

Please Complete the Highlighted Sections

**City of Harvard Building Permit Application – Community Development Department
201 W. Diggins St, Harvard, IL 60033 815-943-6468**

Permit #:	PIN: - - -	Zoning:
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Township: Chemung Dunham Contractor's License:

PROPERTY ADDRESS:	
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PROPERTY OWNER INFORMATION	PERMIT APPLICANT (if not property owner)
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Name:	Name:
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Address:	Address:
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Phone:	Phone:
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Email:	Email:
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TYPE OF PERMIT <input type="radio"/> Residential <input type="radio"/> Commercial	Email:
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<input type="radio"/> Addition	<input type="radio"/> Electrical Service	<input type="radio"/> Patio/Walkway/Stoop	<input type="radio"/> Other: Describe Below
<input type="radio"/> Alteration/Remodel	<input type="radio"/> Fence	<input type="radio"/> Roof	<input type="radio"/> Grading
<input type="radio"/> Deck	<input type="radio"/> Gazebo/Pergola	<input type="radio"/> Above Swimming Pool	<input type="radio"/> Garage
<input type="radio"/> Demolition	<input type="radio"/> HVAC: AC Unit/Furnace	<input type="radio"/> Inground Swimming Pool	<input type="radio"/> Shed
<input type="radio"/> Driveway	<input type="radio"/> Siding	<input type="radio"/> Sanitary Service	<input type="radio"/> Solar System
<input type="radio"/> Culvert	<input type="radio"/> Parking Lot	<input type="radio"/> Windows	<input type="radio"/> Irrigation System
<input type="radio"/> Misc. Electric	<input type="radio"/> Misc. Plumbing	<input type="radio"/> Doors	<input type="radio"/> Signage

Description of Work:	
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Total Cost of Project: \$	Additions-Garage-Shed-New Construction SqFt of Structure:
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CONTRACTOR INFORMATION (Contractors Must be Licensed by the City of Harvard)

General Contractor Name: Put "Owner" if doing the work yourself	
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Address:	
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Phone:	Email:
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Electrical Contractor Name:	
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Address:	
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Phone:	Email:
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Mechanical Contractor Name:	
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Address:	
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Phone:	Email:
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Plumbing Contractor Name:	
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Address:	
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Phone:	Email:
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Roofing Contractor Name:	
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Address:	
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Phone:	Email:
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*Additional contractors may be provided on a separate page

Permit Fees (For Office Use Only)				APPLICANT SIGNATURE:	
Building	\$	Plumbing	\$	X	DATE:
Electric	\$	Engineer	\$		
HVAC	\$	S/W	\$		
Plan Review	\$	Impact Fees	\$		
Cont. License	\$	Other	\$		
TOTAL PERMIT FEE: \$				Inspector Signature:	DATE:

***Minimum 24-Hour Notice for Inspections**