

VILLAGE OF SAUK VILLAGE BUILDING PERMIT APPLICATION

PROJECT LOCATION:		PIN #		
<input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL		SUBDIVISION NAME:		
OWNER'S NAME		MAILING ADDRESS CITY STATE ZIP	TELEPHONE	
PERMIT REQUESTED		<input type="radio"/> NEW CONSTRUCTION <input type="radio"/> HVAC <input type="radio"/> ELECTRICAL <input type="radio"/> PLUMBING <input type="radio"/> SIGN <input type="radio"/> OTHER: _____	<input type="radio"/> ROOF <input type="radio"/> FENCE <input type="radio"/> GARAGE/SHED <input type="radio"/> DRIVEWAY (Curb Cut) <input type="radio"/> DECK <input type="radio"/> SWIMMING POOL <input type="radio"/> WINDOWS	
PROJECT DESCRIPTION:		EST PROJECT COST		
OWNER/CONTRACTOR EMAIL:				
CONTRACTOR NAME & LIC #		ADDRESS CITY STATE ZIP	TELEPHONE	
CONTRACTOR NAME & LIC #		ADDRESS CITY STATE ZIP	TELEPHONE	
<i>The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all the above information is accurate</i>				
SIGNATURE OF APPLICANT: _____		DATE: _____		
ZONING DISTRICT	LOT AREA Sq Ft	SETBACKS	FRONT REAR LEFT RIGHT	
APPROVAL CONDITIONS: _____ Written _____ Attached PERMIT #: _____				
PERMIT ISSUED BY: _____		DATE: _____		
FOR OFFICE USE ONLY 01/00-3400 Application Fee: _____ \$25 01/00-3400 Building Permit: _____ 01/00-3400 Electrical: _____ 01/00-3400 Plumbing: _____ 01/00-3400 HVAC: _____ 31/00-3602 Water Connect: _____ 31/00-3602 Sewer Connect: _____ 31/00-3604 Water Meter: _____ Escrow: _____ Other: _____ TOTAL: _____		Permit requests can be sent to: Make sure all required documents are sent with your application for processing your request. For Inspections: B & F Construction Codes, Inc. (847) 428-7010 OR inspectionrequests@bfccs.org OR https://www.constructioncodes.com/inspections A 24 Hour Notice for all Inspections is required		RECEIPT CK/CSH _____/_____ AMOUNT: _____/_____ DATE: _____/_____ BY: _____/_____

Village of Sauk Village 21801 Torrence Ave, Sauk Village, IL 60411 PHONE (708) 758-3330
 FAX (708) 757-7355 <https://www.saukvillage.org>
Permit Expires One Year from Date of Issue.