

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

CHECK ONE: ☐ RESIDENTIAL ☐ MULTI-RESIDENTIAL ☐ NON-RESIDENTIAL

SITE ADDRESS UNIT No. P.I.N. ZONING DISTRICT

DESCRIPTION OF WORK \$ ESTIMATED COST

Name of Business on Site (non-residential):

GENERAL CONTRACTOR: CUSTOMER #

ADDRESS: CITY, STATE & ZIP:

PHONE: E-MAIL:

IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois. All work shall be completed, inspected and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The applicant shall be responsible for all fees associated with the instant permit, including but limited to cancellation fees, plan review fees, and re-inspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

Applicant's Name (Print) Applicant's Signature Date

Address City, State & ZIP Day Time Phone

Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility.
I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

Property Owner's Name (Print) Property Owner's Signature Date

Address City, State & ZIP Day Time Phone

Email Address:

OFFICE USE ONLY

BUILDING INFORMATION

- ☐ Accessory ☐ Addition
- ☐ New Construction ☐ Alteration
- ☐ Pre-Construction Meeting Required
- ☐ Pre-Construction Meeting Completed

PAID BY:

Milestone Dates:

Applied
Approved
Issued
Expires

APPROVED BY:

Fees:

ESCROW \$
APPLICATION \$
PLAN REVIEW \$
INSPECTIONS (X\$35/\$45) \$
OTHER \$
OTHER \$
TOTAL FEES DUE \$

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

ELECTRICAL

LICENSED CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

PROVIDE A COPY OF ELECTRICIANS LICENSE CERTIFICATE AND A SURETY BOND FOR \$10,000 ☐

PLUMBING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

PROVIDE A LETTER OF INTENT & A COPY OF PLUMBERS LICENSE CERTIFICATE ☐