

Kane County Development & Community Services Building Permit Application

Kane County Government Center 719 Batavia Ave Building A Geneva, Il, 60134 (630) 232-3485

Applicant Information:								
Application Date:	eation Date:Applicant Name:							
Property Address:								
Pin/ Tax ID (found on title or	tax bill):							
Relation to Property: Owner	/ Contractor/ Les	see/ Tenant	/ Other:					
pplicant Phone:Applicant Email:								
Primary Contact for Building	g Permit:							
Property Owner Informa	ntion:					Check here if applican	nt is property owner	
Name: Phone								
Email:								
Mailing Address:								
Type of general work bein	ng requested:					,		
New Construction	Remodel/ Alteration		Addition Repair]	Establishment of Use	Demolition	
Specific type of work bein	ng requested:							
Accessory Structure Agricultural Exemption Basement (finished) Cell Tower Cell Tower Co-Location	Damage Assessment Deck/ Gazebo /Pavilion EV Charging System Electric Service Generator		HVAC/Water Heater Kitchen/ Bath Remode Pool/ Hot Tub/ Spa Privacy Fence Roof/Siding			Solar Panel System Shed< 200 square feet. Sign Single Family Residence Windows/Doors		
Type of Building:	Residential	Commercial Agricult		ural	l Multi-Family Residence			
Description of Work:	1				<u> </u>			
Project Cost: New Construction Cost: Remodel Cost: Total Cost:	Basement: Crawl Space:			<u> </u>	Please check below if a	applicable: Private Well		

Please submit the required permit documents to: KaneBuildingDeptPermits@KaneCountyIL.Gov

or

https://cvportal.kanecountyil.gov/portalserver

2021 International Residential Code

2021 International Building Code

2021 International Existing Building Code

2021 International Mechanical Code

2020 National Electric Code

2021 Illinois Energy Conservation Code

2014 Illinois State Plumbing Code

2018 Illinois Accessibility Code

General Contractor Info	Check here if property owner will be the one doing the work.			
Contractor Name:	Contractor Phone #:			
Contractor Email:				
Contractor Address:				
Architect Information:				
Architect Name:	Architect Phone #:			
Architect Email:				
Architect Address:				
Roofing Contractor Info	rmation:			
	Contractor Phone #:			
Contractor Address:				
Plumbing Contractor In				
	Contractor Phone #:			
Electric Contractor Info				
	Contractor Phone #:			
Contractor Address:				
If your Contractor is not	listed above please provide information below:			
Contractor Name:	Contractor Phone #:			
Type of Contractor:				
Contractor Email:				
Contractor Address:				
conform to the regulation of performed under said peri	plication and attached forms being made a part thereof, and the issuance of permit I/We will set forth on the Kane County Zoning & Building Ordinances. I/We also agree that all work mit will be in accordance with the building plans and site plan which accompany this h changes as may be authorized by the Kane County Building Officer.			
-	Signature of Property Owner or Authorized Agent			
-	Printed Name of Property Owner or Authorized Agent			
	Date Signed & Printed			