



BUILDING

DEPARTMENT

401 WHITNEY BLVD SUITE 300

BELVIDERE, IL 61008 * 815-547-7177

RESIDENTIAL PERMIT CHECKLIST

*** As The applicant, you are responsible to meet all of the requirements listed below. ***

Revised Sept. 7th, 2007

- 1 Footings (size) _____ (size) _____
- 2 Drain Tile _____ (out) _____
- 3 Foundation Walls (Width) _____ (8") _____ (10") _____
- 4 Floor Joists (16"o.c.) _____ (24"o.c.) _____ (size) _____
- 5 Floor Trusses or (TJI) (19.2) _____ (16"o.c.) _____ (24"o.c.) _____ (size) _____
- 6 Studs (16"o.c.) _____ (24"o.c.) _____ (size) _____
- 7 Ceiling Joists (16"o.c.) _____ (24"o.c.) _____ (size) _____
- 8 Trusses (16"o.c.) _____ (24"o.c.) _____ (size) _____
- 9 Roof Rafters (16"o.c.) _____ (24"o.c.) _____ (size) _____
- 10 Stairs: a. Headroom: 6'8". _____
b. Maximum Riser: 7 3/4"; Minimum Tread: 10" _____
- 11 Exterior Walls (frame) _____ (brick) _____
- 12 Guard Rails _____ (height 3'0" Min) _____
- 13 Spindles (Spacing) _____ MAX 4" CLEARANCE _____
- 14 Attic Access _____ (22"x30" Scuttle Hole) _____
- 15 Crawl Space Access _____ (18" x 24") _____
- 16 Crawl Space Ventilation _____ (how provided) _____
- 17 Smoke Detectors (one in each bed room) _____ (one on each floor) _____
- 18 Carbon Monoxide Detectors (within 15' of each room used for sleeping purposes) _____
- 19 Bathroom Exhaust Fans _____ (direct vent to outside) _____
- 20 Egress Windows (44" max sill height, 5 sq. ft. Min. 1st floor; basement & 2nd floor 5.7sq. Ft min) _____
- 21 All Gas Fireplaces must have shut off valves outside of unit, within 6' and in the same room. _____
- 22 Roof Vents - 1 sq. ft. per 300 sq. ft. of roof area. _____
- 23 All holes on top & bottom plates must be draft stopped; for Rough - In Inspection. _____
- 24 Stair Nosing _____ (1 1/4" max) (3/4" min) _____
- 25 Sump Pump _____
- 26 Garage Floor _____ (4" min lower than entry to home) _____
- 27 3' Exterior Door _____ (at least 1 per house) _____
- 28 Number of Bathrooms _____ (Completed) _____
_____ (Roughed-In) _____
- 29 Tempered Glass in Bathrooms with Tub or Shower 60" or less from floor. _____
- 30 Service Size _____
- 31 Is Electrical Contractor Licensed? Yes _____ No _____
- 32 Is the Home Owner doing his or her own wiring? Yes _____ No _____
- 33 Central Air Yes _____ No _____
- 34 Garbage Disposal Yes _____ No _____
- 35 Dishwasher Yes _____ No _____
- 36 Is Basement Finished? Yes _____ No _____
- 37 Central Alarm or Security System Yes _____ No _____
- 38 Is the Plumbing Contractor Licensed? Yes _____ No _____
- 39 Moisture Barrier-behind all brick vaneer _____
- 40 Vapor Barrier between slab and base course _____
- 41 Hurricane Clips on all Rafters and Trusses _____
- 42 Land / Cash Fees paid and City Water & Sewer? Yes _____ No _____
- 43 Must have a port a potty on job site. _____
- 44 Deck Yes _____ No _____
- 45 Address Numbers on house permanently affixed _____ (City min. 4") _____
- 46 Lawn Sprinkler Irrigation System with RPZ valve. Yes _____ No _____

Additional Comments: _____

Building Inspector

Date

Contractor or Owner