



Date of Application	VILLAGE OF LINCOLNWOOD	Permit Number
	BUILDING PERMIT APPLICATION	

Property Address:

Property Owner Name: _____

Property Owner Address: _____

Property Owner E-Mail Address: _____

Property Owner Phone Number: _____ Fax Number: _____

Type of Work:

Check Box if Proposed Addition/Home is Over 500 Square Feet

<p>Architect:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>General:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Electrician:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>HVAC:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p>	<p>Roofer:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Plumber:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Sewer/Water:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Excavator:</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p>
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ISSUE DATE:

BUILDING PERMIT FEE:

Residential Projects: Four (4) Sets of Plans for Review

Commercial Projects: Five (5) Sets of Plans for Review

Applicant Signature

Community Development Manager Signature

Inspections: Monday - Wednesday - Friday Mornings ONLY
Please Call 24 Hours in Advance to Schedule Inspections

All contractors must be licensed before permit is issued. Misrepresentation of information on this application may result in revocation of the permit. Any change in contractors **MUST** be submitted in writing **IMMEDIATELY**.

A copy of the signed contract by the owner of the subject property or the owner's signature below is required.

Per Ordinance 2007-2775, this permit is valid for one (1) year from the date of issuance. Work not completed within one (1) year shall require additional permit fees.

Property Owner Signature