

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 \$ _____

Deck: _____ Size _____ Garage: _____ Size _____ Patio Enclosure: _____ Size _____ Porch: _____ Size _____

Room Addition: _____ Size _____ Shed: _____ Size _____ Driveway: Asphalt _____ Concrete _____

Doors: Entry _____ Patio _____ Window Replacement: No. _____

Fence: Height _____ Type _____ Swimming Pool: Above ground _____ In-ground _____ Size: _____ Capacity: _____ gallons

Description of Project: _____

Contractor Information: Name: _____ Address: _____ Phone Number: _____

Please list all other contractors below.

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 the date issued. Construction must start within six (6) months from the 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:
