

Property

Address: _____ Unit _____ Owner: _____
Perm. Index # _____

Attach Legal Description

Tenant: _____

Application - General

Application Type(s): _____ Additional Description of Work _____

Value of Work _____

- | | | | |
|---------------------------------|--|--------------------------|-------------------------------------|
| 01 - Single Family Residence | 15 - Multi Family Residential - New | 29 - School - Remodeling | 43 - Elevators |
| 02 - Single Family - Addition | 16 - Multi Family Residential - Additions | 30 - Electrical / HVAC | 44 - Demolition |
| 03 - Single Family - Remodeling | 17 - Multi Family Residential - Remodeling | 31 - Plumbing | 45 - Certificate of Occupancy |
| 04 - Garage - Detached | 21 - Commercial - New | 32 - Water Tap | 46 - Religious Sign |
| 05 - Deck | 22 - Commercial - Additions | 33 - Driveway | 47 - Patio / Sidewalk |
| 06 - Shed | 23 - Commercial Remodeling | 34 - Sign | 60 - Tree Removal |
| 07 - In Ground Pool | 24 - Religious - New | 35 - Parking Lot | 61 - Tree on Construction Site |
| 08 - Above Ground Pool | 25 - Religious - Additions | 36 - Site Development | 62 - Tree Removal with Utility Work |
| 09 - Spa | 26 - Religious - Remodeling | 38 - Tanks | 64 - Residential Fence |
| 10 - Hot Tub | 27 - Schools - New | 39 - Other | |
| 11 - Lawn Sprinkler | 28 - School - Additions | 40 - Roofing / Siding | |

Applicant/Contact for Corrections

If Corrections Required: Fax Call Mail EMail

Contact _____

Company _____

Address _____ Unit _____

City _____

Day Phone _____

Cell _____

Fax _____

E-Mail _____

Owner Primary Contact?

Name _____

Address _____ Unit _____

City _____

Phone _____

Cell _____

Fax _____

E-Mail _____

Place additional Owners on Permit Application Additional Contractors form

Architect

Name _____

Address _____ Unit _____

City _____

Phone _____

Cell _____

Fax _____

E-Mail _____

Place additional Architects on Permit Application Additional Contractors form

Contractors/Sub-trades

Company _____

Address _____ Unit _____

City/State/Zip _____

Contact Name _____

Phone _____ Fax _____

Cell _____

E-Mail _____

Glenview # _____

Company _____

Address _____ Unit _____

City/State/Zip _____

Contact Name _____

Phone _____ Fax _____

Cell _____

E-Mail _____

License # _____ Expires _____

Glenview # _____

Company _____

Address _____ Unit _____

City/State/Zip _____

Contact Name _____

Phone _____ Fax _____

Cell _____

E-Mail _____

License # _____ Expires _____

Glenview # _____

Place additional Contractors on Permit Application Additional Contractors form

GENERAL

ELECTRICAL

PLUMBING

Additional Contractors

Roofing

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
License # _____ Expires _____
Glenview # _____

Masonry

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

Excavating

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

Carpenter

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

Concrete

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

Drywall

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

HVAC

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

Other

Company _____
Address _____ Unit _____
City/State/Zip _____
Contact Name _____
Phone _____ Fax _____
Cell _____
E-Mail _____
Glenview # _____

Zoning

Zoning _____
 Lot Size _____ Lot Length _____ X Width _____ = _____

Total Building Size		Total Impervious Lot Coverage	
Existing 1st Floor _____	square feet	House Footprint _____	square feet
Existing 2nd Floor _____	square feet	Detached Garage _____	square feet
New 1st Floor _____	square feet	Sidewalks _____	square feet
New 2nd Floor _____	square feet	Driveway _____	square feet
Detached Garage _____	square feet	Patio _____	square feet
Other _____	square feet	Stone Walk _____	square feet
Other Specify _____		Other _____	square feet
Total _____	square feet	Other Specify _____	
		Total _____	square feet

Plumbing

Fixture Count

Bath Tubs _____	Humidifiers _____	Sewage Ejectors _____
Bidets _____	Laundry Trays _____	Urinals _____
Dishwashers _____	Lavatories _____	Clothes Washers _____
Drinking Fountains _____	Showers _____	Water Closets _____
Floor Drains _____	Sinks _____	Water Softeners _____
Garbage Disposals _____	Special Wastes _____	Misc. Fixtures _____
Hot Water Heaters _____	Sump Pumps _____	Sill Cocks _____
		Total Count _____

Water Tap Information

Existing

Water Meter Size _____ Tap Size _____
 Meter Location _____
 Tap/Buffer Box Location _____
 Water Service Size _____
 Water Service Line Material _____ Existing Irrigation/Sprinkler System?
 Length of Service _____

Check all that Apply:

- New Water Service
- Additional Bathroom fixtures
- New Irrigation System

Proposed

Water Meter Size _____ Water Service Size _____ Meter Location _____
 Water Tap Contractor _____ Signature _____

Electrical

Service Type _____ AMP Service _____ # of New Circuits _____
 # of Heating Plants _____ Type: Gas _____ Electric _____ Oil _____ Other _____
 Motors _____ Total Horsepower _____
 Pool Indoor or Outdoor _____ Pool Inground or Above Ground _____
 Garage Detached Detached
 Signs _____
 Outlets Added to Existing Circuits _____ Lights _____ Switches _____ Receptacles _____
 Outlets Added to New Circuits _____ Lights _____ Switches _____ Receptacles _____
 Air Conditioner Size _____ Type: Gas Electric

Escrow Deposit

Site Development

Depositor _____
Number _____ Street _____ Unit _____
City _____ State _____ Zipcode _____
Phone # _____
Escrow Release Notification _____
(OPTIONAL: Email address of person to be notified)

School and Park Donations

Donation Amount _____ Donation Type _____
Donation Description _____

Tree Preservation Plan Submittal

1. What type of plan are you submitting (select all that apply)
 Site Plan - New House Demolition Patio Other (Specify) _____
 Site Plan - Addition Deck Other Plan Type _____

A Tree Preservation Plan is required with this application for all new construction, additions or alterations, within the drip line of any tree 10" DBH or greater.

Signatures

The applicant hereby certifies to the correctness of all submitted information and agrees to perform the above construction in strict compliance with all provisions of the Zoning Ordinance and the Building Regulations of the Village of Glenview Code, and amendments thereto.

Any Plots and Plans must include all specifications & dimensions, location of existing and proposed buildings and premises, and the Plan Review Fee to be paid.

It is certified that arrangements will be made for adequate protection against interference with the underground public utilities. This is done by calling TOLL FREE 1-800-892-0123 48 hours (excluding Sat, Sun & Holidays) before you dig.

Owner

Signature _____
Name _____
Date _____

Architect

Signature _____
Name _____
Date _____

General Contractor

Signature _____
Name _____
Date _____

Applicant (if different than above)

Signature _____
Name _____
Date _____