

# City of Mattoon Illinois

Revised 4/12/2024

Date \_\_\_\_\_

## **BUILDING PERMIT** **APPLICATION**

The undersigned hereby makes application at \_\_\_\_\_  
address of project

for the construction or remodeling of a \_\_\_\_\_  
Existing building activity or name of new structure

Is applicant the owner in fee of property described?  Yes  No

**BUILDING CODE REQUIREMENTS:** If such application is made by a person other than the owner in fee, it shall be accompanied by a duly verified affidavit of the owner in fee that the person making the application is authorized to make application. The applicant is not the owner in fee of the property described; give name and address of owner in fee:

NAME \_\_\_\_\_ Contact Information \_\_\_\_\_

Give a brief description of proposed construction stating type of construction contemplated, use for which building will be constructed, or any unusual details regarding said construction:

Bid Amount or Estimated Cost of Construction \$ \_\_\_\_\_

Additional Permits required for this project:

Water Tap  Site Work  HVAC  Sewer Tap  Plumbing  Electrical  Demolition  Sign  Sprinkler System

The undersigned applicant hereby represents that he will follow all requirements of the Building Code and other ordinances of the said City of Mattoon relative to the construction of said building and that the said building will be open for public inspection at all reasonable hours by the Building Code Official or his authorized representatives. The applicant further represents that the detailed plans for construction of said building structure and that same will be constructed as shown on said plans, which plans are made part of this application. If you have any questions please contact: [permits@mattoonillinois.org](mailto:permits@mattoonillinois.org)

This permit is null and void, in part or its entirety, if in conflict with building specifications as outlined under your abstract, subdivision restrictions of Ordinance 96-4835 concerning building lines, front, side or rear yards, intent purpose or other applicable zoning ordinance conflicts.

**THIS PERMIT EXPIRES SIX (6) MONTHS FROM ISSUED DATE IF CONSTRUCTION HAS NOT STARTED**  
**CONTRACTOR / APPLICANT INFORMATION**

BUSINESS NAME \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ TYPED SIGNATURE \_\_\_\_\_  
This is used to send you a copy of your permit

**ALL COMMERCIAL BUILDINGS REQUIRE AN INSPECTION BY THE FIRE DEPARTMENT UPON ISSUANCE OF THIS BUILDING PERMIT.**  
**PLEASE CALL 217-235-0931 TO SCHEDULE**

**OFFICE USE ONLY BELOW**

PERMIT NUMBER: \_\_\_\_\_

PERMIT FEE CALCULATION: \_\_\_\_\_ ISSUED/PAID DATE \_\_\_\_\_

Occupancy Permit Fee: \$ \_\_\_\_\_ Building Permit Fee: \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

ISSUED BY \_\_\_\_\_