

APPLICATION FOR BUILDING/PUBLIC WORKS PERMIT



CITY OF DARIEN

PERMIT # _____

1702 Plainfield Rd, Darien, IL 60561

Phone: 630-353-8115

Fax: 630-852-4709

DATE: ____/____/____

BUILDING DEPARTMENT PERMIT APPLICATION

Property Information

Street Address	Apt #	Zip	Parcel #
Subdivision / Business Name	Lot #	Parcel Type:	Zoning:

Property Owner Information

Name			Phone #
Address (if different)			Fax #
City	State	Zip	Email:

Construction Information

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Demolition <input type="checkbox"/> Other	Description of Work	Construction Cost
		\$

Certification:

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I understand all permits expire one year from date of issue.

Applicant Signature

Phone #

Print Name

Contractors Information:

	Name and Address	Phone #	Darien License Current
Architect			
General Contr.			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall			
Sprinkler			
Paving			
Other			

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Office use only

Building Department approvals and fees:

Signature	Date Approved
Zoning/Flood Plain:	
Plan Review:	
Fire Dept:	
Health Dept:	

Permit Fee: _____ **Plan Review Fee:** _____ **Occupancy Fee:** _____

Other Fee: _____

TOTAL FEE:

Issued By:	Date:
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PUBLIC WORKS PERMIT APPLICATION

PERMIT # _____

Site Address:	
Owner Name:	Phone:
Contractor Name:	Phone:
Description of Work:	

Certification:

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I understand all permits expire one year from date of issue.

Applicant Signature

Phone #

Print Name

Date

.....
Office use only

Public Works Department approvals and fees:

FEES:	AMOUNT:	
Surcharge/Recapture Fee		DATE:
Connection Charge		
Meter Fee		TOTAL PAID: CHECK #
Inspection fee		
Bond* ___H/O ___ CONTR.		PERMIT EXPIRES:
Other		

****All work in Public Right-Of-Way requires a cash bond. Private side only no bond required.***

Permit issued by:	Date:	Restoration approved by:	Date:
Construction Approved by:	Date:	Bond return ck #:	Date:
Meter received by:			Date:
Meter installation approved:		Meter serial #	
Remote reader location:		B-box location:	
Meter reading:		I.D. #	



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