



Village of Willowbrook

835 Midway Drive, Willowbrook, Illinois 60527
 Village Hall Main Phone: (630) 323-8215
 Building Dept. Fax: (630) 920-2489
 Bldg. Dept. Gen E-Mail: bzadmin@willowbrook.il.us

APPLICATION FOR BUILDING PERMIT & PLAN EXAMINATION

<p>FOR OFFICE USE ONLY DATE RECEIVED STAMP</p>	<p>1. TYPE OF PERMIT</p>	<p>Date (mm/dd/yy)</p>
<p>PERMIT #:</p>	<p>Valuation: \$</p>	<p>Is Applicant Owner: YES / NO (CIRCLE ONE)</p>
	<p>Description of Work:</p>	
	<p> <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Building <input type="checkbox"/> New Construction <input type="checkbox"/> Re-Occupancy <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Electrical <input type="checkbox"/> Alteration <input type="checkbox"/> Other: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Plumbing <input type="checkbox"/> Addition <input type="checkbox"/> Industrial <input type="checkbox"/> Mechanical <input type="checkbox"/> Demo </p>	
<p>2. PROPERTY OWNER/AGENT & PROJECT INFORMATION <input type="checkbox"/> Check here if this is the person who should be contacted to pick the Permit up</p>		
[PROJECT] Street Address (Number /Street Name)	Zip	Zoning District
Subdivision	Lot Number	Apt / Condo / Unit #
Willowbrook Business Name (If Applicable)	First Name	Last Name
<p><u>Contact Information</u> Phone (Land Line) ()</p>	E-Mail	
Phone (Mobile) ()	Fax ()	
<p>3. TENANT / BUSINESS OWNER / HOA INFORMATION (IF APPLICABLE) <input type="checkbox"/> Check here if this is the person who should be contacted to pick the Permit up</p>		
Business Name / Home Owners Association Name	First Name	Last Name
Business / HOA Street Address (Number /Street Name)	City	State Zip
<p><u>Contact Information</u> Phone (Land Line) ()</p>	E-Mail	
Phone (Mobile) ()	Fax ()	
<p>4. PLAN REVIEW CONTACT PERSON / INFORMATION (Plan Review Comments To Be Forwarded To) <input type="checkbox"/> Check here if this is the person who should be contacted to pick the Permit up</p>		
Business Name (If Applicable)	First Name	Last Name
Phone: ()	Fax: ()	E-Mail:
<p>5. AUTHORIZATION (Signatures & Names are <i>Required</i> to Proceed)</p>		
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	6. FEES (OFFICE USE ONLY)	
SIGNATURE OF "PROPERTY OWNER": (REQ'D TO PROCEED)	BUILDING PERMIT	\$
PRINTED NAME:	ELECTRICAL	\$
SIGNATURE OF "TENANT" / "HOA" / "BUSINESS OWNER":	PLUMBING	\$
PRINTED NAME:	HVAC	\$
SIGNATURE OF "APPLICANT":	GRADING REVIEW	\$
PRINTED NAME:	ARCHITECTURAL REVIEW	\$
	ENGINEERING REVIEW	\$
	DRIVEWAY / PARKING LOT	\$
	FENCE / ROOF	\$
	SIGN	\$
	ACCESSORY STRUCTURE	\$
	TAP ON FEE	\$
	METER/REMOTE	\$
	CONSTRUCTION WATER	\$
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.	REFUNDABLE R.O.W. BOND	\$
7. APPROVAL STATUS (OFFICE USE ONLY)	FINAL / WATER INSP.	\$
APPROVED ^(P/T) BY: ^(B/O)	FINAL / OCCUPANCY INSP.	\$
APPROVED DATE:	FINAL / CERT. COMP. INSP.	\$
ISSUED BY:	COMMERCIAL REOCCUPANCY	\$
ISSUED DATE:		\$
		\$
	TOTAL FEES:	\$
	DEPOSIT:	\$
	BALANCE DUE:	\$

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OFFICE USE ONLY ↓↓↓↓↓	8. CONTRACTOR BUSINESS NAME & 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 INDICATED ABOVE, AS THE "CERTIFICATE HOLDER"			
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.	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	
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	
	NOT APPLICABLE		-	-
	STREET ADDRESS		CITY	STATE ZIP
	USE 3 PAGE OF FULL/FOUR PAGE APPLICATION IF ELECTRICAL WORK IS PROPOSED		-	-
	PHONE (LAND LINE) ()		FAX ()	
	PHONE (MOBILE) ()		E-MAIL	
"Interior" Plumbing Contractor <input type="checkbox"/> State of Illinois Plumbing License <input type="checkbox"/> Letter of Intent	BUSINESS NAME (INTERIOR PLUMBER)	FIRST NAME	LAST NAME	
	NOT APPLICABLE		-	-
	STREET ADDRESS		CITY	STATE ZIP
	USE 4 PAGE OF FULL/FOUR PAGE APPLICATION IF PLUMBING WORK IS PROPOSED		-	-
	PHONE (LAND LINE) ()		FAX ()	
	PHONE (MOBILE) ()		E-MAIL	
"Exterior" Plumbing Contractor <input type="checkbox"/> State of Illinois Plumbing License <input type="checkbox"/> Letter of Intent	BUSINESS NAME (WATER SERVICE & SANITARY SEWER CONNECTION)	FIRST NAME	LAST NAME	
	NOT APPLICABLE		-	-
	STREET ADDRESS		CITY	STATE ZIP
	USE 4 PAGE OF FULL/FOUR PAGE APPLICATION IF PLUMBING WORK IS PROPOSED		-	-
	PHONE (LAND LINE) ()		FAX ()	
	PHONE (MOBILE) ()		E-MAIL	
HVAC Contractor <input type="checkbox"/> Certificate of Ins.	BUSINESS NAME	FIRST NAME	LAST NAME	
	NOT APPLICABLE		-	-
	STREET ADDRESS		CITY	STATE ZIP
	USE 4 PAGE OF FULL/FOUR PAGE APPLICATION IF HVAC WORK IS PROPOSED		-	-
	PHONE (LAND LINE) ()		FAX ()	
	PHONE (MOBILE) ()		E-MAIL	
Concrete Contractor <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	
Excavation or *U/G Bore* 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"/> Copy of Driv. Lic. <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	