

DATE RECEIVED: _____ **Permit #** _____

NEW CONSTRUCTION BUILDOUT ALTERATION



Village of Malta
<https://villageofmaltail.com>

BUILDING & CODE DIVISION
302 S. 2nd Street, Malta Illinois 60150
815-825-2330 ext. 2
VillageofMalta@outlook.com

SITE ADDRESS _____

SUBDIVISION	PHASE <i>(if applicable)</i>	SQUARE FEET <i>(required)</i>	USE GROUP
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TAX PARCEL NO. 07-	LOT NO.	VALUATION <i>(required)</i>	CONSTRUCTION TYPE
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<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Multi-Family	NUMBER OF UNITS
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional		

All required documents must be submitted along with a completed application, permit construction plans/ drawings must be submitted in hard copy (2 copies). Permit Application submit electronically to: VillageofMalta@outlook.com

PROPERTY OWNER'S INFORMATION APPLICANT

Name: _____
Address: _____
Phone: _____ Email Address: _____

TENANT'S INFORMATION APPLICANT

Name: _____
Address: _____
Phone: _____ Email Address: _____

GENERAL CONTRACTOR APPLICANT

Name: _____ Registration #
Address: _____
Phone: _____ Email Address: _____

ARCHITECT *(if applicable)* APPLICANT

Name: _____
Address: _____
Phone: _____ Email Address: _____

Office Use:

ELECTRICAL CONTRACTOR

Name:	_____	Registration #
Address:	_____	
Phone:	_____	Email Address: _____

MECHANICAL CONTRACTOR

Name:	_____	Registration #
Address:	_____	
Phone:	_____	Email Address: _____

PLUMBING CONTRACTOR

Name:	_____	Registration #
Address:	_____	
Phone:	_____	Email Address: _____

EXCAVATOR *A Street Construction & Maintenance License is required for work being done in the Public Right-of-Way*

Name:	_____	License # (if required)
Address:	_____	
Phone:	_____	Email Address: _____

RESIDENTIAL/COMMERCIAL/INDUSTRIAL/MULTI FAMILY NEW CONSTRUCTION & BUILDOUTS - All applications require Kishwaukee Water Reclamation District sign-off. Please contact the Kishwaukee Water Reclamation District located at 1301 Sycamore Road prior to submitting your permit application for information and requirements at 815-758-3513

Commercial and Industrial New Construction work requires a Site Application with site plans for review and approval by the Engineering Division. Additional Fees Apply for plan review.

Food establishments & liquor sales, require a Village of Malta Zoning license and Zoning Review. Village office at: 815-825-2330 ext. 5. Food establishments must meet the requirements and be licensed by DeKalb County contact food service at:815-748-2153

Establishments selling food must contact the DeKalb County Health Department at 815-758-6673.

Business Signage, Fire Alarm and Fire Sprinkler permits to be applied for under separate submittal. Contact Village office at 815-825-2330 ext. 5

Office use:

KISHWAUKEE WATER RECLAMATION DISTRICT VALIDATION
Signature
Date

APPLICANT SHOULD COMPLETE ALL THAT IS APPLICABLE

HVAC (Indicate Quantity Below) TOTAL UNITS			
<input type="text"/>	Air Conditioner	<input type="text"/>	Gas Fired Heater
<input type="text"/>	Ductwork	<input type="text"/>	Kitchen Exhaust
<input type="text"/>	Fireplace	<input type="text"/>	Rooftop Unit
<input type="text"/>	Furnace	<input type="text"/>	HVAC-Other

ELECTRICAL SERVICE			
First Service - Indicate Amperage	<input type="text"/>		
Second Service - Indicate Amperage	<input type="text"/>		
Add'l Services - Per Unit	<table border="1"> <tr> <td># of units</td> <td>Amperage</td> </tr> </table>	# of units	Amperage
# of units	Amperage		

PLUMBING FIXTURES TOTAL UNITS			
<input type="text"/>	Automatic Washer	<input type="text"/>	Grease Trap
<input type="text"/>	Backwater Valve	<input type="text"/>	Shower Pan
<input type="text"/>	Backflow Assembly	<input type="text"/>	Shower Valve
<input type="text"/>	Dishwasher	<input type="text"/>	Sillcock
<input type="text"/>	Drinking Fountain	<input type="text"/>	Sinks
<input type="text"/>	Floor Drain	<input type="text"/>	Sump Pump
<input type="text"/>	Garbage Disposal	<input type="text"/>	Toilet/Urinal
<input type="text"/>	Gas Opening	<input type="text"/>	Tub
<input type="text"/>	Ice Machine	<input type="text"/>	Water Heater
<input type="text"/>	Other _____		Size _____

WATER SERVICE (Indicate Quantity)			
Water Tap		Fire Tap	Water Meter
<input type="text"/>	3/4"	<input type="text"/>	<input type="text"/> 5/8"
<input type="text"/>	1"	<input type="text"/>	<input type="text"/> 3/4"
<input type="text"/>	1-1/2"	<input type="text"/>	<input type="text"/> 1"
<input type="text"/>	2"	<input type="text"/>	<input type="text"/> 1-1/2"
<input type="text"/>	3"	<input type="text"/>	<input type="text"/> 2"
<input type="text"/>	4"	<input type="text"/>	<input type="text"/> 3"
<input type="text"/>	6"	<input type="text"/>	<input type="text"/> 4"
<input type="text"/>	8"	<input type="text"/>	<input type="text"/> 6"
<input type="text"/>	10"	<input type="text"/>	<input type="text"/> 8"
<input type="text"/>	12"	<input type="text"/>	<input type="text"/> 10"
			<input type="text"/> 12"

STORM AND SANITARY SEWER			
(Indicate size in inches)			
<input type="text"/>	Sanitary Sewer	<input type="text"/>	Storm Sewer

BASEMENT TYPE		
<i>Please circle one</i>		
Full	Slab	Crawl Space
<i>Please circle one</i>		
If Full Basement - will you be finishing the basement ? Yes No		
Square footage of basement to be finished		

2021 State of Illinois Plumbing Code all inspection done by the State

Contact Illinois Department of Public Health, Rockford IL., with questions regarding plumbing. Complete the plumbing request form and submit as required for plumbing inspections and approval.

For Office Use Only Certificate of Zoning Compliance approved.

Approved by: _____

Date: _____

Project Narrative

1. All information contained in the application and on any accompanying documents is true and correct.
2. Applicant / Owner and any contractors will conform to the regulations set forth in the Village of Malta Zoning and Building Codes. No building or structures shall be placed in any easement or alleyway.
3. 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.
4. Applicant / Owner is aware that inspections will be required and that all necessary inspections will be conducted in accordance with the procedure sheet.
5. The permit will become null and void if no inspections are scheduled or conducted at least every 180 days.
6. Work will not commence until after the permit has been picked up and signed for at the Village of Malta, Village Hall located at 302 S. 2nd. Street, Malta. Per the Village of Malta Code, permit fees will be DOUBLED if work is started without first obtaining a permit.
7. Prairie Springs Covenants apply to the building permit process, permit applications must conform to homeowner covenants. Copies are available at Village Hall.

SIGNATURE OF APPLICANT:

X

DATE: