



2 LAGOON DRIVE  
 HAWTHORN WOODS, IL. 60047  
 Phone: (847) 847-3531  
 FAX: (847) 438-1459  
 SUBMIT PERMIT DOCUMENTS TO: PERMITS@VHW.ORG

OFFICE USE ONLY
Permit #
Date Received:
Date Applied:
Date Issued:
Fire District:
Payment By: CC <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>

## COMMERCIAL BUILDING PERMIT APPLICATION

Job Site Information	General Contractor	
Address:	Name/Contact:	
PIN:	Address:	
New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/>	PH:	
Property Owner Information		
Name:		
Mailing Address:		
City:	State	Zip:
Phone:(H)	(C)	
FAX:	Email	
Tenant Information (if applicable)		
Name:		
Address:		
City:	State:	Zip:
Phone:(H)	(C)	
FAX:	Email:	
Description of Work:		
Total Cost of Project		
\$		

- 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 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

# LIST OF SUBCONTRACTORS

## 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 provide electrical license

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 (provide roofing license)

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## ARCHITECT OR ENGINEER

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP