KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION

DECK/PERGOLA PERMIT APPLICATION

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.

DECK REGULATIONS

1. Post holes must be 42" deep.
2. Post shall be imbedded in concrete a minimum of 12" or use manufactured connectors to prevent lateral displacement.
3. Beams shall bear on posts
   a. Min. 4x4 if setting on top, using connectors to resist uplift
   b. Minimum 6x6 if notching in w/ min. (2) ½" through bolts w/washer
4. Ledger boards shall be fastened with ½" x 3" lag screws w/washers staggered 2" from top and bottom, 16" o.c.
5. Joists shall bear on 1 ½" wood or steel (joist hangers) minimum
6. Maximum joist spans:

16"o.c.		24"	
2x6	8'-8" – one row solid bridging	2x6	7'-2" – one row solid bridging
2x8	11'-1" – one row solid bridging	2x8	9'-1" – one row solid bridging
2x10	13"-7" – one row solid bridging	2x10	11'-1"- one row solid bridging
2x12	15'-9" – two rows solid bridging	2x12	12'-10" – two rows solid bridging

7. Stairways shall not be less than 36" in clear width above the permitted handrail height. Maximum riser height is 7 ¾" and minimum tread depth is 10"
8. Railings or guardrails are required if deck is 30" or more above finished grade. Guardrails must be a minimum of 36" in height. Posts or spindles shall not allow a 4" sphere to pass through, or be installed in a horizontal manner that results in a ladder effect.
9. Railings along stairways are to be 34"-38" in height, measured from the nose of the treads and not allow a 4 3/8" sphere to pass between them. There must be a grippable handrail on at least one side with a cross section of 1 ¼"- 2" which must terminate at a newel or wall. Bottom rails shall be installed to prevent 6" sphere from passing through the stair tread and rail.

SUBMITTAL REQUIREMENTS

1. Plot plan showing home, septic and proposed deck/pergola.
2. Deck/pergola permit application.
3. Deck/pergola permit worksheet.
4. Contractors list.
5. Construction drawings
6. Signed contract or material estimate sheet from distributor (if doing the work yourself).

DECK/PERGOLA Worksheet

NAME_____ ADDRESS_____

Deck/Pergola size? _____x_____

Height above ground? _____

Is the deck/Pergola attached to the house? _____

Depth of holes? _____

Size of posts? _____

Spacing of posts? _____

Size of beams? _____ Multiply beams must be fastened together, not spaced.

Are the beams supported on top of the posts w/mechanical fasteners or notched in?_____

Size of floor joists?_____

Span of floor joists?_____

O.C. spacing of floor joists?_____

Size of ceiling joists? _____

Span of ceiling joists? _____

O.C. spacing of ceiling joists? _____

Is there a railing?_____

Railing height above deck?_____

Space between posts/spindles?_____

Are there stairs?_____

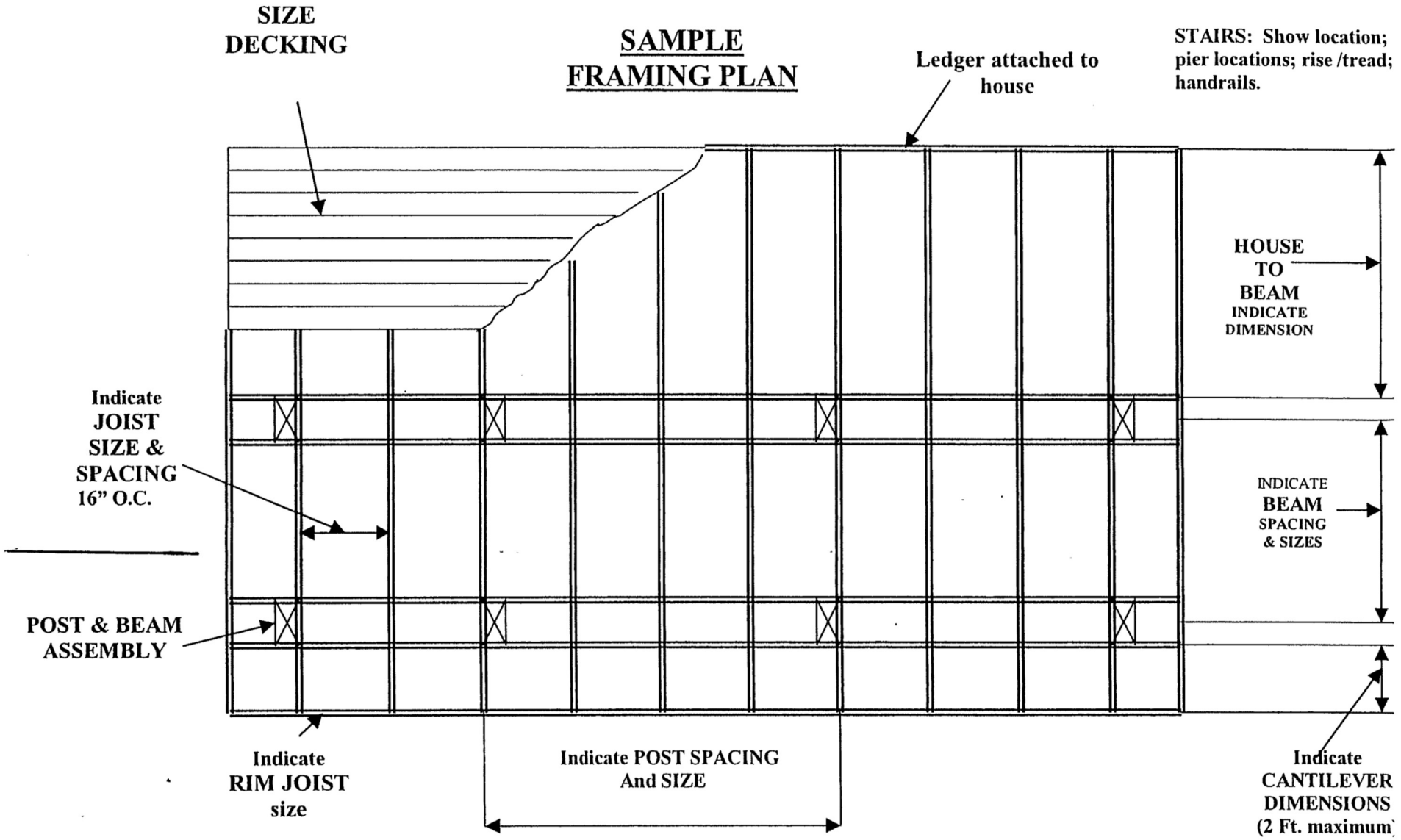
Stair width?_____

Tread width?_____

Risers?_____

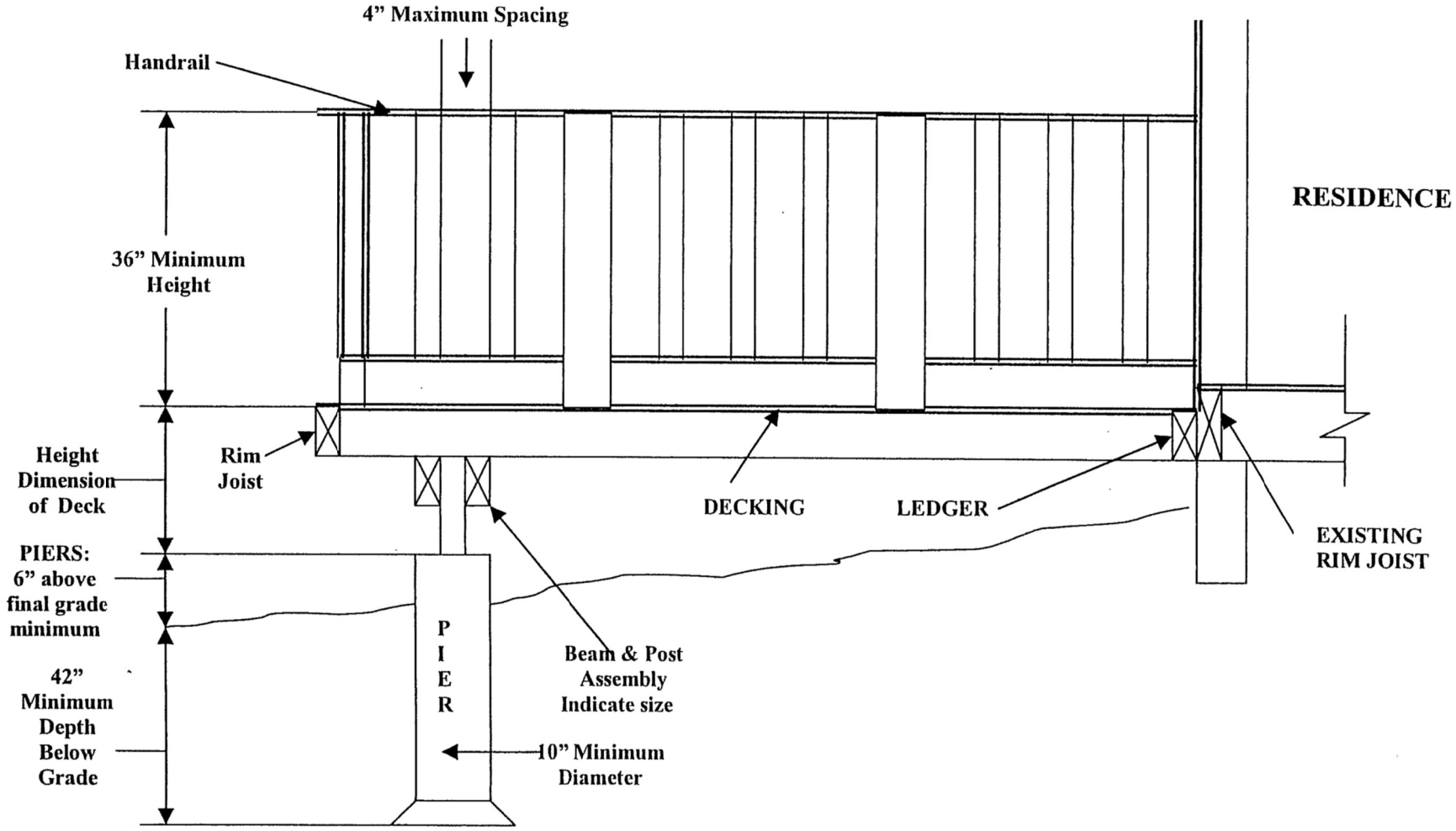
Handrail height? _____

SAMPLE FRAMING PLAN



1/9/2024

DECK - SAMPLE CROSS SECTION



1/9/2024

KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION
DECK/PERGOLA PERMIT APPLICATION

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	

Carpentry:		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	

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: _____