



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

FOR OFFICE USE ONLY DATE RECEIVED STAMP	1. TYPE OF PERMIT	Date (mm/dd/yy)	
PERMIT #:	Valuation: \$	Is Applicant Owner: YES / NO <small>(CIRCLE ONE)</small>	
	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		
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			
[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 ()		
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			
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 ()		
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			
Business Name (If Applicable)	First Name	Last Name	
Phone: ()	Fax: ()	E-Mail:	
5. AUTHORIZATION (Signatures & Names are <i>Required</i> to Proceed)		6. 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 BUILDING CODES, ORDINANCES, RULES & REGULATIONS OF THE VILLAGE OF WILLOWBROOK		BUILDING PERMIT \$	
SIGNATURE OF "PROPERTY OWNER": <small>(REQ'D TO PROCEED)</small>		ELECTRICAL \$	
PRINTED NAME:		PLUMBING \$	
SIGNATURE OF "TENANT" / "HOA" / "BUSINESS OWNER":		HVAC \$	
PRINTED NAME:		GRADING REVIEW \$	
SIGNATURE OF "APPLICANT":		ARCHITECTURAL REVIEW \$	
PRINTED NAME:		ENGINEERING REVIEW \$	
SIGNATURE OF "PROPERTY OWNER":		DRIVEWAY / PARKING LOT \$	
PRINTED NAME:		FENCE / ROOF \$	
SIGNATURE OF "TENANT" / "HOA" / "BUSINESS OWNER":		SIGN \$	
PRINTED NAME:		ACCESSORY STRUCTURE \$	
SIGNATURE OF "APPLICANT":		TAP ON FEE \$	
PRINTED NAME:		METER/REMOTE \$	
<small>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.</small>		CONSTRUCTION WATER \$	
7. APPROVAL STATUS (OFFICE USE ONLY)		REFUNDABLE R.O.W. BOND \$	
APPROVED BY: <small>(P/T)</small> <small>(B/O)</small>	FINAL / WATER INSP. \$		
APPROVED DATE:	FINAL / OCCUPANCY INSP. \$		
ISSUED BY:	FINAL / CERT. COMP. INSP. \$		
ISSUED DATE:	COMMERCIAL REOCCUPANCY \$		
	TOTAL FEES: \$		
	DEPOSIT: \$		
	BALANCE DUE: \$		

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OFFICE USE ONLY ↓↓↓↓↓	8. CONTRACTOR BUSINESS NAME & CONTACT INFORMATION			
	CONTRACTORS: SEE LEFT MARGIN BELOW FOR REQUIRED PAPERWORK			
	<small>NOTE: ALL CERTIFICATES OF INSURANCE SHALL NAME "THE VILLAGE OF WILLOWBROOK", AT THE ADDRESS INDICATED ABOVE, AS THE "CERTIFICATE HOLDER"</small>			
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	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	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	
	STREET ADDRESS		CITY	STATE ZIP
	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	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ()	FAX ()		
	PHONE (MOBILE) ()	E-MAIL		
HVAC 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		
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 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		

PROJECT ADDRESS: _____ (Required)

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9. ELECTRICAL PERMIT INFORMATION

ELECTRICAL WORK PROPOSED:	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF 'NO' PROCEED TO SECTION "10"
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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: (Required)	
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:

9.1 AUTHORIZATION (Signatures & Names are *Required* to Proceed)

<u>SUPERVISING ELECTRICIAN (SIGNATURE)</u> <small>(REQUIRED TO PROCEED)</small>	<u>(PRINTED NAME)</u>	<u>DATE:</u>
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PROJECT ADDRESS: _____ (Required)

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10. PLUMBING PERMIT INFORMATION

PLUMBING WORK PROPOSED: Yes No IF 'NO' PLEASE DISREGARD THIS SECTION

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)

BUSINESS NAME	BUSINESS OWNER (PRINTED NAME)		
STREET ADDRESS	CITY	STATE	ZIP
STATE OF ILLINOIS PLUMBING LICENSE NUMBER	BOND COMPANY:	BOND #:	
FOR OFFICE USE ONLY		TELEPHONE (Office):	FAX:
<input type="checkbox"/> 055 State Plumbing License	PLUMBING PERMIT FEE \$	TELEPHONE (Mobile):	E-MAIL:
<input type="checkbox"/> Notarized Letter of Intent			

Description of "INTERIOR" Plumbing Work: _____

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

10.2) WATER SERVICE & SEWER PLUMBER 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 #:	
FOR OFFICE USE ONLY		TELEPHONE (Office):	FAX:
<input type="checkbox"/> 055 State Plumbing License	PLUMBING PERMIT FEE \$	TELEPHONE (Mobile):	E-MAIL:
<input type="checkbox"/> Notarized Letter of Intent			

Description of "WATER SERVICE" 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.