

The Village of
WILLOWBROOK

7760 Quincy Street
Willowbrook, Illinois 60527-5594
Phone: (630) 323-8215 Fax: (630) 323-0787
<http://www.willowbrookil.org/>

APPLICATION FOR BUILDING PERMIT & PLAN EXAMINATION

FOR OFFICE USE ONLY DATE RECEIVED STAMP	1. TYPE OF PERMIT	Date (mm/dd/yy) / /
	Valuation: \$	Is Applicant Owner (YES / NO)
	Description of Work:	
PERMIT #:	<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Building <input type="checkbox"/> New Construction <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Electrical <input type="checkbox"/> Alteration <input type="checkbox"/> Commercial <input type="checkbox"/> Plumbing <input type="checkbox"/> Addition <input type="checkbox"/> Industrial <input type="checkbox"/> Mechanical <input type="checkbox"/> Demo	_____

2. PROPERTY / PROJECT INFORMATION

Street Address (Number /Street Name)	Zip	Zoning District	Property Index Number (PIN)
Subdivision	Lot Number	Apt #	

3. PROPERTY OWNER INFORMATION

Last Name (or Business Name)	First Name
Street Address	City State Zip
<u>Contact Information</u> Phone (Land Line) ()	E-Mail
Phone (Mobile) ()	Fax ()

4. PLAN REVIEW CONTACT PERSON / INFORMATION (Plan Review Comments To Be Forwarded To)

Last Name (or Business Name)	First Name
Phone: ()	Fax: () E-Mail:

5. CERTIFICATION	7. FEES (OFFICE USE ONLY)	
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 ORDINANCES, RULES & REGULATIONS OF THE VILLAGE OF WILLOWBROOK	BUILDING PERMIT	\$
	ELECTRICAL	\$
SIGNATURE OF PROPERTY OWNER: (REQ'D TO PROCEED)	PLUMBING	\$
	HVAC	\$
PRINTED NAME:	GRADING REVIEW	\$
	ARCHITECTURAL REVIEW	\$
SIGNATURE OF APPLICANT:	ENGINEERING REVIEW	\$
	DRIVEWAY / PARKING LOT	\$
PRINTED NAME:	FENCE / ROOF	\$
	SIGN	\$
PERMIT VOID IF A SUBSTANTIAL START IS NOT MADE WITHIN SIX (6) MONTHS, WORK HAS NOT PROGRESSED CONTINUOUSLY FOR SIX (6) MONTHS, OR IN ANY EVENT AFTER 18 (EIGHTEEN) MONTHS OF ISSUANCE.	ACCESSORY STRUCTURE	\$
	TAP ON FEE	\$
6. APPROVAL STATUS (OFFICE USE ONLY)	METER/REMOTE	\$
	CONSTRUCTION WATER	\$
APPROVED BY:	REFUNDABLE R.O.W. BOND	\$
	FINAL / WATER INSP.	\$
APPROVED DATE:	FINAL / OCCUPANCY INSP.	\$
		\$
ISSUED BY:		\$
		\$
ISSUED DATE:	TOTAL FEES:	\$
	DEPOSIT:	\$
	BALANCE:	\$

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OFFICE USE ONLY	8. CONTRACTOR BUSINESS & CONTACT INFORMATION			
Applicant (ONLY IF NOT OWNER)	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ()	FAX ()		
	PHONE (MOBILE) ()	E-MAIL		
General Contractor <input type="checkbox"/> Certificate of Ins. <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		
Architect	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ()	FAX ()		
	PHONE (MOBILE) ()	E-MAIL		
Civil / Structural Engineer (Circle One)	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ()	FAX ()		
	PHONE (MOBILE) ()	E-MAIL		
Plumbing Contractor <input type="checkbox"/> State Plumb. License <input type="checkbox"/> Certificate of Ins. <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		
Electrical Contractor <input type="checkbox"/> Municipal License <input type="checkbox"/> Certificate of Ins. <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		
Concrete Contractor <input type="checkbox"/> Certificate of Ins. <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		
Sewer / Water Connection Contractor <input type="checkbox"/> St. IL Pl Lic / Bnd Dm Lyr <input type="checkbox"/> Certificate of Ins. <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		
Excavation Contractor <input type="checkbox"/> Certificate of Ins. <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		
Roofer or Other Contractor <input type="checkbox"/> St. IL Roofing Lic <input type="checkbox"/> Certificate of Ins. <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		

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9. ELECTRICAL PERMIT INFORMATION

ELECTRICAL WORK PROPOSED: Yes No IF 'NO' PROCEED TO SECTION 10

ELECTRICAL CONTRACTOR INFORMATION (TO BE COMPLETED BY CONTRACTOR)

THE PERMIT ISSUED ON THIS ELECTRIC APPLICATION WILL AUTHORIZE ONLY THE WORK SPECIFIED BELOW.

THE ELECTRICAL CONTRACTOR MUST GIVE COMPLETE INFORMATION AS INDICATED BELOW.

<u>BUSINESS NAME</u>		<u>BUSINESS OWNER (PRINTED NAME)</u>		
<u>STREET ADDRESS</u>		<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>MUNICIPAL LICENSE ISSUED BY:</u>		<u>BOND COMPANY:</u>	<u>BOND #:</u>	
FOR OFFICE USE ONLY		<u>TELEPHONE (Office):</u>	<u>FAX:</u>	
<input type="checkbox"/> Municipal License	<u>ELECTRIC PERMIT FEE</u> \$	<u>TELEPHONE (Mobile):</u>	<u>E-MAIL:</u>	
<input type="checkbox"/> Certificates Of Insurance				
<input type="checkbox"/> \$10,000 Surety Bond				

SUBMIT PROPOSED PANEL SCHEDULE & LOAD CALCULATIONS ON SEPARATE SHEET

CHECK HERE IF ATTACHED CHECK HERE IF TO BE SUBMITTED LATER, ETA DATE: / /

Description of Electrical Work:	
Description of Proposed Sign:	

ADDITIONAL INFORMATION:	APPLIANCES WITH MOTORS:
Existing Service Amperage:	Dishwasher
Proposed Service Amperage:	Garbage Disposal
Number of Circuits Rated at:	Sump Pump(s)
15 Amp	Ejector Pump(s)
20 Amp	Furnace(s)
30 Amp	A/C Unit(s)
40 Amp or Over	Hood
Total Number of Circuits:	Whirlpool Tub(s)
Fire Alarms	Attic Fan
Security Systems	Other:
Illuminated Sign(s)	Other:
Appliances (Not Built-in)	Other:
Other:	Total Number of Motors:

I HAVE READ THIS APPLICATION AND STATE IT IS CORRECT AND AGREE TO COMPLY WITH THE ELECTRICAL CODE AND AMENDMENTS ADOPTED BY THE VILLAGE OF WILLOWBROOK.

<u>SUPERVISING ELECTRICIAN (SIGNATURE)</u>	<u>(PRINTED NAME)</u>	<u>DATE:</u>

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10. PLUMBING PERMIT INFORMATION

PLUMBING WORK PROPOSED: <input type="checkbox"/> Yes <input type="checkbox"/> No	IF 'NO' PLEASE DISREGARD THIS SECTION
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THE PERMIT ISSUED ON THIS PLUMBING APPLICATION WILL AUTHORIZE ONLY THE WORK SPECIFIED BELOW.

THE PLUMBING CONTRACTOR MUST GIVE COMPLETE INFORMATION AS INDICATED BELOW.

ENTER THE TOTAL NUMBER OF FIXTURES BEING PROPOSED/INSTALLED

Tubs/Showers	Water Heaters	Urinals	Water Pumps
Shower Stalls	Water Softeners	Bidets	Back Flow Preventers (RPZ)
Lavatories Sinks	Laundry Tubs	Grease Traps	Triple Basin
Toilets (Standard Flush)	Floor Drains	Drinking Fountains	Parking Lot Drains
Toilets (Flushometer)	Sump Pumps	Lawn Irrigation System	Inside Downspouts
Kitchen Sink(s)	Sewage Ejectors	Indicate Number of Heads	Other:
Garbage Disposals	Other:	Swimming Pool(s)	Other:
Dishwashers	Other:	Indicate 'Above' / 'Below' Ground	Total Fixtures:

10.1) INTERIOR PLUMBING CONTRACTOR INFORMATION (TO BE COMPLETED BY CONTRACTOR)

<u>BUSINESS NAME</u>	<u>BUSINESS OWNER (PRINTED NAME)</u>		
<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>STATE OF ILLINOIS PLUMBING LICENSE NUMBER</u>	<u>BOND COMPANY:</u>	<u>BOND #:</u>	
FOR OFFICE USE ONLY		<u>TELEPHONE (Office):</u>	<u>FAX:</u>
<input type="checkbox"/> State Plumbing License	PLUMBING PERMIT FEE \$	<u>TELEPHONE (Mobile):</u>	<u>E-MAIL:</u>
<input type="checkbox"/> Certificates Of Insurance			
<input type="checkbox"/> \$10,000 Surety Bond			

Description of "Interior" Plumbing Work: _____

<u>SUPERVISING INTERIOR PLUMBER (SIGNATURE)</u>	<u>(PRINT)</u>	<u>DATE:</u>
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10.2) WATER SERVICE & SEWER CONTRACTOR INFORMATION (TO BE COMPLETED BY CONTRACTOR)

<u>BUSINESS NAME</u>	<u>BUSINESS OWNER (PRINTED NAME)</u>		
<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>STATE OF ILLINOIS PLUMBING LICENSE NUMBER</u>	<u>BOND COMPANY:</u>	<u>BOND #:</u>	
FOR OFFICE USE ONLY		<u>TELEPHONE (Office):</u>	<u>FAX:</u>
<input type="checkbox"/> State Plumbing License or Bonded Drainlayer		<u>TELEPHONE (Mobile):</u>	<u>E-MAIL:</u>
<input type="checkbox"/> Certificates Of Insurance			
<input type="checkbox"/> \$10,000 Surety Bond			

Description of "SEWER/WATER" Work: _____

Public Water (Yes / No)	Public Sewer (Yes / No)		
Water Service Size _____ IN.	Water Meter Size _____ IN.		
<u>SUPERVISING SERVICE & SEWER PLUMBER (SIGNATURE)</u>	<u>(PRINT)</u>	<u>DATE:</u>	

THIS PERMIT IS HEREBY GRANTED WITH THE UNDERSTANDING THAT THE CONTRACTOR SHALL CONSTRUCT THE WORK IN ACCORDANCE WITH THE DESCRIPTION SET FORTH IN THE APPLICATION, PLANS & SPECIFICATIONS; AND THAT ALL GENERAL AND DETAILED WORK CONNECTED WITH SUCH INSTALLATIONS, ALTERATIONS AND REPAIR OF ANY SUCH PLUMBING, SHALL BE DONE IN STRICT COMPLIANCE WITH THE ADOPTED CODE AND ORDINANCES OF THE VILLAGE OF WILLOWBROOK.

IT IS HEREBY REQUIRED THAT THE PLUMBER SHALL HAVE COMPLETED THE ROUGHING IN OF THE PLUMBING AND SHALL HAVE TESTED THE WORK BEFORE REQUESTING A PLUMBING INSPECTION. IT SHALL BE THE DUTY OF THE PLUMBING CONTRACTOR OR HIS AUTHORIZED AGENT TO BE IN ATTENDANCE AT THE TIME OF THE INSPECTION BY THE PLUMBING INSPECTOR AND/OR BUILDING INSPECTOR. THE REQUEST FOR AN INSPECTION SHALL BE MADE AT LEAST 24 HOURS IN ADVANCE OF SUCH REQUESTED INSPECTION.

THE RESTORATION OF ALL WORK IN THE PUBLIC "RIGHT-OF-WAY" SHALL BE COMPLETED WITHIN FIFTEEN (15) DAYS AFTER WORK BEGINS.

THE APPLICANT HERBY CERTIFIES TO THE CORRECTNESS OF THE ABOVE & AGREES TO INSTALL, ALTER OR REPAIR THE ABOVE PLUMBING IN STRICT COMPLIANCE WITH THE ADOPTED CODE AND ORDINANCES OF THE VILLAGE OF WILLOWBROOK THERETO.