



**Community Development**  
**BUILDING SAFETY DIVISION**  
 115 E. Washington St., PO BOX 3157  
 Bloomington, IL 61702-3157  
 Phone: 309-434-2226  
[comdev@cityblm.org](mailto:comdev@cityblm.org)

## Commercial Building Permit Application

(CHECK ONE)	NEW CONSTRUCTION	ADDITION	ALTERATION
Site Address:	Unit #:		<b>Office Use Only</b> Application Number: Permit Number: Permit Fee: Contacted:      Phone      Email Application Date:
Development:	Lot #:		
Existing Use:	Proposed Use:		
Scope of Project:			
COST OF PROJECT (W/O MECHANICALS):			
COST OF PROJECT (WITH MECHANICALS):			Anticipated Start Date:
			Anticipated End Date:

### Contact Information: (List main contacts for each)

<b>Owner</b> Yes No TBD	Name:	Email:
	Address:	Phone:
<b>Contractor</b> Yes No TBD	Name:	Email:
	Address:	Phone:
<b>Architect</b> Yes No TBD	Name:	Email:
	Address:	Phone:
<b>Engineer</b> Yes No TBD	Name:	Email:
	Address:	Phone:
<b>Superintendent</b> Yes No TBD	Name:	Email:
	Address:	Phone:

### Required Items to be Submitted by Applicant **PRIOR TO ANY PERMITS ISSUED**

	2 Sets of Complete Plans including: Building, Plumbing, HVAC, Electrical, Fire Protection
	2 Sets of Site Development Plans
	1 Set of Complete Plan in digital format
	Documents Signed and Sealed by _____
	Energy Compliance Documents (Com Check)

**Signature:** \_\_\_\_\_



- PLEASE ATTACH PLANS / SKETCHES TO THIS APPLICATION.
- **NOTE: PERMITS MUST BE OBTAINED BEFORE WORK BEGINS.**
- SUBMISSION OF THIS FORM DOES NOT GUARANTEE OR GRANT APPROVAL TO START WORK.
- ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE A PERMIT.
- APPLICATION VOID IF WORK IS NOT STARTED WITHIN 6-MONTHS AFTER PERMIT ISSUANCE.



**Trades:** (Indicate which trades are needed for this project. Enter contractor responsible for work, if unknown enter TBD)

<b>Electrical</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Plumbing</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>HVAC</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Insulation</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Roofing</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Excavator</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Sign</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Fire Sprinkler</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
<b>Alarm</b>	Name:	Email:
Yes	Address:	Phone:
No		
TBD		
	Name:	Email:
Yes	Address:	Phone:
No		
TBD		

**See Page 3 for Water Meter and Service Line Sizing**



## Water Meter & Service Line Sizing Form

Customer Billing Name:

Billing Address:

Building Address:

Customer Type (Residential, Commercial, Industrial):

FIXTURE	CURRENT FIXTURE #	FUTURE FIXTURE #
Water Closet – Flush Valve		
Water Closet – Tank		
Urinal – Flush Valve 1 - inch		
Urinal – Flush Valve ¾ - inch		
Lavatory		
Bathtub		
Shower Head		
Service Sink		
Kitchen Sink (# of Faucets)		
Drinking Fountain		
Laundry Trays		
Combination Fixture		
Dishwashing Machine (Residential)		
Dishwashing Machine (Commercial)		
Laundry Machine (Residential)		
Laundry Machine (Commercial)		
EXTRA FLOW RATE – Fixtures not listed above (gpm)		
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Distance from Water Main to Building (ft.) \_\_\_\_\_

**As the owner and/or representative of the above property, I certify the above information is correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**