



2 LAGOON DRIVE  
 HAWTHORN WOODS, IL.  
 Phone: (847) 438-5500  
 FAX: (847) 438-1459  
[www.vhw.org/BuildingGuidelines](http://www.vhw.org/BuildingGuidelines)

OFFICE USE ONLY	
Permit #	
Date Received:	KB <input type="checkbox"/> AB <input type="checkbox"/>
Date Applied:	
Date Issued:	
Business License No:	
Fire District:	
Payment By:	CC <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>

## COMMERCIAL BUILDING PERMIT APPLICATION

Job Site Information			
Site Address :			
Building No.	Zoning:	PIN:	Lot:
New Construction <input type="checkbox"/>		Addition/Alteration <input type="checkbox"/>	
Description of work:			
Owner Information			
Name:		Contact:	
Mailing Address:			
City:		State:	Zip:
Phone: (O)		(C)	
FAX:		Email:	
PROPOSED WORK			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Storage		
<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Damage		
<input type="checkbox"/> Interior Remodeling	<input type="checkbox"/> Air Conditioner		
<input type="checkbox"/> Exterior Remodeling	<input type="checkbox"/> Furnace		
<input type="checkbox"/> Exterior Shell of Building	<input type="checkbox"/> Tanks		
<input type="checkbox"/> Other (please describe below)	<input type="checkbox"/> Grading		
TOTAL COST OF PROJECT			
\$			

- Are there existing drainage issues? Y  N  - If so, please describe above under "other"
- Will ditch line work and/or a culvert replacement be performed? Y  N
- Does construction require a new or modified **fire suppression system**? Y  N

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application. All information provided herein is true and correct and all provisions of the ordinances of the Village of Hawthorn Woods shall be complied with. It is the applicant's responsibility to comply with the owners association restrictions if one has been established. No error or omission in either the plans or application, whether approved by the Building Official or not, shall permit or relieve the applicant from constructing in any other manner than that provided for in the ordinance of this Village.

\_\_\_\_\_  
 Signature of Property Owner/Contractor

# CONTRACTOR'S REGISTRATION

## GENERAL CONTRACTOR

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

OFFICE:

## CARPENTRY

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## EXCAVATOR

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## CONCRETE

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## ELECTRICAL

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## PLUMBING (055, 058, & Letter of Intent - No Registration fee)

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## HVAC

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## ROOFING (Copy of Driver's & State License)

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

## ARCHITECT OR ENGINEER

NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP