

WILL COUNTY BUILDING DEPARTMENT

58 E. Clinton Street, Joliet, IL 60432

(815)727-8634 · (815)727-8638

ELECTRICAL, SIDING, WINDOWS, & RE-ROOF APPLICATION

Please circle work to be done.

Real Estate Tax I.D. # _____

APPLICANT MUST COMPLETE ALL ITEMS AND SUBMIT ALL NECESSARY PAPERWORK

LOCATION OF IMPROVEMENT: Address _____

Subdivision _____ Lot # _____

Township _____ Tax Page No. _____

OWNER OR LESSEE: Name _____ Phone No. (_____) _____

Address _____

CONTRACTOR: Name _____ Phone No. (_____) _____

Address _____

DESCRIPTION OF WORK TO BE DONE: _____

TOTAL COSTS OF IMPROVEMENTS: \$ _____

NOTE: All building permits are pursuant to the Will County Building Ordinance

Construction should begin within one hundred and eighty (180) days after issuance of permit. If construction is not completed in accordance with plans approved for the purpose originally designed on said structure within one (1) year of issuance, the permit is void.

If you request an inspection and, upon arrival of the date requested, the building inspector determines the job is not ready, has not progressed to a point where an inspection can be done or access is not possible to perform the inspection or the inspection fails for any reason, a re-inspection fee shall be assessed. Until that fee is paid in full, no other inspections shall be made.

BUILDING PERMIT FEE IS NON-REFUNDABLE

ACKNOWLEDGMENT: I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his authorized agent. We agree to conform to all applicable laws of this jurisdiction.

Applicant

Date

BUILDING DEPARTMENT USE ONLY

Building permit Number _____ Building Permit Fee \$ _____

Approved by: _____

Date: _____

APPLICATION FOR ZONING & ENGINEERING APPROVAL
(Attach Survey if available)

COUNTY OF WILL
STATE OF ILLINOIS

1. Write the Property Identification Number (P.I.N.): _____

2. Address of construction: _____

3. Description of existing structure (write yes in front of correct description):

____ Residential ____ Commercial ____ Industrial ____ Agricultural ____ Accessory Structure ____ Trailer

If Business Name & type: _____

4. Type of building permit (circle Yes or No):

(Yes or No) Electrical _____ (Building type & size)

(Yes or No) Inside Remodeling _____ (Building type & size)

(Yes or No) Roofing _____ (Building type & size)

(Yes or No) Siding _____ (Building type & size)

(Yes or No) Other _____ (Building type & size)

5. Cost of improvements: _____

6. Is there a proposed structure: _____

7. List existing structures: _____

If proposed building or use violates the Zoning Ordinance of Will County, the entire application will be returned to the applicant for further action to bring proposed building into compliance with ordinance requirements.

PLEASE PRINT

Owner	_____	Contractor	_____
Lessee	_____	Street No.	_____
Street No.	_____	City	_____
City	_____	State, Zip	_____
State, Zip	_____	Telephone	_____
Telephone	_____	Print Name	_____
Signature	_____		

THIS SECTION FOR OFFICE USE ONLY

Township: _____ Page: _____

Date: _____ P.I.N.: _____ Zoning: _____

ZONING CHECKS	YES	N/A	T BY	REMARKS:
PIN#	_____	_____	_____	_____
Zoning Classification	_____	_____	_____	_____

Approved By: _____

ENGINEERING CHECK	
Floodplain verification	_____

Approved By: _____

PDOX FPRO