



# 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>		<b>1. TYPE OF PERMIT</b>		Date (mm/dd/yy)	
DATE RECEIVED STAMP		Valuation: \$		Is Applicant Owner: YES / NO <small>(CIRCLE ONE)</small>	
PERMIT #:		Description of Work: _____			
		<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	_____		
<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 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 Phone (Land Line) ( ) ( )		E-Mail			
Phone (Mobile) ( ) ( )		Fax ( ) ( )			
<b>4. PLAN REVIEW CONTACT PERSON / INFORMATION (Plan Review Comments To Be Forwarded To)</b>					
<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 Required 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": <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>		
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.			<b>DRIVEWAY / PARKING LOT</b>		
<b>7. APPROVAL STATUS (OFFICE USE ONLY)</b>			<b>FENCE / ROOF</b>		
APPROVED BY: <small>(BI)</small> <small>(MSD)</small>			<b>SIGN</b>		
APPROVED DATE:			<b>ACCESSORY STRUCTURE</b>		
ISSUED BY:			<b>TAP ON FEE</b>		
ISSUED DATE:			<b>METER/REMOTE</b>		
			<b>CONSTRUCTION WATER</b>		
			<b>REFUNDABLE R.O.W. BOND</b>		
			<b>FINAL / WATER INSP.</b>		
			<b>FINAL / OCCUPANCY INSP.</b>		
			<b>COMMERCIAL REOCCUPANCY</b>		
			\$		
			\$		
			\$		
			\$		
			<b>TOTAL FEES:</b>		
			\$		
			<b>DEPOSIT:</b>		
			\$		
			<b>BALANCE DUE:</b>		
			\$		

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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		