



# BUILDING PERMIT APPLICATION

Community Development Department  
109 W. Bangs Street, Wauconda, IL 60084  
Tel: 847-526-9609 • Fax: 847-526-8967 • E-mail: CD@wauconda-il.gov

PERMIT# BLD - \_\_\_\_\_

DATE IN: \_\_\_\_\_ BY: \_\_\_\_\_

APPD BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APP.DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PROPERTY DATA

PROJECT ADDRESS: \_\_\_\_\_, Wauconda, IL PIN#: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_ PROJECT COST \$ \_\_\_\_\_

## OWNER'S INFORMATION

NAME: \_\_\_\_\_

Street Address (If different than **Project Address** above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

(Not Required if Owner is the Primary Contact)

NAME: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

## PROJECT INFORMATION

Existing Use of Structure: \_\_\_\_\_

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

Total Cost of Project (\$\$): \_\_\_\_\_ Cost of Alterations (\$\$): \_\_\_\_\_

Total Square Feet of Project (sf): \_\_\_\_\_ Total Disturbed Area (sf): \_\_\_\_\_

## ALL PERMITS ARE VALID FOR SIX (6)-MONTHS FROM DATE OF ISSUANCE

The undersigned hereby applies to the Village of Wauconda, Illinois for a building permit to construct, erect or modify the structure or part thereof herein described, and if granted the building permit applied for shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required by such ordinances. No error or omission on either the plans or applications, whether said plans or applications have been approved by the Building Official or not, shall permit the applicant to construct, erect or modify the work in any manner other than that provided for in the ordinance of this Village relating thereto. The authorization of a building permit does not relieve the Permittee from any obligations created by leases, land covenants, or other lawful private obligations or private regulations. A copy of your Home Owner's Association approval is required where applicable prior to the issuance of any building permit.

**The APPLICANT having read this application and fully understanding the intent thereof declares that the statements made herein are true to the best of their knowledge and belief. The Applicant understands that submission of incomplete or inaccurate information may affect the review timeline and issuance of said building permit.**

SIGNATURE: \_\_\_\_\_ IS  OWNER  CONTRACTOR  CONSULTANT  OTHER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### DOCUMENTS ATTACHED:

Home Owners Association Approval  Construction Plans  Engineering Plans  Plat of Survey  Other: \_\_\_\_\_

# CONTRACTORS INFORMATION

(Provide Information as Applicable)

## ARCHITECT

PERMIT # BLD-\_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

## ENGINEER

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

## GENERAL CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

## CARPENTRY

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

## ELECTRICAL CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ City Registered: \_\_\_\_\_

## PLUMBING CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ City Registered: \_\_\_\_\_

## ROOFING CONTRACTOR

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ City Registered: \_\_\_\_\_

## SUB- CONTRACTOR FOR: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ City Registered: \_\_\_\_\_

## SUB- CONTRACTOR FOR: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ City Registered: \_\_\_\_\_