



# Village of Willowbrook

835 Midway Drive, Willowbrook, Illinois 60527  
 Village Hall Main Phone: (630) 323-8215  
 Building Dept. Fax: (630) 920-2489  
<http://www.willowbrookil.org/>

## APPLICATION FOR BUILDING PERMIT & PLAN EXAMINATION

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>FOR OFFICE USE ONLY</b><br>DATE RECEIVED STAMP   | <b>1. TYPE OF PERMIT</b>  | Date<br>(mm/dd/yy)  |                                      |
| <b>PERMIT #:</b>  | Valuation: \$   | Is Applicant Owner: YES / NO<br><small>(CIRCLE ONE)</small> |                                      |
|   | Description of Work:  |   |                                      |
|   | <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Building <input type="checkbox"/> New Construction <input type="checkbox"/> Re-Occupancy<br><input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> <b>N/A</b> Electrical <input type="checkbox"/> Alteration <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Commercial <input type="checkbox"/> <b>N/A</b> Plumbing <input type="checkbox"/> Addition<br><input type="checkbox"/> Industrial <input type="checkbox"/> Mechanical <input type="checkbox"/> Demo |   |                                      |
| <b>2. PROPERTY OWNER/AGENT &amp; PROJECT INFORMATION</b> <input type="checkbox"/> Check here if this is the person who should be contacted to pick the Permit up  |   |   |                                      |
| [PROJECT] Street Address (Number /Street Name)  | Zip   | Zoning District   | Property Index Number (PIN) REQUIRED |
| Subdivision   | Lot Number  | Apt / Condo / Unit #  |                                      |
| Willowbrook Business Name (If Applicable)   | First Name  | Last Name   |                                      |
| Contact Information<br>Phone (Land Line) (    )   | E-Mail  |   |                                      |
| Phone (Mobile) (    )   | Fax (    )  |   |                                      |
| <b>3. TENANT / BUSINESS OWNER / HOA INFORMATION (IF APPLICABLE)</b> <input type="checkbox"/> Check here if this is the person who should be contacted to pick the Permit up   |   |   |                                      |
| Business Name / Home Owners Association Name  | First Name  | Last Name   |                                      |
| Business / HOA Street Address (Number /Street Name)   | City  | State   | Zip                                  |
| Contact Information<br>Phone (Land Line) (    )   | E-Mail  |   |                                      |
| Phone (Mobile) (    )   | Fax (    )  |   |                                      |
| <b>4. PLAN REVIEW CONTACT PERSON / INFORMATION (Plan Review Comments To Be Forwarded To)</b><br><input type="checkbox"/> Check here if this is the person who should be contacted to pick the Permit up               |   |   |                                      |
| Business Name (If Applicable)   | First Name  | Last Name   |                                      |
| Phone: (    )   | Fax: (    )   | E-Mail:   |                                      |
| <b>5. AUTHORIZATION (Signatures &amp; Names are <i>Required</i> to Proceed)</b>   |   | <b>6. FEES (OFFICE USE ONLY)</b>                            |                                      |
| AS THE OWNER OF THE PROPERTY FOR WHICH THIS PERMIT IS ISSUED, AND AS THE APPLICANT OF THIS PERMIT, I AGREE TO CONFORM TO ALL APPLICABLE BUILDING CODES, ORDINANCES, RULES & REGULATIONS OF THE VILLAGE OF WILLOWBROOK |   | <b>BUILDING PERMIT</b> \$                                   |                                      |
| SIGNATURE OF "PROPERTY OWNER":<br><small>(REQ'D TO PROCEED)</small>   |   | <b>ELECTRICAL</b> \$  |                                      |
| PRINTED NAME:   |   | <b>PLUMBING</b> \$  |                                      |
| SIGNATURE OF "TENANT" / "HOA" / "BUSINESS OWNER":   |   | <b>HVAC</b> \$  |                                      |
| PRINTED NAME:   |   | <b>GRADING REVIEW</b> \$                                    |                                      |
| SIGNATURE OF "APPLICANT":   |   | <b>ARCHITECTURAL REVIEW</b> \$                              |                                      |
| PRINTED NAME:   |   | <b>ENGINEERING REVIEW</b> \$                                |                                      |
| SIGNATURE OF "PROPERTY OWNER":  |   | <b>DRIVEWAY / PARKING LOT</b> \$                            |                                      |
| PRINTED NAME:   |   | <b>FENCE / ROOF</b> \$                                      |                                      |
| SIGNATURE OF "TENANT" / "HOA" / "BUSINESS OWNER":   |   | <b>SIGN</b> \$  |                                      |
| PRINTED NAME:   |   | <b>ACCESSORY STRUCTURE</b> \$                               |                                      |
| SIGNATURE OF "APPLICANT":   |   | <b>TAP ON FEE</b> \$  |                                      |
| PRINTED NAME:   |   | <b>METER/REMOTE</b> \$                                      |                                      |
| <small>PERMIT VOID IF A SUBSTANTIAL START IS NOT MADE WITHIN SIX (6) MONTHS, AND/OR WORK HAS NOT PROGRESSED CONTINUOUSLY FOR SIX (6) MONTHS AND/OR IN ANY EVENT AFTER 18 (EIGHTEEN) MONTHS OF ISSUANCE.</small>       |   | <b>CONSTRUCTION WATER</b> \$                                |                                      |
| <b>7. APPROVAL STATUS (OFFICE USE ONLY)</b>   |   | <b>REFUNDABLE R.O.W. BOND</b> \$                            |                                      |
| APPROVED BY: <small>(BI)</small> <small>(MSD)</small>   | <b>FINAL / WATER INSP.</b> \$   |   |                                      |
| APPROVED DATE:  | <b>FINAL / OCCUPANCY INSP.</b> \$   |   |                                      |
| ISSUED BY:  | <b>COMMERCIAL REOCCUPANCY</b> \$  |   |                                      |
| ISSUED DATE:  | <b>TOTAL FEES:</b> \$   |   |                                      |
|   | <b>DEPOSIT:</b> \$  |   |                                      |
|   | <b>BALANCE DUE:</b> \$  |   |                                      |

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| OFFICE<br>USE ONLY<br>↓↓↓↓↓  | <b>8. CONTRACTOR BUSINESS NAME &amp; CONTACT INFORMATION</b>          |             |           |           |
|--|---|-------------|-----------|-----------|
| <b>CONTRACTORS: SEE LEFT MARGIN BELOW FOR REQUIRED PAPERWORK</b>   |   |             |           |           |
| <small>NOTE: ALL CERTIFICATES OF INSURANCE SHALL NAME "THE VILLAGE OF WILLOWBROOK", AT THE ADDRESS INDICATED ABOVE, AS THE "CERTIFICATE HOLDER"</small>                                      |   |             |           |           |
| <b>Applicant<br/>(ONLY IF<br/>NOT<br/>OWNER)</b>   | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>General<br/>Contractor</b><br><input type="checkbox"/> Certificate of Ins.  | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>Architect</b>   | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>Civil /<br/>Structural<br/>Engineer<br/>(Circle One)</b>  | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>Electrical<br/>Contractor</b><br><input type="checkbox"/> Municipal License<br><input type="checkbox"/> Certificate of Ins.<br><input type="checkbox"/> \$10K Surety                      | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | NOT APPLICABLE  |             | CITY      | STATE ZIP |
|  | USE THE 4 PAGE APPLICATION FORM IF ELECTRICAL WORK IS PROPOSED        |             |           |           |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
| <b>"Interior"<br/>Plumbing<br/>Contractor</b><br><input type="checkbox"/> State of Illinois<br>Plumbing License<br><input type="checkbox"/> Letter of Intent                                 | BUSINESS NAME (INTERIOR PLUMBER)                                      | FIRST NAME  | LAST NAME |           |
|  | NOT APPLICABLE  |             | CITY      | STATE ZIP |
|  | USE THE 4 PAGE APPLICATION FORM IF INTERIOR PLUMBING WORK IS PROPOSED |             |           |           |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
| <b>"Exterior"<br/>Plumbing<br/>Contractor</b><br><input type="checkbox"/> State of Illinois<br>Plumbing License<br><input type="checkbox"/> Letter of Intent                                 | BUSINESS NAME (WATER SERVICE & SANITARY SEWER CONNECTION)             | FIRST NAME  | LAST NAME |           |
|  | NOT APPLICABLE  |             | CITY      | STATE ZIP |
|  | USE THE 4 PAGE APPLICATION FORM IF EXTERIOR PLUMBING WORK IS PROPOSED |             |           |           |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
| <b>HVAC<br/>Contractor</b><br><input type="checkbox"/> Certificate of Ins.   | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>Concrete<br/>Contractor</b><br><input type="checkbox"/> Certificate of Ins.   | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>Excavation<br/>or *U/G Bore*<br/>Contractor</b><br><input type="checkbox"/> Certificate of Ins.<br><input type="checkbox"/> \$10K Surety Bond   | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |
| <b>Roofer<br/>[*or Other*]<br/>Contractor</b><br><input type="checkbox"/> St. IL Roofing Lic<br><input type="checkbox"/> Copy of Div. Lic.<br><input type="checkbox"/> * Certificate of Ins. | BUSINESS NAME   | FIRST NAME  | LAST NAME |           |
|  | STREET ADDRESS  |             | CITY      | STATE ZIP |
|  | PHONE (LAND LINE) ( ) ( )   | FAX ( ) ( ) |           |           |
|  | PHONE (MOBILE) ( ) ( )  | E-MAIL      |           |           |