

DRV1 or DRV2 – PRIVATE DRIVEWAY (1) – APPROACH/SIDEWALK INCLUDED (2)
APPLICATION FORM

FOR OFFICIAL USE ONLY

PERMIT APPLICATION NO

18-1996

TOTAL FEE

\$133 PAID

BLDG

25

PLRV

28

SUBMITTED

5-12-18

NOTIFIED

5-14-18

ZONING

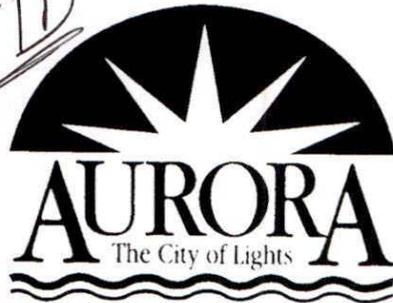
Classification

EG 513 #

WEB www.AURORA-il.org

FAX (630) 256-3139

TELEPHONE (630) 256-3130



DIVISION OF BUILDING & PERMITS

65 WATER STREET

AURORA, ILLINOIS 60505

LAND / PARCEL INFORMATION

PROPERTY ADDRESS

816 HINMAN ST

PROPERTY OWNER &

Contact Name GERARDO SOSA

TENANT &

Contact Name

OWNER'S ADDRESS

816 HINMAN ST

ADDRESS

AURORA IL 60505

PHONE # (630) 615-8043

FAX #

E-MAIL prisbris73@yahoo.com

PHONE # ()

FAX # ()

E-MAIL

REQUIRED SUBMITTAL ITEMS / STEPS

- Plat of Survey with indications of paving locations must accompany this form.

The placement of concrete shall not begin prior to the first Monday in April and shall be completed no later than the third Friday in October (weather permitting). The placement of concrete may be permitted until the first Friday in November, upon written approval by the City Engineer or his designee. Full-time inspection is required by a certified testing service and cold weather blanketing shall be employed for work performed after the third Friday in October.

PAVING INFORMATION

Is property in a flood prone area?

- Yes (DRV2)
- No

Is any paving in the Public Right of Way (from sidewalk to the street, including the side walk)?

- Yes (DRV2)
- No

Are you requesting an additional curb-cut?

- Yes (DRV2)
- No (DRV1)

Provide Driveway Assistance Program if Yes

Is your proposed paving adjacent to a Driveway?

- Yes
- No

CHECK applicable paving material type

- Asphalt Other (indicate) _____
- Concrete Unit Pavers

PAVING COST

TOTAL COST OF IMPROVEMENTS \$ 6000

PAVING CONTRACTOR

HOMEOWNER IS DOING THE WORK

BUSINESS NAME _____

AURORA REGISTRATION # _____

CONTACT NAME _____

E-MAIL ADDRESS _____

I, the applicant agree to conform to all applicable laws of the City of Aurora. I understand that the approval of this application and issuance of a permit does not obviate the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property.

CONTRACTOR _____
(PRINT)

CONTRACTOR _____
(SIGNATURE)

OWNER Gerardo Sosa
(PRINT)

OWNER GERARDO SOSA
(SIGNATURE)

DATE OF COMPLETION 5-02-18

* Lot coverage may not exceed 40%.

call Gerardo

630-615-8043



City of Aurora

Division of Building and Permits • 65 Water Street • Aurora, Illinois 60505-3305 • (630) 256-3130
Fax (630) 256-3139

Date 5-02-18

I GERARDO SOSA certify that I am the owner of the
(Please print)
Single family home located at 816 HINMAN ST

Owner Occupied

This is my sole and exclusive residence and I intend to live in this home for a minimum of 6 months after completing the work per ordinance #O 010-017 Section 117.1.2.

I will be acting as the contractor for the following trades for permit number 181996

- General Contractor
- Electrical Contractor
- Roofing Contractor
- Plumbing Contractor
- Mechanical (HVAC) Contractor

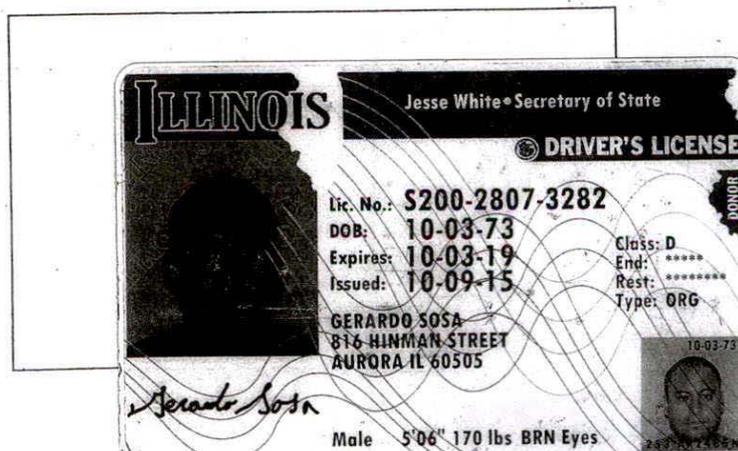
Owner Non-Occupied

This is NOT my sole and exclusive residence. I am acting solely as the General Contractor and the work is less than \$40,000.00 per ordinance #O 010-017 Section 117.5.1.1.

I will provide names of licensed and bonded contractors for any plumbing, electrical and mechanical work that is included in the scope of work.

I understand that all work being done by myself as homeowner must comply with all current building codes and any amendments to said code.

GERARDO SOSA
Print Name
(630) 615-8043 CELL
Home Telephone Number
(630) 615-8043
Cell Number
prisbris73@yahoo.com
Email Address
Gerardo Sosa
Owner's Signature





Hinman St

820

816

812