

**VILLAGE OF GLENWOOD**  
**RESIDENTIAL BUILDING PERMIT APPLICATION**

One Asselborn Way, Glenwood, Illinois 60425  
 Phone (708) 753-2416 Fax (708) 753-2406

Date of Application: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

Owner of Property \_\_\_\_\_ Phone No. \_\_\_\_\_ PERMIT COST \_\_\_\_\_

Project Address: \_\_\_\_\_ Tax ID Number (PIN) \_\_\_\_\_

**PROPOSED USE GROUP:** \_\_\_\_\_

Single Family \_\_\_\_\_ Attached \_\_\_\_\_ Detached \_\_\_\_\_ Multi-family \_\_\_\_\_ Condo \_\_\_\_\_ Rental \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

**TYPE OF WORK PERFORMED** \_\_\_\_\_ **TOTAL COST OF PROJECT** \$ \_\_\_\_\_

Room Addition \_\_\_\_\_ Size \_\_\_\_\_ Patio Enclosure \_\_\_\_\_ Size \_\_\_\_\_ Shed \_\_\_\_\_ Size \_\_\_\_\_

Deck \_\_\_\_\_ Size \_\_\_\_\_ Garage \_\_\_\_\_ Size \_\_\_\_\_ Detached \_\_\_\_\_ Attached \_\_\_\_\_

Porch \_\_\_\_\_ Size \_\_\_\_\_ Driveway \_\_\_\_\_ Asphalt \_\_\_\_\_ Concrete \_\_\_\_\_ Walkway \_\_\_\_\_

Doors: Entry \_\_\_\_\_ Patio \_\_\_\_\_ Overhead Garage \_\_\_\_\_ Interior \_\_\_\_\_ How Many \_\_\_\_\_ Window Replacement \_\_\_\_\_ No. \_\_\_\_\_

Swimming Pool: Above Ground \_\_\_\_\_ In-ground \_\_\_\_\_ Size \_\_\_\_\_ Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

Fence: Height \_\_\_\_\_ Type \_\_\_\_\_ Variance required \_\_\_\_\_ Zoning fee paid \_\_\_\_\_

Other: \_\_\_\_\_ Description of Project: \_\_\_\_\_

**CONTRACTOR INFORMATION:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Please list all other contractors on the reverse side)

**ALL PROJECTS REQUIRE AN INSPECTION FOR APPROVAL FROM THE BUILDING DEPARTMENT.** A twenty-four (24) hour notice is required for all inspections. Please call the above number to schedule an appointment.

Permits expire one (1) year from date issued. Construction must start within six (6) months from date issued. As owner/agent of the above property, for which this permit is issued and as the applicant for this permit, I expressly agree to conform to all applicable ordinances, codes and regulations of the Village of Glenwood.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_ Building Department \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_