

RESIDENTIAL BUILDING PERMIT

DATE:	
NEW: REMODEL:	ADDITION:
ZONE:	
PARCEL ID:	
ADDRESS OF CONSTRUCTION:	
CONTRACTOR'S NAME:	
CONTRACTOR'S ADDRESS:	
CONTRACTOR'S PHONE/EMAIL:	
OWNER NAME:	
OWNER ADDRESS:	
OWNER PHONE/EMAIL:	
RETAIL COST OF PROJECT:	
PLUMBING COST:	
ELECTRICAL COST:	
PLUMBER NAME/ LICENSE #:	
ROOFER NAME/ LICENSE #:	
ELECTRICAN NAME/LICENSE #: _	
LENGTH:	WIDTH:
SQ. FT. FIRST FLOOR:	SECOND FLOOR:
BASEMENT: GARA	AGE: TOTAL:



ATTACH SITE PLAN WITH LOCATION OF BUILDING/ DISTANCE TO ALL PROPERTY LINES
ATTACH SEALED DRAWING OF ROOF TRUSSES
ATTACH MEP PLANS ALONG WITH MATERIAL LIST
IS THIS PROPERTY OVERSEEN BY A HOME OWNER'S ASSOCIATION (HOA)? Y N
IF YES, WILL APPROVAL BY THE HOA BE REQUIRED FOR THIS PROJECT? Y N Please attach approval letter to this application if needed.
PLEASE ALLOW UP TO ONE WEEK FOR PLAN REVIEW. INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY EXACT PROPERTY LINES AND UTILITIES PRIOR TO CONSTRUCTION TO ASSURE SET BACK REQUIREMENTS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE SCHEDULE.
CALL JULIE LOCATE AT 800-892-0123 PRIOR TO DIGGING
SIGNATURE OF APPLICANT: I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and
belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or

permit process shall be charged according to current Village ordinances.