

**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: _____

