

<b>DATE RECEIVED:</b>	<b>BY:</b>	<input type="checkbox"/> <b>NEW CONSTRUCTION PERMIT APPLICATION</b> <input type="checkbox"/> <b>REMODELING PERMIT APPLICATION</b> <input type="checkbox"/> <b>OTHER:</b> _____	<b>PERMIT NO.</b>
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<b>SITE ADDRESS</b>		<i>Village of Maple Park</i> 302 Willow Street, P.O. Box 220 Maple Park, IL 60151 (815) 827-3309 www.villageofmaplepark.com Email application to: villageclerk@villageofmaplepark.com
<b>SUBDIVISION</b> <small>(required)</small>	<b>PHASE</b> (If applicable)	
	<b>LOT NO.</b> <small>(required)</small>	
<b>SQUARE FEET</b> <small>(required)</small>	<b>VALUATION</b> <small>(cost of project)</small> <small>(required)</small>	
<b>TAX PARCEL NO.</b> <small>(required)</small>	<b>ZONING</b> <small>(required)</small>	

<b>EASEMENT INFORMATION PROVIDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LAND DRAINAGE OR SITE IMPROVEMENT ATTACHED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> <b>Tenant Build-Out?</b> <input type="checkbox"/> <b>Site Improvement Only?</b>	<input type="checkbox"/> <b>PUBLIC OWNERSHIP</b> <input type="checkbox"/> <b>PRIVATE OWNERSHIP</b>
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<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: _____
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<b>BRIEF DESCRIPTION OF WORK:</b>
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<b>OWNER INFORMATION</b> <small>(must be completed)</small> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____	<b>GENERAL CONTRACTOR</b> <input type="checkbox"/> <b>Check if same as Owner</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ PRINT NAME: _____ SIGNATURE: _____ DATE: _____
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<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: _____
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<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: _____
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<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: _____
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**APPLICANT SHOULD COMPLETE ALL THAT IS APPLICABLE**

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

Air Conditioner       Kitchen Exhaust  
 Ductwork               Ansul Hood  
 Fireplace                 Rooftop Unit  
 Furnace                  HVAC – Other  
 Gas Fire Heater

**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       Lavatory  
 Backwater Valve         Roof Drain  
 Backflow Assembly       Shower Pan  
 Clinic Sink                 Sillcock  
 Dishwasher                Sink – Kitchen  
 Dinking Fountain         Sink – Mob or Lab  
 Floor Drain                 Sump Pump  
 Garbage Disposal         Tub  
 Gas Opening               Urinal  
 Gas Piping                 Water Closet  
 Ice Machine  
 Interceptor                **Water Heater**  
 Irrigation System         **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 \_\_\_\_\_

<b>Permit Cost:</b>	<b>Paid Stamp</b>
<b>Date Permitted:</b>	
<b>Staff Initials:</b>	
<b>Amount Paid:</b>	