the issuance of a permit, the plans and specifications of the work to be done or complete description of the work to be done will be submitted.

\_\_\_\_\_  
Signature of Applicant Address of Applicant

Contractor Making the Connection: \_\_\_\_\_ City License # \_\_\_\_\_  
Address of Contractor: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Paid: Cash \_\_\_\_\_  
City Clerk Check: \_\_\_\_\_