



DEPARTMENT OF
BUILDING
& ZONING

(618) 463-3550 | Fax (618) 463-2890

101 East 3rd St. | Room 104 | Alton, Illinois 62002

CITYOFALTONIL.GOV

Building Permit Application

DATE: _____

ADDRESS: _____

OWNER: _____

PHONE: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____

ARCHITECT: _____ ADDRESS: _____ PHONE: _____

ELECTRICIAN: _____ ADDRESS: _____ PHONE: _____

PLUMBER: _____ ADDRESS: _____ PHONE: _____

MECHANICAL: _____ ADDRESS: _____ PHONE: _____

ROOFER: _____ ADDRESS: _____ PHONE: _____

FIRE SYSTEMS: _____ ADDRESS: _____ PHONE: _____

DESCRIPTION OF WORK: _____

COST OF WORK: \$ _____

I/we hereby agree to perform the above described work in accordance with the plat, building plans and specifications submitted along with this application, and in strict compliance with all provisions of the zoning ordinance, building code and health regulations of the City of Alton, Illinois.

CONTRACTOR/OWNER SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____ FEE: \$ _____