



PROJECT ADDRESS: \_\_\_\_\_

# THE VILLAGE OF WILLOWBROOK

835 Midway Drive, Willowbrook, Illinois 60527 Phone: (630) 323-8215 Fax: (630) 920-2489

OFFICE USE ONLY ↓↓↓↓↓	<b>8. CONTRACTOR BUSINESS NAME &amp; CONTACT INFORMATION</b>				
	CONTRACTORS: SEE LEFT MARGIN BELOW FOR REQUIRED PAPERWORK				
<b>Applicant (ONLY IF NOT OWNER)</b>	BUSINESS NAME	FIRST NAME	LAST NAME		
	STREET ADDRESS		CITY	STATE	ZIP
	PHONE (LAND LINE) (    )		FAX (    )		
	PHONE (MOBILE) (    )		E-MAIL		
<b>General Contractor</b> <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 / Structural Engineer (Circle One)</b>	BUSINESS NAME	FIRST NAME	LAST NAME		
	STREET ADDRESS		CITY	STATE	ZIP
	PHONE (LAND LINE) (    )		FAX (    )		
	PHONE (MOBILE) (    )		E-MAIL		
<b>Plumbing Contractor</b> <input type="checkbox"/> State of Illinois Plumbing License <input type="checkbox"/> Letter of Intent	BUSINESS NAME	FIRST NAME	LAST NAME		
	STREET ADDRESS		CITY	STATE	ZIP
	PHONE (LAND LINE) (    )		FAX (    )		
	PHONE (MOBILE) (    )		E-MAIL		
<b>Electrical Contractor</b> <input type="checkbox"/> Municipal License <input type="checkbox"/> Certificate of Ins. <input type="checkbox"/> \$10K Surety	BUSINESS NAME	FIRST NAME	LAST NAME		
	STREET ADDRESS		CITY	STATE	ZIP
	PHONE (LAND LINE) (    )		FAX (    )		
	PHONE (MOBILE) (    )		E-MAIL		
<b>HVAC Contractor</b> <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 Contractor</b> <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>Sewer / Water Connection Contractor</b> <input type="checkbox"/> St. Il. Pl. Lic. / Bnd Dm <input type="checkbox"/> Certificate of Ins. <input type="checkbox"/> \$10K Surety	BUSINESS NAME	FIRST NAME	LAST NAME		
	STREET ADDRESS		CITY	STATE	ZIP
	PHONE (LAND LINE) (    )		FAX (    )		
	PHONE (MOBILE) (    )		E-MAIL		
<b>Excavation or *U/G Bore* Contractor</b> <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		
<b>Roofer [ * or Other* ] Contractor</b> <input type="checkbox"/> St. Il. Roofing Lic <input type="checkbox"/> Copy of Div. 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		

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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>
<b>FOR OFFICE USE ONLY</b>		<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: / /

<u>Description of Electrical Work:</u>	
<u>Description of Proposed Sign:</u>	

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

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> <small>(REQUIRED TO PROCEED)</small>	<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	<b>Total Fixtures:</b>

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

BUSINESS NAME		BUSINESS OWNER (PRINTED NAME)			
STREET ADDRESS		CITY	STATE ZIP		
STATE OF ILLINOIS PLUMBING LICENSE NUMBER		BOND COMPANY:	BOND #:		
<p align="center"><b>FOR OFFICE USE ONLY</b></p> <input type="checkbox"/> State Plumbing License <input type="checkbox"/> Letter of Intent		TELEPHONE (Office):	FAX:		
<table border="1"> <tr> <td>PLUMBING PERMIT FEE</td> </tr> <tr> <td>\$</td> </tr> </table>		PLUMBING PERMIT FEE	\$	TELEPHONE (Mobile):	E-MAIL:
PLUMBING PERMIT FEE					
\$					

Description of "Interior" Plumbing Work:

**SUPERVISING INTERIOR PLUMBER (SIGNATURE / REQUIRED) (PRINT) DATE:**

**10.2) WATER SERVICE & SEWER CONTRACTOR INFORMATION (TO BE COMPLETED BY CONTRACTOR)**

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

Description of "SEWER/WATER" Work:

Public Water (Yes / No) \_\_\_\_\_ Public Sewer (Yes / No) \_\_\_\_\_  
 Water Service Size \_\_\_\_\_ IN. Water Meter Size \_\_\_\_\_ IN.

**SUPERVISING SERVICE & SEWER PLUMBER (SIGNATURE / REQUIRED) (PRINT) DATE:**

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 HEREBY 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.