



2 LAGOON DRIVE
 HAWTHORN WOODS, IL.
 Phone: (847) 438-5500
 FAX: (847) 438-1459
www.vhw.org/BuildingGuidelines

OFFICE USE ONLY	
Permit #	
Date Received:	KB <input type="checkbox"/> AB <input type="checkbox"/>
Date Applied:	
Date Issued:	
Zoning Class:	
HOA Approval:	
Payment By:	CC <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>

RESIDENTIAL BUILDING PERMIT APPLICATION

Property Location	
	Applicant/Payor: Contractor <input type="checkbox"/> Homeowner <input type="checkbox"/>
Property Owner Information	
Name:	
Address:	
City:	State: Zip:
Phone: (H)	(C)
FAX:	Email:
General Contractor Information	
Company Name:	Contact:
Address:	
City:	State: Zip:
Phone: (O)	(C)
FAX:	Email:
Project Information (Description of Work)	
Total Cost of Project	
\$	

- Single Family Townhome
- Are there existing drainage issues? Y N - If so, please describe in detail above.
- Will ditch line work and/or a culvert replacement be performed? Y N
- Does construction require a new or modified **fire suppression system**? Y N

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application. All information provided herein is true and correct and all provisions of the ordinances of the Village of Hawthorn Woods shall be complied with. It is the applicant's responsibility to comply with HOA restrictions. No error or omission in either the plans or application, whether approved by the Building Official or not, shall permit or relieve the applicant from constructing in any other manner than that provided for in the ordinance of this Village.

Signature of Property Owner/Contractor

CONTRACTOR'S REGISTRATION

GENERAL CONTRACTOR

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

OFFICE:

CARPENTRY

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

EXCAVATOR

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

CONCRETE

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

ELECTRICAL

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

PLUMBING (055, 058, & Letter of Intent - No Registration fee)

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

HVAC

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

ROOFING (Copy of Driver's & State License, Cert. of Liability)

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

ARCHITECT OR ENGINEER

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP