



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

| OFFICE USE ONLY      |  |
|----------------------|--|
| Permit #             |  |
| Date Received:       | KB <input type="checkbox"/> AB <input type="checkbox"/>                                  |
| Date Applied:        |  |
| Date Issued:         |  |
| Business License No: |  |
| Fire District:       |  |
| Payment By:          | CC <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> |

## COMMERCIAL BUILDING PERMIT APPLICATION

| Job Site Information                                   |  |  |      |
|--|--|--|------|
| Site Address :   |  |  |      |
| Building No.   | Zoning:                                  | PIN:   | Lot: |
| New Construction <input type="checkbox"/>              |  | Addition/Alteration <input type="checkbox"/> |      |
| Description of work:                                   |  |  |      |
|  |  |  |      |
|  |  |  |      |
| Owner Information                                      |  |  |      |
| Name:  |  | Contact:                                     |      |
| Mailing Address:                                       |  |  |      |
| City:  |  | State:                                       | Zip: |
| Phone: (O)   |  | (C)  |      |
| FAX:   |  | Email:                                       |      |
| PROPOSED WORK  |  |  |      |
| <input type="checkbox"/> New Construction              | <input type="checkbox"/> Storage         |  |      |
| <input type="checkbox"/> Addition                      | <input type="checkbox"/> Fire Damage     |  |      |
| <input type="checkbox"/> Interior Remodeling           | <input type="checkbox"/> Air Conditioner |  |      |
| <input type="checkbox"/> Exterior Remodeling           | <input type="checkbox"/> Furnace         |  |      |
| <input type="checkbox"/> Exterior Shell of Building    | <input type="checkbox"/> Tanks           |  |      |
| <input type="checkbox"/> Other (please describe below) | <input type="checkbox"/> Grading         |  |      |
|  |  |  |      |
|  |  |  |      |
|  |  |  |      |
| TOTAL COST OF PROJECT                                  |  |  |      |
| \$   |  |  |      |

- Are there existing drainage issues? **Y**  **N**  - If so, please describe above under "other"
- 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 the owners association restrictions if one has been established. 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 |