



**VILLAGE OF  
CARBON  
CLIFF**

**RESIDENTIAL BUILDING PERMIT APPLICATION**

INSPECTIONS DEPARTMENT  
912 16<sup>TH</sup> AVE, EAST MOLINE, IL 61244  
PHONE: (309) 752-1509 FAX: (309) 752-1572  
OFFICE HOURS: MON-FRI 7-9 AM, 12:30-1:30 PM, 3:30-4:30 PM

**Section 1 – PROJECT INFORMATION**

Project Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_  
Description of Work Proposed: \_\_\_\_\_

**Section 2 – VALUATION – PERMIT FEE**

General Construction	\$ _____	Electrical	\$ _____	<b>Total Cost</b>	\$ _____
Mechanical	\$ _____	Plumbing	\$ _____	<b>Permit Fee</b>	\$ _____

**Section 3 – SUBCONTRACTORS**

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ Concrete/Flatwork: \_\_\_\_\_  
Sprinkler: \_\_\_\_\_ Roofing: \_\_\_\_\_

**Section 4 – CONSTRUCTION DETAILS**

<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Garage/Shed <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Waterproofing <input type="checkbox"/> Other	Total Square Feet _____	<b>Roofing:</b> <input type="checkbox"/> House <input type="checkbox"/> Garage
	Basement Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tear Off: <input type="checkbox"/> Yes <input type="checkbox"/> No Existing Layers: _____
	Egress Window? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Squares: _____
	# Stories _____ # Bedrooms _____	Roof Material: <input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other
	# Bathrooms _____	<b>Siding:</b> <input type="checkbox"/> House <input type="checkbox"/> Garage
	# Replacement Windows: _____	Total Number of Squares: _____
	# Replacement Doors: _____	Siding Material: <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Vinyl
	U-Factor of Windows or Doors: _____	<input type="checkbox"/> Cement <input type="checkbox"/> Metal

**Section 5 – APPLICANT INFORMATION**

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one):	Applicant or Company Name: _____
<input type="checkbox"/> Contractor (Registered with East Moline)	Applicant or Company Address: _____
<input type="checkbox"/> Property Owner (Owner of Legal Record)	
<input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	Applicant or Company Phone Number: _____

**APPLICANT SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_