DATE RECEIVED:	BY:	❒ NEW CONSTRUCTION PERMIT APPLICATION ❒ REMODELING PERMIT APPLICATION ❒ OTHER: _____	PERMIT NO.

SITE ADDRESS

SUBDIVISION (required)	**PHASE** (If applicable)
	LOT NO. (required)
SQUARE FEET (required)	**VALUATION** (cost of project) **(required)**
TAX PARCEL NO. (required)	**ZONING** (required)

Village of Maple Park
302 Willow Street, P.O. Box 220
Maple Park, IL 60151
(815) 827-3309
www.villageofmaplepark.com
Email application to:
villageclerk@villageofmaplepark.com

EASEMENT INFORMATION PROVIDED?
☐ YES ☐ NO

LAND DRAINAGE OR SITE IMPROVEMENT ATTACHED? ☐ YES ☐ NO

☐ Tenant Build-Out? ☐ Site Improvement Only?

☐ PUBLIC OWNERSHIP ☐ PRIVATE OWNERSHIP

TYPE OF STRUCTURE

☐ Single Family Detached
☐ Duplex
☐ Multi-Family Apts 5+ Units
☐ Industrial Building
☐ Institutional Building
☐ Addition – MF3+
☐ Townhomes (SF, Attached)
☐ Multi-Family Apts 3-4 Unit
☐ Commercial Building
☐ Addition – Commercial
☐ Addition – Industrial
☐ Addition - Institutional

USE GROUP (If Mixed Uses, Include All)

If building townhomes, condos, or apartments, please list the number of units: _____

BRIEF DESCRIPTION OF WORK:

OWNER INFORMATION (must be completed)
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

GENERAL CONTRACTOR ☐ Check if same as Owner
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

EXCAVATING CONTRACTOR
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

HVAC CONTRACTOR
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

ARCHITECT
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

ELECTRICAL CONTRACTOR
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

ENGINEER
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

PLUMBING CONTRACTOR
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
PRINT NAME: _____
SIGNATURE: _____ DATE: _____

APPLICANT SHOULD COMPLETE ALL THAT IS APPLICABLE

HVAC (Indicate quantity below)

- ☐ Air Conditioner
- ☐ Ductwork
- ☐ Fireplace
- ☐ Furnace
- ☐ Gas Fire Heater

TOTAL UNITS ☐

- ☐ Kitchen Exhaust
- ☐ Ansul Hood
- ☐ Rooftop Unit
- ☐ HVAC – Other

ELECTRICAL 1 & 2 FAMILY (Check One)

- ☐ 1st Service Up to 200 AMP
- ☐ 2nd Service Up to 200 AMP
- ☐ 1st Service 201-401 AMP
- ☐ 2nd Service 201-401 AMP
- ☐ 1st Service 401+ AMP
- ☐ 2nd 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	
	¾”				5/8”
	1”				¾”
	1 ½”				1”
	2”				1 ½”
	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/Cub Cuts

Applicant Signature

Date

Permit Cost:	Paid Stamp
Date Permitted:	
Staff Initials:	
Amount Paid:	