



**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: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	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 _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	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 _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	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 _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	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 _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	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 _____

Roofing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State License #: <u>104-</u>	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 _____

Plumbing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State License #: <u>058-</u>	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State Registration #: <u>055-</u>	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Expiration _____
	Expiration _____

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_