

CITY OF LOCKPORT

REMODELING PERMIT FORM

SITE DESIGNATION:

Address: _____

Lot. No. _____

Subdivision: _____

Estimated Construction Value: \$ _____

Describe Work: _____

APPLICANT INFORMATION:

Printed Name: _____ Phone #: _____

Address: _____

I HERBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY COUNCIL OF LOCKPORT.

Signature: _____ Date: _____

HOMEOWNER INFORMATION:

Name: _____ Phone #: _____

NAME, ADDRESS & PHONE # OF: (Attach copy of Certificate of Registration for each)

Architect: _____

Carpenter: _____

Electrical: _____

Excavator: _____

Foundation: _____

General: _____

Gypsum: _____

HVAC: _____

Masonry: _____

Plumbing: _____

Roofing: _____

Sewer/Water: _____

FOR OFFICE USE ONLY

Permit #: _____ Other Incentive: _____

TIF District (Y/N): _____ Historic District (Y/N): _____

Date Issued: _____ Issued By: _____

Building Permit: \$ _____

Sewer Tap-On Fee: \$ _____

Water Tap-On Fee: \$ _____

Temp. Water Usage: \$ _____

Grading Permit Fee: \$ _____

Occupancy Permit: \$ _____

Engineering Fee: \$ _____

Building Inspection Fee: \$ _____

Plumbing Inspection Fee: \$ _____

Electrical Inspection Fee: \$ _____

Plan Review: \$ _____

Total Fees: \$ _____

SUBMIT THE FOLLOWING:

1. 5 Sets of sealed architectural drawings by a licensed architect are required.
2. All contractors are required to be registered with the City of Lockport prior to the issuance of the permit.
(Please see Contractor Registration requirements)
3. Please allow 10 business days for the plan review.
4. We accept checks or cash as a method for payment.