

**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 &amp; 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 &amp; 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 &amp; ZIP

Day Time Phone

Email Address: \_\_\_\_\_

**OFFICE USE ONLY****BUILDING INFORMATION**

Accessory  Addition  
 New Construction  Alteration

 Pre-Construction Meeting Required Pre-Construction Meeting Completed \_\_\_\_\_

Milestone Dates:

Fees:

Applied

ESCROW \$ \_\_\_\_\_

Approved

APPLICATION \$ \_\_\_\_\_

Issued

PLAN REVIEW \$ \_\_\_\_\_

Expires

INSPECTIONS (  \$35/\$45) \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**TOTAL FEES DUE \$ \_\_\_\_\_**

PAID BY: \_\_\_\_\_

## 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