



**DEKALB COUNTY**  
**PLANNING / ZONING / BUILDING DEPARTMENT**  
110 E. Sycamore St., 4<sup>th</sup> Floor  
Sycamore, IL 60178-1497  
(815) 895-7188 / Fax: (815) 895-1669  
[www.dekalbcounty.org](http://www.dekalbcounty.org)

## **Building Permit Instructions**

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### **Building Permit Submittal Checklist:**

- Permit application filled out completely
  - Site plan and/or Plat of Survey
  - Complete set of building plans and specifications: (2) for residential, (3) for non-residential, submitted. (Note: all non-residential plans are to be Signed, Sealed and Dated by an Illinois Licensed Architect or Structural Engineer.)
  - A copy of the approved well and septic permits or Site Verification Form issued by the DeKalb County Health Department (815-758-6673).
  - A copy of the access permit from the appropriate road authority (if construction is to occur on a parcel possessing no driveway entrance or only an agricultural field entrance).
  - Application fees (cash or check, due at time of application)
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## **What Happens Next?**

Your application and all submittals may be dropped off at the DeKalb County Planning, Zoning, and Building Department. A Zoning Review of the application, followed by a Site Inspection, will then be conducted. You are required to indicate the location of the proposed structure on the property; stakes, flags, spray paint, or any other marking is sufficient (if a Site Development Permit Application is required in conjunction with the application, the site inspection will not occur until after that application has been processed). Applications for residential construction will then be reviewed by the County Building Inspector. Commercial and Industrial projects will be sent to a third-party plan review service (additional review fees will be incurred). Depending on the complexity of your project, turnaround time will typically take between one (1) to three (3) weeks. Thoroughness and attention to detail in your application and submittals will help expedite the process.

When your permit is ready, you will be contacted by DeKalb County Planning, Zoning, and Building Department. You will receive a permit card and a plan review relating to your specific project, and any additional fees will be collected at this time. **You may not begin work until the permit is issued; doing so may incur fines.** Your permit card must be displayed on the property. You should carefully read the plan review for important information regarding your project. Then, it is your responsibility to call for all required inspections as outlined in your permit package.

<b>OFFICE USE ONLY</b>
Permit No. _____
Fee _____
Receipt No. _____
Zoning District _____
Site Development Permit (Y / N) _____

**Application for a County Building Permit**

**Note: If improvements are made by someone other than the homeowner, or if the structure is commercial, industrial, or multi-family structure, a licensed/registered plumber, roofing contractor and electrician are required to do the work.**

Application is hereby made for a building permit involving premises described below.

Date of Application \_\_\_\_\_

Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Telephone Number \_\_\_\_\_

Applicant's Interest in Property: Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_

Owner of Record \_\_\_\_\_

Address of Proposed Project \_\_\_\_\_

Parcel Number \_\_\_\_\_

Estimated Value of Improvement (Rounded to nearest \$100). \_\_\_\_\_

<p><b><u>Primary Use of Property</u> (Please Check):</b></p> <p>____ Residential            ____ 1 or 2 Family Dwelling            ____ Multi-Unit Dwelling            ____ Mobile Home</p> <p>____ Non-Residential            Describe: _____            _____</p> <p><b><u>Structure to be Affected</u> (Please Check):</b></p> <p>____ Primary Structure / Residence</p> <p>____ Accessory Structure            Describe: _____            _____</p>	<p><b><u>Type of Improvement</u> (Please Check):</b></p> <p>____ New Structure            ____ Addition            ____ Alteration / Repair            ____ Moving / Relocating</p> <p><b><u>Describe Improvement:</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Please provide total square footage of each area to be constructed and/or altered.

Basement _____ sq. ft.	Garage _____ sq. ft.	Other _____ sq. ft.
1 <sup>st</sup> Floor _____ sq. ft.	Deck _____ sq. ft.	<i>Determined by project at office:</i>
2 <sup>nd</sup> Floor _____ sq. ft.	Porch _____ sq. ft.	Plumbing _____
		Electrical _____
		Mechanical _____

Height (Accessory Structures Only): \_\_\_\_\_

FEE AMOUNT (Rounded to nearest dollar) \$ \_\_\_\_\_

Please provide the names, addresses, and telephone numbers of all contractors. Incomplete information will delay permit:

**General Contractor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Lead Cert # \_\_\_\_\_

**Architect / Engineer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**Framer / Carpenter**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**Electrical Contractor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

License # \_\_\_\_\_

**Concrete Contractor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**HVAC / Mechanical Installer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**Roofing Contractor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**Plumbing**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

License #058- \_\_\_\_\_

Also include copies of Roofing Contractor's:

- State Roofing License
- Signed Contract or Letter-of-Intent

Also include copy of State Plumbing License

**The authorized applicant / property owner's signature below attests:**

- 1. All information contained in the application and on any accompanying documents is true and correct.**
- 2. Proposed construction will not take place on any granted easement, public or private, nor violate and covenant or restriction applicable to the subject property.**
- 3. Applicant / Owner and any contractors will conform to the regulations set forth in the DeKalb County Zoning and Building Ordinances.**
- 4. All work performed under said permit will be in accordance with the plans and plat diagram which accompany this application, except for changes as may be authorized by the Building Officer.**
- 5. Applicant / Owner is aware that inspections will be required and that all necessary inspections will be conducted in accordance with the "Required Inspections" procedure sheet.**
- 6. The permit will become null and void if work or construction authorized is not commenced within 180 days.**
- 7. The permit will become null and void if no inspections are scheduled or conducted at least every 180 days.**
- 8. Work will not commence until after the permit has been picked up and signed for at the Planning, Zoning and Building Department Office. Per the DeKalb County Code, permit fees will be DOUBLED if work is started without first obtaining permit.**

\_\_\_\_\_  
**Signature of Owner or Applicant**

\_\_\_ / \_\_\_ / \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Application Received By**

## SITE PLAN

**FOR ACCESSORY STRUCTURES (decks, sheds, fences, etc.) OR RESIDENTIAL ALTERATIONS OR ADDITIONS ONLY, THE FOLLOWING INFORMATION MUST BE INCLUDED ON THE SITE PLAN BELOW (OR ON AN OFFICIAL PLAT OF SURVEY):**

1. Lot size and dimensions
2. Name and location of all roads abutting property.
3. Structures on the property (existing and proposed).
4. Front, side, and rear yard setbacks (Distance between the lot line and structures).
5. Distance in feet between all structures on the lot.
6. Drive aisles and parking areas (existing and proposed).
7. Please indicate north by an arrow.

STAKE OUT DATE \_\_\_\_\_

**NOTE: ALL SITE PLANS FOR COMMERCIAL CONSTRUCTION OR NEW PRIMARY RESIDENTIAL STRUCTURES MUST BE PROVIDED ON OFFICIAL PLAT OF SURVEY.**