



Village of
WILLOWBROOK
COMMUNITY DEVELOPMENT

835 Midway Drive, Willowbrook, IL 60527
Phone: (630) 920-2240
Fax: (630) 920-2489
bzadmin@willowbrook.il.us

Permit Number

BUILDING PERMIT / PLAN EXAMINATION	FOR OFFICE USE ONLY
---	----------------------------

TYPE OF PERMIT Application Date (MM/DD/YY) _____ Valuation: \$ _____ Is Applicant owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of work: _____ <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Building <input type="checkbox"/> New Construction <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 <input type="checkbox"/> Other (specify) _____	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><u>DATE RECEIVED STAMP</u></td> <td style="width: 50%;">Sign \$</td> </tr> <tr> <td></td> <td>Accessory Structure \$</td> </tr> <tr> <td></td> <td>Tap on Fee \$</td> </tr> <tr> <td></td> <td>Meter/Remote \$</td> </tr> <tr> <td></td> <td>Construction Water \$</td> </tr> <tr> <td></td> <td>Refundable ROW Bond \$</td> </tr> <tr> <td>Building Permit \$</td> <td>Final Water Insp. \$</td> </tr> <tr> <td>Electrical \$</td> <td>Final Occupancy Insp. \$</td> </tr> <tr> <td>Plumbing \$</td> <td>Final Cert. Comp. Insp. \$</td> </tr> <tr> <td>HVAC \$</td> <td>Comm. Re-Occupancy \$</td> </tr> <tr> <td>Grading Review \$</td> <td></td> </tr> <tr> <td>Arch. Review \$</td> <td style="text-align: right;">Total Fees: \$</td> </tr> <tr> <td>Engineering Review \$</td> <td style="text-align: right;">Less Deposit: \$</td> </tr> <tr> <td>Driveway/Parking \$</td> <td style="text-align: right;">Balance Due: \$</td> </tr> <tr> <td>Fence/Roof \$</td> <td></td> </tr> </table>	<u>DATE RECEIVED STAMP</u>	Sign \$		Accessory Structure \$		Tap on Fee \$		Meter/Remote \$		Construction Water \$		Refundable ROW Bond \$	Building Permit \$	Final Water Insp. \$	Electrical \$	Final Occupancy Insp. \$	Plumbing \$	Final Cert. Comp. Insp. \$	HVAC \$	Comm. Re-Occupancy \$	Grading Review \$		Arch. Review \$	Total Fees: \$	Engineering Review \$	Less Deposit: \$	Driveway/Parking \$	Balance Due: \$	Fence/Roof \$	
<u>DATE RECEIVED STAMP</u>	Sign \$																														
	Accessory Structure \$																														
	Tap on Fee \$																														
	Meter/Remote \$																														
	Construction Water \$																														
	Refundable ROW Bond \$																														
Building Permit \$	Final Water Insp. \$																														
Electrical \$	Final Occupancy Insp. \$																														
Plumbing \$	Final Cert. Comp. Insp. \$																														
HVAC \$	Comm. Re-Occupancy \$																														
Grading Review \$																															
Arch. Review \$	Total Fees: \$																														
Engineering Review \$	Less Deposit: \$																														
Driveway/Parking \$	Balance Due: \$																														
Fence/Roof \$																															
Approved By: _____	Approved Date: _____	Issued By: _____	Issued Date: _____																												

PROPERTY OWNER / AGENT & PROJECT INFORMATION

Project Street Address (Number and Street)	Zip:	Zoning District:	Property Index Number (PIN) Required
Subdivision	Lot #:	Apt/Condo/Unit#	
Willowbrook Business Name (if applicable)	First Name	Last Name	
Phone (landline): _____	E-mail: _____		
Phone (mobile): _____	Fax: _____		

TENANT / BUSINESS OWNER / HOA INFORMATION (if applicable)

Business Name / Homeowners Association Name	First Name	Last Name	
Business /HOA Address	City	State	Zip
Phone (landline): _____	E-mail: _____		
Phone (mobile): _____	Fax: _____		

PLAN REVIEW CONTACT PERSON / INFORMATION (Plan review comments to be forwarded to)

Check here if this is the person who should be contacted to pick up the permit

Business Name (if applicable)	First Name	Last Name	
Phone: _____	Fax: _____	E-mail: _____	

AUTHORIZATION (Signature & names are required to proceed)

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.

SIGNATURE OF PROPERTY OWNER	DATE	SIGNATURE OF APPLICANT	DATE
PRINTED NAME: _____		PRINTED NAME: _____	

Letter from homeowners Association, as needed Yes No

NAME OF HOA: _____

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.



Village of
WILLOWBROOK

COMMUNITY DEVELOPMENT

835 Midway Drive, Willowbrook, IL 60527

Phone: (630) 920-2240

Fax: (630) 920-2489

bzadmin@willowbrook.il.us

Permit Number

Project Address:

OFFICE USE ONLY	CONTRACTOR BUSINESS NAME AND CONTACT INFORMATION		
	CONTRACTORS: WE DO NOT REGISTER CONTRACTORS. SEE LEFT MARGIN BELOW FOR REQUIRED PAPERWORK.		
	NOTE: ALL CERTIFICATES OF INSURANCE SHALL NAME THE "VILLAGE OF WILLOWBROOK" AT THE ADDRESS ABOVE AS THE "CERTIFICATE HOLDER."		
Applicant ONLY IF NOT OWNER	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
General Contractor <input type="checkbox"/> Cert of Ins.	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Architect	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Engineer <input type="checkbox"/> Civil <input type="checkbox"/> Structural	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Electrical Contractor <input type="checkbox"/> Muni. Lic. <input type="checkbox"/> Cert. of Ins. <input type="checkbox"/> 10K Surety	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Interior Plumbing Contractor <input type="checkbox"/> IL License <input type="checkbox"/> Letter of Intent	Business Name: (Interior Plumber) _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Exterior Plumbing Contractor <input type="checkbox"/> IL License <input type="checkbox"/> Letter of Intent	Business Name: (Water Svc. & San. Sewer Connection) _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
HVAC Contractor <input type="checkbox"/> Cert of Ins.	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Concrete Contractor <input type="checkbox"/> Cert. of Ins.	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Excavation or U/G Bore <input type="checkbox"/> Cert of Ins. <input type="checkbox"/> 10K Surety	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	
Roofer or Other <input type="checkbox"/> IL Lic. <input type="checkbox"/> Cert of Ins.	Business Name: _____	First Name: _____	Last Name: _____
	Address: _____	City: _____	State: _____ Zip: _____
	Phone (landline): _____	E-mail: _____	
	Phone (mobile): _____	Fax: _____	