



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

PERMIT NO.: _____

FOR ROOFING, SIDING, WINDOWS, SWIMMING POOLS, FENCES, SHEDS, OR OTHER WORK OVER \$500
Not for improvements over \$10,000 (except roofing & siding) or improvements involving electric, plumbing, drywall, structure, or total rehab

| | |
|------------------------|------------------------------------|
| PROPERTY OWNER | TYPE OF IMPROVEMENT |
| ADDRESS OF IMPROVEMENT | COST OF IMPROVEMENT |
| CONTRACTOR | LICENSE NO. (Required for Roofing) |
| CONTRACTOR ADDRESS | CONTRACTOR PHONE |

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/codeofordinances>
- For a list of Residential Deck Construction Codes, please visit the website at: <https://www.awc.org/codes-standards/publications/dca6>
 - I have received a copy of the code requirements related to my project. _____ Initial Here
- WHERE APPLICABLE, SKETCH OF IMPROVEMENT REFERENCING LOCATION, SIZE AND DISTANCES FROM PROPERTY LINES SHALL BE ATTACHED.
- THE SUBJECT PROPERTY IS NOT LOCATED WITHIN THE UPTOWN COLLINSVILLE ZONING DISTRICT, IS NOT LOCATED WITHIN THE HISTORIC DISTRICT, AND IS NOT A DESIGNATED HISTORIC LANDMARK
 - The subject property is located within the Historic District or Uptown District or is a Historic Landmark; I have received an application for *Certificate of Appropriateness* and understand a copy of this application for building permit will be forwarded to the Historic Preservation Commission for review, and that the permit will not be issued until approved.
- YOU ARE REQUIRED TO NOTIFY THE BUILDING DEPARTMENT FOR INSPECTIONS AS IMPROVEMENTS PROGRESS AND WHEN WORK IS COMPLETED. (618) 346-5200 Ext. 1126

By signing this application, I hereby certify that the information provided on this application is true and correct; that I have read and understand the procedures, ordinance and requirements associated with the application. I also understand that this application will expire within 180 days of the date of my signing. I also acknowledge that it is the responsibility of the applicant to contact the Community Development Department if work needs to be performed beyond the scope of work listed on the permit.

SIGNATURE _____ Owner Representative _____ PRINTED NAME (if Representative)

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

For Office Use Only

ISSUED BY: _____ DATE: _____

Comments: _____