



# Permit Application Page 1 of 4

Building & Inspections Division  
200 E. Wood St.  
Palatine, IL 60067  
Phone: (847) 359-9042  
www.palatine.il.us

PRINT CLEARLY, ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED (This is a two sided application)

### Property Information

Address: \_\_\_\_\_ Real Estate Tax Index Number: \_\_\_\_\_

Lot/Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

### Project Information

Valuation Work: \$ \_\_\_\_\_ Description of work: \_\_\_\_\_

Type of Structure/Project (check one)								
<input type="checkbox"/>	101	Single Family - Detached	<input type="checkbox"/>	320	Industrial	<input type="checkbox"/>	329	Structures Non-Buildings
<input type="checkbox"/>	102	Single Family - Attached	<input type="checkbox"/>	321	Parking Garages	<input type="checkbox"/>	434	Add/Alt Residential
<input type="checkbox"/>	103	Two Family Building	<input type="checkbox"/>	322	Serv. Station/Repair Garage	<input type="checkbox"/>	437	Add/Alt Non-Residential
<input type="checkbox"/>	104	3 & 4 Family Building	<input type="checkbox"/>	323	Hospitals and other Instit.	<input type="checkbox"/>	438	Add/Alt Residential Garage
<input type="checkbox"/>	105	5 or more Family Building	<input type="checkbox"/>	324	Office, Bank or Professional	<input type="checkbox"/>	645	Demolitions – One Family
<input type="checkbox"/>	213	Hotels/Motels/Cabins	<input type="checkbox"/>	325	Public Works & Utilities	<input type="checkbox"/>	646	Demolitions – Two Family
<input type="checkbox"/>	214	Other non hsekgp shelter	<input type="checkbox"/>	326	Schools & other Institutional	<input type="checkbox"/>	647	Demolitions – 3 & 4 Family
<input type="checkbox"/>	318	Amusement & Recreational	<input type="checkbox"/>	327	Stores and other Mercantile	<input type="checkbox"/>	648	Demolitions – 5+ Family
<input type="checkbox"/>	319	Churches & other Religious	<input type="checkbox"/>	328	Other Non-Residential	<input type="checkbox"/>	649	Demolitions – All Other Bldgs

Check all the following that applies to your project. By providing this information, you assist us in expediting the plan review process. This means a quicker response time for your plan review. Failure to properly fill in this information will delay the processing of your project. NOTE: This does not apply to detached single family homes or additions.

Plumbing  Electrical  Fire Sprinkler or Alarm  Grading  Structural Design  Sale or Prep of Food Products

### Contact Information

If corrections required: Fax  Mail  Email

#### Applicant

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

#### Property Owner

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

### Contact Information

#### Lessee

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_

#### Architect

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_

#### OFFICIAL USE ONLY

Approved by: \_\_\_\_\_ Permit number: \_\_\_\_\_  
Date of approval: \_\_\_\_\_ Date issued: \_\_\_\_\_  
Date of notification: \_\_\_\_\_ Notified by: \_\_\_\_\_





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PROPERTY ADDRESS \_\_\_\_\_

## Signatures

I hereby certify to the correctness and accuracy of this application and all submitted information and agree to perform the above construction in strict compliance with all provisions of the Village of Palatine code of ordinances. It is my understanding that no error or omission in either the plans or application, whether said plans or application has been approved by the Community Services Department or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of the Village relating therein. In addition, I hereby authorize the above listed contractors to perform all work necessary to complete the requirements of this permit. I also understand that the Code Official upon presentation of proper credentials may enter at reasonable times any building, structure or premises in the jurisdiction to perform any duty imposed upon him by such ordinances. Having read this application, the information handout, and fully understanding the intent thereof, I declare that the statements made are true to the best of my knowledge and belief. **If the property listed above is in a trust, Pursuant to Chapter 765, Section 405/2, of the Illinois Compiled Statutes, the identity of each beneficiary of a land trust must be disclosed upon application to the Village of Palatine for any benefit, authorization, license or permit relating to the land which is the subject of such trust. Such application shall identify each beneficiary by name and address and define his interest therein. Such application shall then be verified by the land trustee, as applicant, or by the beneficiary as a beneficial owner of an interest in such land trust.**

### PROPERTY OWNERS SIGNATURE REQUIRED

**Owner** Check if property is in a trust

Print Name: \_\_\_\_\_ Check if applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AS THE OWNER OF THE ABOVE PROPERTY, AND BY SIGNING ABOVE, I UNDERSTAND AND AGREE THAT PER THE PALATINE CODE OF ORDINANCES PLAN REVIEW FEES ARE DUE FOR EACH PERMIT APPLICATION SUBMITTED REGARDLESS OF WHETHER THE PERMIT IS PURSUED, EXPIRED OR ISSUED.**

### **General Contractor**

Print Name: \_\_\_\_\_ Check if applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Applicant (if different than above)**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**24 HOUR EMERGENCY CONTACT-DURING CONSTRUCTION:**  
  
**NAME:** \_\_\_\_\_  
  
**PHONE NUMBER:** \_\_\_\_\_

**PLEASE READ!  
YOU WILL HAVE 30 DAYS FROM THE DATE YOUR PERMIT IS APPROVED TO PAY FOR AND PICK UP YOUR BUILDING PERMIT. FAILURE TO DO SO WILL RESULT IN THE FORFEITURE OF SAID PERMIT WITH PLAN REVIEW FEES COLLECTED.**



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PROPERTY ADDRESS \_\_\_\_\_

## Contractors

### General

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Office Use Only- Reg      Bond      Fee

### Asphalt

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Fee

### Carpenter

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Fee

### Concrete

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Fee

### Demolition

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Fee

### Electrical

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Lic      Fee

### Excavating

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Fee

### Fire Alarm

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Lic

### Fire Sprinkler

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Lic      Fee

### Hood & Duct

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Reg      Bond      Fee



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**Contractors**

### HVAC

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Landscape/Brick paver

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Lawn Sprinkler

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_ Fee \_\_\_\_\_

### Masonry

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Plumbing/Water Service

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

### Roofer

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_ Fee \_\_\_\_\_

### Sewer

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Sign

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Steel

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Swimming Pool

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

LETTER OF INTENT