

BUILDING PERMIT APPLICATION INSPECTIONAL SERVICES

For New Structures, Accessory Structures, Remodeling & Room Additions

(630) 823-5860 iservices@hpiil.org Fax (630) 823-5782

CUSTOMER DATA

Name of Owner or Tenant: _____

Project Address: _____

Daytime Phone: _____ E-Mail: _____

CONTRACTOR DATA

Name of Contractor: _____

Address of Contractor: _____ Contact Person: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

PROPOSED PROJECT DATA

Construction Value: \$ _____ (Materials and Labor/Install Costs)

Mechanical: Furnace A/C Water heater **Building:** Deck Roof Windows/Doors

Driveway: Driveway Size _____ x _____ Apron Size _____ x _____ Asphalt Concrete Pavers

Fence: New Replace | Wood Chain PVC/VINYL | Height of Fence: 3' 4' 5' 6'

Miscellaneous: Solar | EV Charger: Circle Level Type: 1 2 3 Indoor/Outdoor | Swimming Pool: AboveGround InGround

Remodeling or Addition: Describe: _____

Electrical Work: Describe: _____

Plumbing Work: Describe: _____

Sewer Repair: Indicate distance of repair from building: _____ Sanitary Check Valve Program: (Y/N)

Other: Describe: _____

Application completed by (circle one): Homeowner Contractor Other

If applicable, Bond Refund to (circle one): Homeowner Contractor Other