



Permit Application

Permit Address _____ Application Date: _____

Property Type (check one):
☐ Commercial/Retail
☐ Other: _____
☐ Single Family Residential
☐ Office
☐ Multi-Family
☐ Industrial

Description of Work _____

Estimated Construction Value \$ _____ (required)

Primary Contact Information (note: all review correspondence will be emailed to the primary contact)

Name _____

Email _____ please print clearly

Phone _____ Fax _____

Check with the Permit Desk associates for any submittal questions 847-664-4050.

Property Owner's Information

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Architect's Information ☐ Not Applicable

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Contractor's Information ☐ Type of Contractor _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Signature of Applicant: _____

Please Print: _____ Date: _____