

DATE RECEIVED:		Permit #	
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> BUILDOUT	
		<input type="checkbox"/> 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>
TAX PARCEL NO. 07-		LOT NO.	VALUATION <i>(required)</i>
<input type="checkbox"/> Single Family		<input type="checkbox"/> Duplex	<input type="checkbox"/> Townhouse
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
NUMBER OF UNITS			
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 <input type="checkbox"/>
Name: _____			
Address: _____			
Phone: _____ Email Address: _____			
TENANT'S INFORMATION			APPLICANT <input type="checkbox"/>
Name: _____			
Address: _____			
Phone: _____ Email Address: _____			
GENERAL CONTRACTOR			APPLICANT <input type="checkbox"/>
Name: _____			<i>Registration #</i>
Address: _____			
Phone: _____ Email Address: _____			
ARCHITECT <i>(if applicable)</i>			APPLICANT <input type="checkbox"/>
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 all inspections are done by Illinois Department of Public Health

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

Water connection applications are available on the Village website. All Village of Malta Plumbing Inspections are done by the Illinois Department of Health, Rockford. Inspection request forms are available at: www.villageofmalta.com or contact Pete Prehn at 815-721-0586 or Greg Hunt 815-281-0610.

All applications for wastewater are bound by Kishwaukee Water Reclamation District requirements. Please contact the Kishwaukee Water Reclamation District located at 1301 Sycamore Road, DeKalb IL., 815-758-3513 for application and fee requirements.

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 must meet the requirements and be licensed by DeKalb County, contact food service at:815-748-2153
All businesses are required to get a Certificate of Zoning Compliance prior to building permit issuance, contact Malta Building Inspector.

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	<input type="text"/> # of units <input type="text"/> 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		
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		<input type="text"/>

Office Use:

Permit Review Certificate of Zoning Compliance: _____

Zoning Administrator Signature/Date

Plan Review Completed By: _____

Building Inspector/Date

Permit Fees/Water Connection Fees: _____

Receipt: _____ Date: _____ Cash/Check/CC _____

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 covenants. Copies are available at Village Hall.

SIGNATURE OF APPLICANT:

X

DATE: