



Permit Application Page 1 of 4

Building & Inspections Division
200 E. Wood St.
Palatine, IL 60067
Phone: (847) 359-9042
www.palatine.il.us

PRINT CLEARLY, ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED (This is a two sided application)

Property Information

Address: _____ Real Estate Tax Index Number: _____
Lot/Block: _____ Subdivision: _____

Project Information

Valuation Work: \$ _____ Description of work: _____
Square footage of project _____

Type of Structure/Project (check one)		
<input type="checkbox"/> 101	Single Family - Detached	<input type="checkbox"/> 320 Industrial
<input type="checkbox"/> 102	Single Family - Attached	<input type="checkbox"/> 321 Parking Garages
<input type="checkbox"/> 103	Two Family Building	<input type="checkbox"/> 322 Serv. Station/Repair Garage
<input type="checkbox"/> 104	3 & 4 Family Building	<input type="checkbox"/> 323 Hospitals and other Instit.
<input type="checkbox"/> 105	5 or more Family Building	<input type="checkbox"/> 324 Office, Bank or Professional
<input type="checkbox"/> 213	Hotels/Motels/Cabins	<input type="checkbox"/> 325 Public Works & Utilities
<input type="checkbox"/> 214	Other non hsekgp shelter	<input type="checkbox"/> 326 Schools & other Institutional
<input type="checkbox"/> 318	Amusement & Recreational	<input type="checkbox"/> 327 Stores and other Mercantile
<input type="checkbox"/> 319	Churches & other Religious	<input type="checkbox"/> 328 Other Non-Residential
<input type="checkbox"/> 329	Structures Non-Buildings	<input type="checkbox"/> 434 Add/Alt Residential
<input type="checkbox"/> 437	Add/Alt Non-Residential	<input type="checkbox"/> 438 Add/Alt Residential Garage
<input type="checkbox"/> 645	Demolitions – One Family	<input type="checkbox"/> 646 Demolitions – Two Family
<input type="checkbox"/> 647	Demolitions – 3 & 4 Family	<input type="checkbox"/> 648 Demolitions – 5+ Family
<input type="checkbox"/> 649	Demolitions – All Other Bldgs	

Check all the following that applies to your project. By providing this information, you assist us in expediting the plan review process. This means a quicker response time for your plan review. Failure to properly fill in this information will delay the processing of your project. NOTE: This does not apply to detached single family homes or additions.

Plumbing Electrical Fire Sprinkler or Alarm Grading Structural Design Sale or Prep of Food Products

Contact Information

If corrections required: Fax Mail Email

Applicant

Contact Name _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
E-mail _____

Property Owner

Contact Name _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
E-mail _____

Contact Information

Lessee

Contact Name _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Email _____

Architect

Contact Name _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Email _____

OFFICIAL USE ONLY

Approved by: _____ Permit number: _____
Date of approval: _____ Date issued: _____
Date of notification: _____ Notified by: _____





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Page 2 of 4

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PROPERTY ADDRESS _____

Signatures

I hereby certify to the correctness and accuracy of this application and all submitted information and agree to perform the above construction in strict compliance with all provisions of the Village of Palatine code of ordinances. It is my understanding that no error or omission in either the plans or application, whether said plans or application has been approved by the Community Services Department or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of the Village relating therein. In addition, I hereby authorize the above listed contractors to perform all work necessary to complete the requirements of this permit. I also understand that the Code Official upon presentation of proper credentials may enter at reasonable times any building, structure or premises in the jurisdiction to perform any duty imposed upon him by such ordinances. Having read this application, the information handout, and fully understanding the intent thereof, I declare that the statements made are true to the best of my knowledge and belief. If the property listed above is in a trust, Pursuant to Chapter 765, Section 405/2, of the Illinois Compiled Statutes, the identity of each beneficiary of a land trust must be disclosed upon application to the Village of Palatine for any benefit, authorization, license or permit relating to the land which is the subject of such trust. Such application shall identify each beneficiary by name and address and define his interest therein. Such application shall then be verified by the land trustee, as applicant, or by the beneficiary as a beneficial owner of an interest in such land trust.

PROPERTY OWNERS SIGNATURE REQUIRED

Owner Check if property is in a trust []

Print Name: _____ Check if applicant []

Signature: _____ Date: _____

AS THE OWNER OF THE ABOVE PROPERTY, AND BY SIGNING ABOVE, I UNDERSTAND AND AGREE THAT PER THE PALATINE CODE OF ORDINANCES PLAN REVIEW FEES ARE DUE FOR EACH PERMIT APPLICATION SUBMITTED REGARDLESS OF WHETHER THE PERMIT IS PURSUED, EXPIRED OR ISSUED.

General Contractor

Print Name: _____ Check if applicant []

Signature: _____ Date: _____

Applicant (if different than above)

Print Name: _____

Signature: _____ Date: _____

24 HOUR EMERGENCY CONTACT-DURING CONSTRUCTION:
NAME: _____
PHONE NUMBER: _____

PLEASE READ!
YOU WILL HAVE 30 DAYS FROM THE DATE YOUR PERMIT IS APPROVED TO PAY FOR AND PICK UP YOUR BUILDING PERMIT. FAILURE TO DO SO WILL RESULT IN THE FORFEITURE OF SAID PERMIT WITH PLAN REVIEW FEES COLLECTED.



Permit Application Page 3 of 4

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PROPERTY ADDRESS _____

Contractors

General

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Office Use Only- Reg Bond Fee

Asphalt

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Fee

Carpenter

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Fee

Concrete

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Fee

Demolition

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Fee

Electrical

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Lic Fee

Excavating

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Fee

Fire Alarm

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Lic

Fire Sprinkler

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Lic Fee

Hood & Duct-Commercial Only

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Cell _____
 Reg Bond Fee



Permit Application Page 4 of 4

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PROPERTY ADDRESS _____

Contractors

HVAC

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____

Landscape/Brick paver

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____

Lawn Sprinkler

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Lic _____ Fee _____

Masonry

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____

Plumbing/Water Service

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Lic _____

LETTER OF INTENT

Roofer

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Lic _____ Fee _____

Sewer

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____

Sign

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____

Steel

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____

Swimming Pool

Contact _____
Company _____
Address _____
City/State/Zip _____
Day Phone _____
Cell _____
Reg _____ Bond _____ Fee _____