



2 LAGOON DRIVE
 HAWTHORN WOODS, IL 60047
 Phone : (847) 438-5500
 Fax: (847) 438-1459

**RESIDENTIAL BUILDING
 PERMIT APPLICATION**

Date Received:

Date Approved:

Permit #:

Issue Date:

IMPORTANT:

It is the permit applicant's responsibility to comply with any private covenant restrictions!

JOB LOCATION:

PROPERTY OWNER:

GENERAL CONTRACTOR

CONTRACTOR'S PHONE #

E MAIL

NAME

ADDRESS

OFFICE AND CELL PHONE

PROPERTY OWNER

PROPERTY OWNER PHONE #

E MAIL

NAME

ADDRESS

HOME & CELL

TYPE OF BUILDING PROJECT:

ADDITION

NEW HOME

WINDOWS

BASEMENT FINISH

PATIO

REMODEL

BERM

PORTICO

TENNIS COURTS

DECK

POOL

OTHER

DOG RUN

PORCH

DRIVEWAY

GAZEBO

OUTDOOR FIREPLACE/KITCHEN

SIDING

DESCRIPTION OF WORK:

If yes, see Sec. 9-17-2 through 9-17-7 of the Village Code, regarding the tree preservation requirements.

No building permits will be issued until a tree permit is approved.

DOES CONSTRUCTION REQUIRE FIRE SUPPRESSION SYSTEM Yes No

If this is a remodel, do you have fire suppression system that is being modified? Yes No

If yes, call appropriate fire department for fire suppression/alarm system application.

COST OF IMPROVEMENT

ELECTRICAL COST=

PLUMBING COST=

TOTAL PROJECT COST=

The APPLICANT(s) agree that all work accomplished will conform Hawthorn Woods Village Code and inspections will be requested in accordance with the procedures of the Village. The Applicant(s), having read this application, understands the intent and declares that all statements herein are true. Falsification of any of the above information will result in a violation of Section 8-2-8 of the Village Code, leading to fines and penalties described by law.

PRINTED NAME OF CONTRACTOR:

SIGNATURE OF CONTRACTOR:

COMPANY NAME:

PRINTED NAME OF PROPERTY OWNER:

SIGNATURE OF PROPERTY OWNER:

ADDRESS OF PROPERTY OWNER:

A. GENERAL CONTRACTOR

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

B. CARPENTRY

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

C. EXCAVATOR

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

D. CONCRETE WORK

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

E. ELECTRICAL

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

ELECTRICIAN'S LICENSE #

F. PLUMBING

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

PLUMBER'S LICENSE #

G. HVAC

<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

H. ROOFING

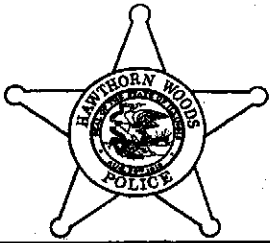
<input type="checkbox"/>	NAME:	TELEPHONE NUMBER:		
	ADDRESS:	CITY	STATE	ZIP CODE

OK

ROOFER'S LICENSE #:

I. ARCHITECT OR ENGINEER

GENERAL CONTRACTOR NAME:	TELEPHONE NUMBER:		
ADDRESS:	CITY	STATE	ZIP CODE



Hawthorn Woods Police Department

2 Lagoon Drive
Hawthorn Woods, IL 60047-9061

Phone: (847) 438-9050
Fax: (847) 438-5308

OVERSIZE/WEIGHT VEHICLE PERMIT APPLICATION

Account #:		Date:			
Permittee (owner or lessee of vehicle):					
Applicant's Name or Work Order (optional):		Applicant's Address:			
				Type of Permit	
				<input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip <input type="checkbox"/> Multiple Routing	
Power Unit Description:		License #:			
Description of Object or Vehicle to be Moved:					
Number of Axles:		Gross Weight:	Axle Weights (beginning with steer axle):		
Width:	Length:	Height:	From:		
Over Routes					
To (specific destination)					
<i>Permittee Must Comply with General Provisions and Special Provision Numbers on Back. If this form was received as a fax, General Provisions and Special Provision Numbers will be on Page 2. YOU MUST SIGN HERE SHOWING RECEIPT OF GENERAL & SPECIAL PROVISIONS</i>					
I am in receipt of General Provisions & Special Provision Numbers:					

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY DO NOT WRITE BWLOW THIS LINE

VILLAGE OF HAWTHORN WOODS PERMIT

Date	Permit #	Authorized Movement as Described Above with the following Exceptions and Conditions:	
Gross Weight:	Axle Weights		Front Tandem (or axle):
	Legal:	Rear Tandem (or axle):	No Axle Exceeds:
Width:	Length:	Height:	From:
To:	Effective:	Expires:	Fee:
Effective:		Expires:	
<i>For verification of permit, call one of the above numbers.</i>		<i>This permit must be carried in the vehicle and must be available for inspection by police or Village officials. If you find this permit does not cover the move, the Permittee must contact the Village and have the permit corrected prior to starting the move.</i>	
CHECK BY: Ofc.		Authorized Signature:	
AGENCY:			
DATE:			
REMARKS:			

FOR POLICE USE ONLY

Pride · Performance · Professionalism

Web Site: www.hwpd.com E-mail: police@hwpd.com