

DATE RECEIVED:		BY:	DUE DATE:	NEW CONSTRUCTION PERMIT APPLICATION	PERMIT NO.
SITE ADDRESS (Required)				<p style="text-align: center;"><i>Village of Maple Park</i>  302 Willow Street, P.O. Box 302  Maple Park, IL 60151  (815) 827-3309  www.villageofmaplepark.com</p>	
SUBDIVISION (Required)		PHASE (If applicable)			
		LOT NO. (Required)			
SQUARE FEET (Required)		VALUATION (Required)			
TAX PARCEL NO.		ZONING			
EASEMENT INFORMATION PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO				LAND DRAINAGE OR SITE IMPROVEMENT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Tenant Build-Out? <input type="checkbox"/> Site Improvement Only?				<input type="checkbox"/> PUBLIC OWNERSHIP <input type="checkbox"/> PRIVATE OWNERSHIP	
<b>TYPE OF STRUCTURE</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Townhomes (SF, Attached) <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family Apts 3-4 Unit <input type="checkbox"/> Multi-Family Apts 5+ Units <input type="checkbox"/> Commercial Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Addition – Commercial <input type="checkbox"/> Institutional Building <input type="checkbox"/> Addition – Industrial <input type="checkbox"/> Addition – MF3+ <input type="checkbox"/> Addition - Institutional				<b>USE GROUP</b> (If Mixed Uses, Include All)  If building townhomes, condos, or apartments, please list the number of units: _____	
<b>BRIEF DESCRIPTION OF WORK:</b>					
<b>OWNER INFORMATION</b> (must be completed) NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____			<b>GENERAL CONTRACTOR</b> <input type="checkbox"/> Check if same as Owner NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____		
<b>EXCAVATING CONTRACTOR</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____			<b>HVAC CONTRACTOR</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____		
<b>ARCHITECT</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____			<b>ELECTRICAL CONTRACTOR</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____		
<b>ENGINEER</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____			<b>PLUMBING CONTRACTOR</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____		

<b>PERMIT APPROVAL &amp; FEE SUMMARY WORKSHEET (FOR OFFICE USE ONLY)</b>			
<b>ONE &amp; TWO FAMILY DWELLINGS</b>		<b>COMMERCIAL, INDUSTRIAL &amp; INSTITUTIONAL</b>	
<b>BUILDING FEE</b> (based on square footage)		<b>BUILDING FEE</b>	
<b>HVAC</b>		<b>HVAC</b>	
<b>SEWER</b>		<b>ELECTRICAL</b>	
<b>WATER SERVICE</b>		<b>PLUMBING</b>	
<b>UNMETERED WATER</b> (IF 2 <sup>nd</sup> unmetered water rate)		<b>SANITARY SEWER</b>	
<b>PLUMBING</b>		<b>STORM SEWER</b>	
<b>ELECTRICAL</b>		<b>WATER TAP/RE-TAP</b>	
<b>DRIVEWAY</b>		<b>FIRE TAP/RE-TAP</b>	
<b>UNFINISHED BASEMENT</b> <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space		<b>WATER CAPITAL FEE</b>	
<b>LAWN SPRINKLER</b> (If applicable)		<b>UNMETERED WATER RATE</b>	
<b>FEE TO PAY AT TIME OF PERMIT PICKUP</b>		<b>FIRE SPRINKLERS</b>	
<b>BUILDING &amp; ENGINEERING PLAN REVIEW FEE</b> (previously at the time of intake)		<b>UNFINISHED BASEMENT FEE TO PAY AT TIME OF PERMIT PICKUP</b>	
<b>KANELAND SCHOOL DISTRICT IMPACT FEE</b>		<b>KANELAND SCHOOL DISTRICT IMPACT FEE</b>	
<b>KANDELAND FOUNDATION IMPACT FEE</b>		<b>KANDELAND FOUNDATION IMPACT FEE</b>	
<b>LIBRARY DISTRICT IMPACT FEE*</b>		<b>LIBRARY DISTRICT IMPACT FEE</b>	
<b>FIRE DISTRICT IMPACT FEE*</b>		<b>FIRE DISTRICT IMPACT FEE</b>	
<b>ROADS IMPACT FEE*</b>		<b>ROADS IMPACT FEE</b>	
<b>POLICE IMPACT FEE*</b>		<b>POLICE IMPACT FEE</b>	
<b>FACILITIES IMPACT FEE*</b>		<b>FACILITIES IMPACT FEE</b>	
<b>COMMUNITY DEVELOPMENT IMPACT FEE*</b>		<b>COMMUNITY DEVELOPMENT IMPACT FEE</b>	
<b>TOTAL COST FOR 1 &amp; 2 FAMILY PERMIT</b>		<b>BUILDING PLAN REVIEW FEE</b>	
		<b>ENGINEERING PLAN REVIEW FEE</b>	
<b>DATE APPLICANT NOTIFIED:</b>		<b>TOTAL FOR COMMERCIAL, INDUSTRIAL, INSTITUTIONAL PERMIT</b>	
<b>APPLICANT CONTACTED BY:</b>		<b>INSPECTOR'S SIGNATURE AND DATE:</b>	
<b>DOES A MEETING WITH THE APPLICANT NEED TO BE SCHEDULED?</b> If so, indicate length of time required. If this has already been scheduled, please make a note of that. <input type="checkbox"/> Already scheduled <input type="checkbox"/> Please schedule Time needed: _____			
		<b>SIGNATURE</b>	<b>DATE</b>

\*Temporarily waived March 1, 2016

**APPLICANT SHOULD COMPLETE ALL THAT IS APPLICABLE**

**HVAC** (Indicate quantity below) **TOTAL UNITS**

Air Conditioner  
 Ductwork  
 Fireplace  
 Furnace  
 Gas Fire Heater

Kitchen Exhaust  
 Ansul Hood  
 Rooftop Unit  
 HVAC – Other

**ELECTRICAL 1 & 2 FAMILY** (Check One)

1<sup>st</sup> Service Up to 200 AMP     2<sup>nd</sup> Service Up to 200 AMP  
 1<sup>st</sup> Service 201-401 AMP     2<sup>nd</sup> Service 201-401 AMP  
 1<sup>st</sup> Service 401+ AMP     2<sup>nd</sup> Service 401+ AMP

**ELECTRICAL  
COMMERCIAL, INDUSTRIAL & INSTITUTIONAL**

**SIZE OF AMP SERVICE**

**PLUMBING**  **TOTAL # OF FIXTURES** (does not include water heater or softener)

Automatic Washer  
 Backwater Valve  
 Backflow Assembly  
 Clinic Sink  
 Dishwasher  
 Dinking Fountain  
 Floor Drain  
 Garbage Disposal  
 Gas Opening  
 Gas Piping  
 Ice Machine  
 Interceptor  
 Irrigation System

Lavatory  
 Roof Drain  
 Shower Pan  
 Sillcock  
 Sink – Kitchen  
 Sink – Mob or Lab  
 Sump Pump  
 Tub  
 Urinal  
 Water Closet

**Water Heater**  
 **Water Softener**

**WATER SERVICE** (indicate quantity)

Water Tap		Fire Tap		Water Meter	
	3/4"				5/8"
	1"				3/4"
	1 1/2"				1"
	2"				1 1/2"
	3"				2"
	4"				3"
	6"				4"
	8"				6"
	10"				8"
	12"				10"
					12"

**SPRINKLERS** (indicate quantity)

Fire Sprinkler Heads     Lawn Sprinkler(s)

**STORM AND SANITARY SEWER (1 & 2 FAMILY)**  
(indicate size in inches)

First Sanitary Sewer & Storm Sewer Tap  
 Second Sanitary Sewer & Storm Sewer Tap

**BASEMENT TYPE:**  Full  Slab  Crawl Space

**STORM AND SANITARY SEWER  
(MF3+, COMMERCIAL, INDUSTRIAL, INSTITUTIONAL)**

Sanitary Sewer     Storm Sewer

**DRIVEWAY & CURB CUTS** (1 & 2 Family Only – List Quantity)

Number of Driveways/Curb Cuts

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_