

Village of Hoffman Estates Building Permit Application

PERMIT#

Village Use Only	Initials	Date
Permit Received		
Building Official Approval		
Applicant Notified/Card Complete		
Permit Issued		
Final Inspection Approved		

PROPERTY					Permit Is			
ADDRESS:					Final Ins _l	pection Approved		
Print legibly Property Owner:				Applicant: □ Sam	ne as Pro	operty Owner – or co	omplete bel	ow:
Name			Name					
Company	Company							
Address	Address							
City, State, Zip			City, State, Zip					
Phone			Phone					
E-Mail	E-Mail							
PROJECT INFORMATION	N:							
Commercial: Busing TYPE OF WORK TO BE IN WORK TO BE PERFORM OWNER/RESIDENT: assume full responsibility for work shall require such contractor. All contractor work in the village to perform work in the contractor.	PERFOR JED BY (As legal over meeting of tractor to contractors represented by the Village of	MED: please complete where of the subject p all applicable code is comply with Village I must complete the foof Hoffman Estates.	e all that app property I certify requirements of License, Bond a collowing and have Contractor requ	that I alone will perfor the Village. I further a and Insurance requirem ve current License (L)	rm <u>□ all</u> acknowled nents: O v	or □ part of the work dge that use of a contra wner initials: β) and Insurance (I) do	actor for any cuments ap	portion of this
L B I CONTRACTOR TYPE NAME General				Address	RESS		PHONE	
	Subs (Attached list)							
Architect/designer:		E-Mail:			PHONE:			
hereby certify that I am authorized to mak e responsible for correcting any deficience issuance of this permit.	e this application	on and that all information application and that I am th	provided by me on or ne contact who will be	r in conjunction with this appli	ication is true complete. I a	e and accurate to the best of n gree to comply with all conditi	ny knowledge. I	understand that I will the Village as part of
APPLICANT SIGNATURE: DATE:								
PRINT NAME & TITLE:	PHONE:							
VILLAGE USE ONLY – BUILDING PERMIT FEE: □ Building: \$ □ Plumbing: \$		☐ Contractor(s) L B I Complete ☐ Performance		Amount				
		oing: \$	☐ Conditions Signed Deposit Required		\$			
☐ Mechanical: \$	☐ Plan F	Review: \$	☐ Letter of	Intent	Date	e Received:	☐ Cash ☐ Bond — ☐ LOC	
☐ Electrical: \$	☐ Fee S	heet Attached	☐ Missing:		•			
TOTAL DUE: \$								
PAYMENT TYPE: ☐ Cash	☐ Checl	k □ Charge						

No error or omission in either the plans or application, whether said plans or application have been approved by the Building Official or not, shall permit or relieve applicant from constructing the work in any manner other than provided for by Village Ordinance.

PERMIT#

3 I	CONTRACTOR TYPE	NAME	Address	PHONE



CONTRACTOR NAME:		CONTRACTOR PHONE:				
Propo	osed V	Vork:				
Work	Includ	des:				
		Electric/Lighting		Plumbing		
		Mechanical/HVAC		Framing		
		Insulation		Excavation		
		Partial Drywall Removal (complete drywall removal will require fire sprinkler retrofit installation)				

* If a change in the floor plan is proposed, before and after floor plans must be submitted.

1900 Hassell Road, Hoffman Estates, Illinois 60169 • Code Enforcement Phone: 847-781-2631 • Fax: 847-781-2658 Email: buildingpermits@hoffmanestates.org