

VILLAGE OF MINOOKA
 121 E. MCEVILLY RD 60447
 PHONE 815-467-8868 FAX 815-467-3599

Building Permit Application

PERMIT #:		EXPIRATION DATE:	
Every building permit shall expire and become null and void: (a) on the expiration date or (b) if the work authorized by such permit has not been commenced within one hundred eighty (180) days or the work is not completed within one (1) year, unless otherwise extended			
REQUIREMENTS: [1] ONE COMPLETE SET OF DRAWINGS & SPECIFICATIONS [2] ONE PLAT OF SURVEY INDICATING: ♦ the location of all existing structures, ♦ the dimensions of all existing structures, ♦ the distance of all <u>existing</u> and <u>proposed structures</u> from each lot line and adjacent structures.			
OWNER INFORMATION			
OWNER'S NAME		PHONE	
JOBSITE ADDRESS		CELL PHONE	
SUBDIVISION		COUNTY	
TYPE OF BUILDING: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial			
BUILDING: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration			
TOTAL SQUARE FEET:			
PROJECT DESCRIPTION:			CONSTRUCTION COST \$ _____
CONTRACTOR INFORMATION: ♦NOTE – All trades & subcontractors <u>must be registered by the Village</u> prior to issuance of this permit. If more than two trades/contractors are involved with this project, a "Contractors, Trades & Subcontractors List" MUST be completed.			
BUSINESS NAME		CONTACT PERSON	
ADDRESS		CITY	ZIP
OFFICE PHONE		CELL	FAX

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked. I also understand that all work shall be completed in compliance with the Village of Minooka Codes and Ordinances and the statues of the State of Illinois.

REQUIRED FEES – OFFICE USE ONLY

Applicant Signature

Building Permit Fee _____

Date

Review and approved/denied by:

Building Official

Date

CONDITIONS: _____

TOTAL FEES: _____

CALL JULIE BEFORE YOU DIG
Simply call: 811

PAYMENT TYPE: CK# _____	Cash
AMOUNT PD: _____	DATE PD: _____