



**KANKAKEE COUNTY PLANNING DEPARTMENT
BUILDING & ZONING DIVISION PERMIT APPLICATION
NON-RESIDENTIAL (COMMERCIAL/INDUSTRIAL)**

Applicant to complete sections 1, 3, 4, & 6:

Date Received: _____ Plan Review Fee: _____
Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Mailing Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Is the property within the Enterprise Zone? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

Total Estimated Value of Project: _____ Total Value: _____
Signed Contract (Attach): _____ Material: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge

(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: ☐ Denied: ☐

If denied, state reason why: _____

SECTION 6: CONTRACTOR INFORMATION

Owners Name: _____ Type of Construction: _____

If the contractor's list should change at any time during the project, a revised list shall be submitted to the Planning Department

Trade: _____ Contractor: _____ Phone #: _____	License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No Bond <input type="checkbox"/> Yes <input type="checkbox"/> No
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Trade: _____ Contractor: _____ Phone #: _____	License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No Bond <input type="checkbox"/> Yes <input type="checkbox"/> No
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Trade: _____ Contractor: _____ Phone #: _____	License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No Bond <input type="checkbox"/> Yes <input type="checkbox"/> No
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Roofing: _____ Phone #: _____ State License #: <u>104-</u>	License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No Bond <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration _____
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Plumbing: _____ Phone #: _____ State License #: <u>058-</u> State Registration #: <u>055-</u>	License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No Bond <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration: _____ Expiration: _____
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Date Received: _____ Date Approved: _____ Approved By: _____