

VILLAGE of MAYWOOD
 COMMUNITY DEVELOPMENT DEPARTMENT
 40 Madison Street. Maywood, IL. 60153
 PH: (708) 450-4405 FAX: (708) 450-4893
 www.maywood-il.org



OFFICE USE ONLY	
Date Filed	_____
Received By	_____
Permit #	_____
Fee Total \$	_____
Building Permit Fee	\$ _____
Enterprise Zone Cert	\$ _____
Plumbing Fee	\$ _____
Electrical Fee	\$ _____
HVAC Fee	\$ _____
Sewer Fee	\$ _____
Demolition Fee	\$ _____
Stop Work Fee	\$ _____
Senior Discount	\$ _____

APPLICATION FOR BUILDING PERMIT

Job Address _____ Owner's Telephone # _____

Owner _____ Mailing Address _____

- | | | |
|---|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel Existing Finished Space | <input type="checkbox"/> Single-Family Attached |
| <input type="checkbox"/> Addition/New Living/Work Space | <input type="checkbox"/> Commercial | <input type="checkbox"/> Two-Family |
| <input type="checkbox"/> Public Building | <input type="checkbox"/> Repair | <input type="checkbox"/> Multiple-Family 3+ |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Single-Family | |

Dumpster: Yes No Historic Property: Yes No Zoning District: _____ Drawings submitted: Yes No

Square footage to be added or altered _____ Total job cost _____ Maywood License Number _____ State License Number _____ FEIN Number _____

Description of Job: _____

Architect	_____	_____	_____
	Name	Address	Telephone
General	_____	_____	_____
	Name	Address	Telephone
Carpenter	_____	_____	_____
	Name	Address	Telephone
Roofer	_____	_____	_____
	Name	Address	Telephone
Plumber	_____	_____	_____
	Name	Address	Telephone
HVAC	_____	_____	_____
	Name	Address	Telephone
Electrician	_____	_____	_____
	Name	Address	Telephone
Other	_____	_____	_____
	Name	Address	Telephone

NOTICE: The Community Development Department must be notified of any changes to the above information. Call 708.450.4405

Applicant's Signature _____ Applicant's Name (Printed) _____ Telephone _____ Fax _____

THE WORK PROVIDED BY THIS APPLICATION CONFORMS TO THE REQUIREMENTS OF THE BUILDING AND ZONING ORD. OF THE VILLAGE.

Approval of Zoning Officer _____ Date _____ Approval of Building Inspector _____ Date _____

THE WORK PROVIDED BY THIS APPLICATION CONFORMS TO THE REQUIREMENTS OF THE BUILDING ORD. OF THE VILLAGE.

Approval of Electrical Inspector _____ Date _____ Approval of Plumbing Inspector _____ Date _____