City Of St Charles
Two East Main Street
St. Charles Illinois 60174

Residential Alterations, Repair or Additions

Department: Building Zoning Phone: (630) 377-4406 Fax:(630) 443-4638

The following are guidelines for obtaining a building permit to construct an addition or remodel a residential building.

1. A building permit is required prior to any construction or remodeling.
2. An application is to be filled out and submitted to the Building Department. The contractors names and addresses, phone numbers and if required their license numbers are to be filled out when submitting the application.
3. A filing fee is to be paid at time of submission of application and plans. Please ask our office for the amount of the filing fee for your project.
    - For an alteration the submittal fee is **$100.00**
      Additional fees for your permit to be paid at the time the permit are approved and ready to be obtained.
      Alteration is based upon estimated cost:
      $4,001 to $24,000 at $5.50 each/1,000
      $24,001 on at $2.50 each 1,000

    - For an addition the submittal fee is **$100.00**
      Additional fees for your permit to be paid at the time the permit are approved and ready to be obtained.
      Additions:
      $.21 per square foot up to 10,000 square feet

4. **Re-inspection fee**. During the construction of your project should you fail any of the required inspections there is a re-inspection charge. The fee schedule is as follows; Inspections (with the exception of a final) that require a re-inspection be conducted, a fee of $40.00 for each re-inspection will be invoiced to the builder and/or owner. If the inspection is a final and requires a re-inspection, a fee of $75.00 for each final re-inspection is to be paid at the Building and Zoning Office prior to the Final Occupancy being issued. To obtain a Temporary Certificate of Occupancy a fee of $75.00 is required.
5. Two (2) sets of drawings showing the construction or remodeling details are to be submitted with the application.
6. If application is for an addition, two (2) copies of the plat of survey, showing the location of the addition and the measurements to all of the lot lines are to be submitted with the application.

Each Zoning District has its own setbacks that must be maintained. To determine what your setbacks are, please contact our office.

7. It is the responsibility of the homeowner/contractor to arrange to have all underground utilities located. Attached for your information is a form giving you the companies and their telephone numbers for underground locations.

8. It is the responsibility of the homeowner/contractor to schedule with the Building Department the required inspections. The required inspections are indicated on the Plan Review form, which is attached to your permit and the Field Copy of drawings. When calling to schedule an inspection, please have the address and the permit number.

9. Inspections shall be called a minimum of 24 hours before they become due.

J.U.L.I.E.
Joint Utility Location Information for Excavators
1-800-892-0123

Dig Number:_____ Date Notified:_____

Please Note: J.U.L.I.E. requires 48 hours notice before digging.

One phone call to J.U.L.I.E. will notify all of the following public utilities. These service utilities need to be located and marked by utility representatives prior to starting any excavation, grading, or other work that is below the ground surface. You will receive a Dig Number, which you should record above along with the date of notification.

Utility	Color Code Marker
Electric Utilities	Red
Comcast (Cable)	Orange
Northern Illinois Gas (NICOR)	Yellow
Sewer Utilities	Green
Telephone Utilities	Orange
Water Utilities	Blue

BUILDING & ZONING DIVISION
(630) 377-4406 OR (630) 377-4410

Robert J. Vann	Jerry Essem, Tom Medernach,	Steve Herra
Building Commissioner	**Building Inspector**	**Plumbing Inspector**

DATE:
TO:
FROM: St. Charles Building Zoning Department

NOTICE: The St. Charles Building Zoning Department has reviewed the plans, which were submitted:
BY: same
FOR:
LOCATION:

	INSPECTIONS REQUIRED				REQUIRED CODES
( )	**Footing**	( )	**Rough plumbing**	(x)	**St. Charles Municipal Code**
( )	**Foundation**	( )	**Underground plbg**	(x)	**1993 BOCA Basic Code w/revisions**
( )	**Sewer**	( )	**Floor/Slabs**	(x)	**1993 BOCA Mechanical Code**
( )	**Water**	( )	**Insulation**	(x)	**2002 Natl Electrical Code w/revisions**
( )	**Storm piping**	( )	**Mechanical/HVAC**	(x)	**1998 IL State Plbg Code w/revisions**
( )	**Electric**	( )	**Final**	(x)	**2000 International Residential Code/revisions**
( )	**Frame**	( )	**other**	(x)	**Fire Prevention Codes**
				( )	**IL Accessibility Codes**

- **Re-inspection fees**: If any of the above-indicated inspections (with the exception of a final) require a re-inspection be conducted, a fee of $40.00 for each re-inspection will be invoiced to the builder and/or owner. If the inspection is a final and requires a re-inspection, a fee of $75.00 for each final re-inspection is to be paid at the Building and Zoning Office prior to the Final Occupancy being issued. To obtain a Temporary Certificate of Occupancy a fee of $75.00 is required.

In review of your plans submitted to this office, the following items must be complied with per the above listed codes**.**
(Note: no facility shall be occupied or used until a final inspection has been made and a certificate of occupancy has been issued.)

1. Compliance with above indicated codes, ordinances, and inspections required.
2. The plan review and stamped "FIELD COPY" of the plans are to be on the job site.
3. A minimum of 24-hour notice is required when scheduling any inspection.
4. Footings or trench foundations are required for additions, screened-in porches, etc.
5. All exterior doors must have a dead bolt lock with no less than a one-1 inch throw.
6. Electric switch must be provided by all exterior doors (including sliding patio doors) and inside rooms to operate overhead light or wall receptacle.
7. Lights in clothes closets must be installed in compliance with code.
8. Exhaust fans must be piped to outside atmosphere insulated in attics.
9. Vapor barrier is required under all concrete slab floors.
10. At least one wall switch controlling lighting outlet shall be installed in the garage if electric is installed.
11. At least one wall switch controlled lighting outlet shall be installed outside of entrance or exit door.
12. One-half inch (1/2”) plywood behind electric panel.
13. Arch fault protection in bedrooms.
14. Lights within four (4’) of electrical and mechanical equipment.

City of St. Charles

Municipal Electric Office

Two East Main Street – St. Charles IL 60174

630/377-4407

Electric Service Application – New Service/Upgrade

(Each individual service will require a complete and separate application)

Name:_____ Phone:_____

Original Signature:_____ Fax:_____

Contact Name:_____ Phone:_____

Application Date:_____ Requested Service Date:_____

Existing Building

___ Residential
____ Commercial
____ Industrial
____ Upgrade Service
____ Relocate Service
____ Convert OH to UG

Other

___ Temp Connection
____ Street Lights
____ Traffic Signals
____New Service
____Relocate
____ Antenna Site
____ Signage Lights

New Building

____ Residential: Single family
____ Residential: Multi Family estimated # of units____
____ Commercial
____ Commercial: Multi Family estimated # of units____
____ Industrial
____ Other

____ Single Phase 120/240
____ Three Phase
____ 120/208
____ 277/480
____ Other

Service Panel:
Present Rating (amps)_____ Proposed rating (amps)_____ Proposed Connected KW:_____

Present Peak KW (Demand)_____ Estimated Peak KW (Demand)_____

SERVICE ADDRESS

(A complete and accurate service address is required before service may be installed)

Street Address:_____

Subdivision:_____ Lot #_____Real Estate Permanent Tax #_____
Legal Description (attach sheet if necessary):_____
Record Titleholder of property:_____
If property is held in trust, identify beneficial owner (s):_____
Address:_____

CUSTOMER BILLING INFORMATION

(This information will be used for utility billing purposes)

Name:_____

Street Address:_____

City/State/Zip_____ Phone:_____

Authorized representative or agent:_____
Title:_____ Phone:_____

BUILDING DIVISION OFFICE USE

Application Accepted By:_____ Date Application Received:_____

Date Payment Received:_____ Method of Payment:_____

Building Permit No.:_____

ELECTRIC DEPARTMENT CHARGES

Charges Calculated by:_____ **Date:**_____

ITEM	ACCOUNT #	CHARGES ($)	AMOUNT PAID
Project Cost:	343-15		
SOCC - VACANT	323-10		
SECC: VACANT	323-11		
SOCC:	323-12		N/A
SECC:	323-13		
Upgrade Charges:	323-14		
Engineering:	341-11		
Temp Connection:	343-18		
Electric Improvement:	343-14		
Relocation			
Subtotal			N/A
Less contribution- if applicable			
Total Amount of Charges:			

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: BUILDING & ZONING **PHONE: (630) 377-4406** **FAX (630) 443-4638**

APPLICATION FOR CONSTRUCTION FOR BUILDING PERMITS

APPLICATION DATE: _____ PERMIT ISSUED_____ NO.: _____

PLEASE PRINT ALL INFORMATION

I, _____, do hereby apply for a permit for the following described

work located at _____Lot _____Unit _____

NOTE: Is property located in the Historic Preservation District? Yes No
Please circle either yes or no

Subdivision _____, Type of construction _____

Description of proposed work: _____

_____

Square feet in building _____ Estimated cost of construction _____

Use of building _____ No. & Size of electric meter _____ No. & Size of water meters _____

Remarks_____
_____

Plans_____ Specifications_____ Plat of Survey_____

==========

Owner of Property
Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

General Contractor
Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Electric Contractor
Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Concrete Contractor
Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Continued on reverse side

PLEASE PRINT ALL INFORMATION

Plumbing Contractors

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

IL & Registration No.: _____

Roofing Contractors

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Illinois License No: _____

License Expiration Date:_____

Sewer & Water Contractor

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

HVAC Contractor

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: _____ **SIGNATURE:** _____

Name of actual business(s) that will occupy this space _____

_____

REPORT OF THE BUILDING OFFICIAL

Remarks: _____

_____

_____

Accepted: _____ **Rejected:** _____ **Date:** _____

Signed:_____

For Office Use

Received _____

Fee Paid $_____

Receipt # _____

Copies of application distributed to:

Electric:_____ **Engineering:**_____ **Fire:**_____

Meter:_____ **PW:**_____ **Historic Preservation:**_____