

**CITY OF LINCOLN  
BUILDING & SAFETY OFFICE  
700 Broadway  
P.O. Box 509  
LINCOLN, IL 62656-0509**

**CITY OF LINCOLN**

**APPLICATION FOR  
PLAN EXAMINATION AND  
BUILDING PERMIT**

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I.</b>	<b>LOCATION OF BUILDING</b>	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____ BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____ SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	NO. STREET		
<b>II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D</b>					
<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only		<b>D. PROPOSED USE - For "Wrecking" most recent use</b> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Residential</b>                              12 <input type="checkbox"/> One family                              13 <input type="checkbox"/> Two or more family - Enter number of units -----&gt;                              14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----&gt;                              15 <input type="checkbox"/> Garage                              16 <input type="checkbox"/> Carport                              17 <input type="checkbox"/> Other - Specify _____                         </td> <td style="width:50%; vertical-align: top;"> <b>Nonresidential</b>                              18 <input type="checkbox"/> Amusement, recreational                              19 <input type="checkbox"/> Church, other religious                              20 <input type="checkbox"/> Industrial                              21 <input type="checkbox"/> Parking garage                              22 <input type="checkbox"/> Service station, repair garage                              23 <input type="checkbox"/> Hospital, institutional                              24 <input type="checkbox"/> Office, bank, professional                              25 <input type="checkbox"/> Public utility                              26 <input type="checkbox"/> School, library, other educational                              27 <input type="checkbox"/> Stores, mercantile                              28 <input type="checkbox"/> Tanks, towers                              29 <input type="checkbox"/> Other - Specify _____                         </td> </tr> </table>		<b>Residential</b> 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	<b>Nonresidential</b> 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____
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<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		<b>C. COST</b> 10. Cost of improvement..... \$ _____ To be installed but not included in the above cost a. Electrical..... \$ _____ b. Plumbing..... \$ _____ c. Heating, air conditioning..... \$ _____ d. Other (elevator, etc.)..... \$ _____ 11. TOTAL COST OF IMPROVEMENT \$ _____			
<b>III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.</b>					
<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)	<b>J. DIMENSIONS</b> 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft.....		
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		<b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors.....		
<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No  Will there be an elevator? 46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No		<b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms..... 54. Number of bathrooms { Full..... } Partial.....			

**IV. IDENTIFICATION - To be completed by all applicants**

Name		Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VII. VALIDATION**

Building Permit number \_\_\_\_\_

Building Permit issued \_\_\_\_\_ 19\_\_\_\_

Building Permit Fee \$ \_\_\_\_\_

Certificate of Occupancy \$ \_\_\_\_\_

Drain Tile \$ \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Use Group \_\_\_\_\_

Fire Grading \_\_\_\_\_

Live Loading \_\_\_\_\_

Occupancy Load \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_

TITLE