

# CITY OF WASHINGTON

Building Division  
 Phone # 309-444-1122  
 Fax # 309-444-9779

## Plan Examination & Building Permit Application – Commercial/Industrial

<b>Site Address:</b>		<b>Anticipated Start:</b>	
<b>Subdivision Name:</b>		<b>Anticipated Completion:</b>	
<b>Lot Number:</b>	<b>Application Date:</b>	<b>Items Submitted</b> (Please Check):	
<b>Type of Construction:</b>		<input type="checkbox"/> Construction Plans <input type="checkbox"/> Spec Book & Construction Plans <input type="checkbox"/> Drainage Plan <input type="checkbox"/> Landscape Plan	
		<b>Ownership</b> (Please Check):	
		<input type="checkbox"/> Owner-occupied <input type="checkbox"/> To be rented <input type="checkbox"/> To be sold	

	Finished Floor Area (gross sqft)	Finished Basement Area (gross sqft)	Building Height (from grade)	Accessory Structure (gross sqft)	Additional Comments:				
<b>AREA</b>	1 <sup>st</sup> Floor-								
	2 <sup>nd</sup> Floor-								
<b>Number of Water Meters:</b> <input type="checkbox"/> One <input type="checkbox"/> Two <small>(The second meter would be a water only meter for outside water usage – no sewer charges)</small>				<b>Size of Water Meter:</b>	<table border="1"> <tr> <th>Inside Meter</th> <th>Outside Meter</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Inside Meter	Outside Meter		
Inside Meter	Outside Meter								

	Name
<b>Owner</b>	
<b>Architect</b>	
<b>Engineer</b>	
<b>Contractor</b>	

### SUBCONTRACTORS

	Name
<b>Electrical</b>	
<small>Electricians must be licensed for commercial work and must have a certificate of registration on file with the City of Washington.</small>	
<b>Plumbing - License # -</b>	
<b>Excavating</b>	
<b>Concrete</b>	

### FOR OFFICE USE ONLY

Parking Spaces		Handicap Spaces		Zoning District	Lot Area (square feet)	Lot Coverage (square feet)	Prop. Lot Coverage (square feet)	Prop. % Lot Coverage	Prop. % FAR	Flood Plain	
Required	Provided	Required	Provided							Yes	No
<b>Size of Lot:</b> _____ ft. x _____ ft. x _____ ft. or Acreage _____											
<b>Property Identification Number (PIN):</b> _____											
Front Yard		Rear Yard		Side Yard		Side Yard		Building Design Guidelines Required			
Required	Proposed	Required	Proposed	Required	Proposed	Required	Proposed	Yes		No	
ft.	ft.	ft.	ft.	ft.	ft.	ft.	ft.				

**Meets Zoning Code Requirements:**     Yes     No    **Date:** \_\_\_\_\_    **By:** \_\_\_\_\_