MECHANICAL PERMIT APPLICATION

FURNACE/A/C /GENERATORS/WATER HEATERS/HEAT PUMPS/SUMP PUMPS & DRAIN TILES

INSTRUCTIONS

Section 1 and Section 6 to be completed by Owner or Authorized Agent. Please note that if your property is in a subdivision, the covenants and restrictions of that subdivision should be consulted to ensure your project is in compliance. Covenants and restrictions for subdivisions can be obtained from the Kankakee County Recorder of Deeds Office. The Planning Department does not enforce subdivision covenants and restrictions.

Section 4. The application must be signed by the owner or authorized agent.

SUBMITTAL REQUIREMENTS

1. Mechanical permit application.
2. Mechanical permit worksheet.
3. Contractors list.
4. Signed contract or material estimate sheet from distributor (if doing the work yourself).
5. Plot plan for generators and A/C units

Mechanical Worksheet

NAME_____ ADDRESS_____

FURNACE

Size of furnace? _____
Natural gas? _____ or Propane? _____

A/C

Size of A/C unit? _____
Location of the A/C unit? _____

GENERATORS

Size of the generator? _____
Is the generator fueled by natural gas? _____, or propane? _____
What size is the transfer switch? _____
Where is the disconnect located?_____ (must be w/in 50', in sight of… & readily accessible
Distance from operational windows, doors or air intake openings? _____

WATER HEATERS

Size of water heater? _____
Type of water heater? tank _____, tankless _____ or boiler _____
How is the water heater fueled? Natural gas _____, propane _____ or electric _____
What size is the expansion tank? _____

HEAT PUMPS

Size of pump? _____
Is the pump, air source? _____ or ground source? _____ (geothermal)

SUMP PUMPS & DRAIN TILES

Is the tile on the interior?_____ or exterior? _____
What type of tile waterguard? _____, tile w/sock? _____ or baseboard channel? _____
Are you installing a sump pit? _____, pump? _____
Are you adding an electric circuit? _____, receptacle? _____ to the pump

KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION

MECHANICAL PERMIT APPLICATION

FURNACE/A/C /GENERATORS/WATER HEATERS/HEAT PUMPS/SUMP PUMPS & DRAIN TILES

Date Received: _____ Add-On: ☐ Date of Add-On:
Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

Applicant to complete this section:

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Current Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Will the homeowner be performing the work themselves? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

_____

_____

Signed Contract (Attach): _____ Total Value: _____
Material: _____ Labor: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge.

_____
(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: ☐ Denied: ☐

If denied, state reason why: _____

_____

SECTION 6: CONTRACTOR INFORMATION

Permit#_____

Owners Name:_____ Type of Construction:_____

If the contractor's list should change at any time during the project, a revised list shall be submitted to the Planning Department

General:		License #			
		Signed Aff.	___ Yes	___ No	
Contractor:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
Phone #:		Bond	___ Yes	___ No	

Concrete:		License #			
		Signed Aff.	___ Yes	___ No	
Contractor:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
Phone #:		Bond	___ Yes	___ No	

HVAC:		License #			
		Signed Aff.	___ Yes	___ No	
Contractor:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
Phone #:		Bond	___ Yes	___ No	

Electric:		License #			
		Signed Aff.	___ Yes	___ No	
Contractor:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
Phone #:		Bond	___ Yes	___ No	

Trade:		License #			
		Signed Aff.	___ Yes	___ No	
Contractor:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
Phone #:		Bond	___ Yes	___ No	

Roofing:		License #			
		Signed Aff.	___ Yes	___ No	
Phone #:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
	Bond		___ Yes	___ No	
State License #:	104-	Expiration			

Plumbing:		License #			
		Signed Aff.	___ Yes	___ No	
Phone #:		Gen. Lib.	___ Yes	___ No	
		Work Comp	___ Yes	___ No	
		Bond	___ Yes	___ No	
State License #:	058-	Expiration:			
State Registration #:	055-	Expiration:			

Date Received: _____ Date Approved: _____ Approved By: _____