



VILLAGE OF BARTONVILLE
BUILDING PERMIT APPLICATION

BARTONVILLE VILLAGE HALL
5912 S. ADAMS STREET • BARTONVILLE, IL 61607
TELEPHONE (309) 633-2058 • FAX (309) 633-2056
WEBSITE: www.bartonville.org

Leon Ricca, Mayor
Jim Mckenna, Building Commisioner

BUILDING PERMIT APPLICATION

To the applicant: Please complete this application in its entirety as to what applies to your project. **THANK YOU**

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS (if other than owner)

PHONE:

PHONE:

CONSTRUCTION SITE PARCEL ID NUMBER:

CONSTRUCTION SITE 911 ADDRESS★:

An address must be assigned to the parcel by the Peoria County Clerk's Office, Room 101, before we can issue any building permits.

Roofers Certificate #:		(State requirement for new homes)	E.C. Permit #:
*PL Permit #: PL	EL Permit #: EL		

*A copy of Illinois plumbing license & State plumbing contractor's license is required for work completed by anyone other than homeowner.

ESTIMATED COST OF CONSTRUCTION:

EXACT USE OF STRUCTURE:

STRUCTURE TYPE: ☐

HOUSE - New

☐ GARAGE – New

☐ FENCE

☐ DECK / PORCH

☐ HOUSE – Addition

☐ GARAGE – Addition

☐ MOVING

☐ SHED

☐ HOUSE – Repair/Alter

☐ GARAGE – Repair/Alter

☐ DEMOLITION

☐ POLE BLDG.

☐ AG BLDG.

☐ CARPORT

☐ OTHER

STRUCTURE DIMENSIONS:

TOTAL AREA:

OF STORIES:

TOTAL HEIGHT: (ground to peak)

Principal

x

sq. ft.

ft

in

Part Fin. Bsmt

x

sq. ft.

ft

in

Gar/Shed

x

sq. ft.

ft

in

Deck/Porch

x

sq. ft.

Fence/Other

x

ft or total distance

FOUNDATION	TYPE:	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl	<input type="checkbox"/> Slab	Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	MATERIAL:	<input type="checkbox"/> Block	<input type="checkbox"/> Poured	<input type="checkbox"/> Gravel	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other		
INTERIOR	WALLS:	<input type="checkbox"/> Drywall	<input type="checkbox"/> Plaster	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Other:			
	BEDRMS:	# Existing:	# To be added:		TOTAL:			
	BATHRMS:	# Existing:	# To be added:		TOTAL:			
	HEAT:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Wood	<input type="checkbox"/> Solar	<input type="checkbox"/> None	<input type="checkbox"/> Other
	FIREPLACE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	WHIRLPOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No		CENTRAL AIR: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	FLU TYPE:	<input type="checkbox"/> Brick	<input type="checkbox"/> Direct Vent	<input type="checkbox"/> Metalbestos	<input type="checkbox"/> Other:			
PLUMBING FIXTURES:		# Existing:		# To be added:		TOTAL:		
Fixtures include: floor drains, water heaters, bidets, lavs, bathtubs, sinks, toilets, showers, washers, floor drains, sewage ejector								
ELECTRICAL: New service: <input type="checkbox"/> Yes <input type="checkbox"/> No Wiring/Rewiring: <input type="checkbox"/> Yes <input type="checkbox"/> No Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No								
EXTERIOR	WALLS:	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Brick	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Combo	<input type="checkbox"/> Other
	ROOF:	<input type="checkbox"/> Asphlt Shngl	<input type="checkbox"/> Tile	<input type="checkbox"/> Concrete	<input type="checkbox"/> Slate	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Other

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPLICANT’S SIGNATURE

DATE

For office use only:

Zoning Classification:	Parcel Size:
Side setbacks:	Structures on property:
Rear setbacks:	Reviewed by: date:
Road type/setbacks: Local State Township Primary CH Non- Primary CH	Permit #: