



City of Collinsville
LIMITED BUILDING PERMIT APPLICATION
 Department of Community Development
 Building Division (618) 346-5200 Ext. 1126
 Type 'U'

PERMIT NO.: _____

Not for improvements over \$10,000 or improvements involving plumbing, drywall, structure, or total rehab

PROPERTY OWNER _____ TYPE OF IMPROVEMENT (ABOVE GROUND POOL) _____

ADDRESS OF IMPROVEMENT _____ COST OF IMPROVEMENT _____

CONTRACTOR _____ ADDRESS AND PHONE NUMBER _____

Connections to be made:	<input type="checkbox"/> Electrical _____ AMP Service	<input type="checkbox"/> Plumbing
Project fencing will be:	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Lockable gate will be :	<input type="checkbox"/> New	<input type="checkbox"/> Existing
If both fencing and lockable gates are existing record their overall height: _____ ft.		

CERTIFICATION: By signing below, applicant certifies the following:

- WORK SHALL COMPLY WITH ALL APPLICABLE MUNICIPAL AND STATE CODES. For a list of municipal codes, please visit the City's website at https://library.municode.com/il/collinsville/codes/code_of_ordinances

I have received a copy of the code requirements related to my project. _____ Initial Here

- SKETCH OF IMPROVEMENT REFERENCING LOCATION, SIZE AND DISTANCES FROM PROPERTY LINES AND STRUCTURES SHALL BE ATTACHED.

YOU ARE REQUIRED TO NOTIFY THE BUILDING DEPARTMENT FOR INSPECTIONS AS IMPROVEMENTS PROGRESS, IF WORK NEEDS TO BE PERFORMED OUTSIDE THE SCOPE OF WORK LISTED, AND WHEN THE WORK IS COMPLETED. (618) 346-5200 Ext. 1126

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

SIGNATURE _____ Owner Representative _____ PRINTED NAME (if Representative) _____

TYPE "U" PERMIT FEE.....\$50.00

For Office Use Only

ISSUED BY: _____ DATE: _____

Comments: _____