

1. PROPOSED USE CLASSIFICATION: _____

2. TYPE OF CONSTRUCTION: _____

3. OCCUPANCY GROUP(S): _____

4. PROPOSED FLOOR AREAS:

No. of Stories: _____

Building Height: _____

Total Habitable Square Footage:

First Floor _____

Second Floor _____

Additional Floors _____

Basement: _____

Finished _____

Unfinished _____

Garage/Carport Square Footage: _____

Deck/Porch Square Footage: _____

5. DRIVEWAY (width at property line before flare) _____

Second Entrance: Yes No

Variance Granted: Yes No

6. CITY SIDEWALK (linear feet) _____

7. WATER & SEWER TAP-ON FEES PAID: Y N

Water: \$ _____

Sewer: \$ _____

9. FLOODPLAIN CERTIFICATE SUBMITTED: Y N

10. SPRINKLER, PRIVATE HYDRANT OR OTHER
FIRE PROTECTION EQUIPMENT:

Have plans been submitted for approval to Insurance

Underwriters: Y N

Sprinklers:

How many installed or added: _____

How many removed: _____

Hydrants on private property:

How many installed or added: _____

How many removed: _____

11. STORM WATER DRAINAGE PERMIT
(SEC 34-4200)

NO PERMIT REQUIRED
(Less than 500 sq ft of land disturbance)

CLASS 1 DRAINAGE \$150.00
(500 sq ft but less than 43560 sq ft/1 acre of land disturbance or additional impervious surfaces)
▪ Submit documents with permit application as noted on checklist

CLASS 2 DRAINAGE \$250.00
(43560 sq ft/1 acre or more of land disturbance or additional impervious surfaces)
▪ Submit documents with permit application as noted on checklist

STORM WATER UTILITY MEASUREMENTS:
(Figures should reflect measurements for total lot, not just net changes)

Impervious Area: acres _____

Pervious Area: acres _____

City Engineer

Date

12. DEMOLITION

➤ 10-day notice to State of Illinois submitted: Y N

➤ Sewer connection terminated:

Plumbing Inspector

➤ Gas service terminated:

Mechanical Inspector

➤ Water service & meter terminated:

Water Department

➤ Electrical service terminated:

Electrical Inspector

CONTRACTOR ASSURES THAT ALL MATERIALS OR WASTE MUST BE ABATED OR DISPOSED OF IN ACCORDANCE WITH THE MOLINE CODE OF ORDINANCES.