



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:	AB <input type="checkbox"/> ER <input type="checkbox"/>
Date Approved:	WW <input type="checkbox"/> MN <input type="checkbox"/>
Date Issued:	AB <input type="checkbox"/> ER <input type="checkbox"/>
Payment Method:	CC <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>

**Note:** A convenience fee, with a minimum fee of \$2.95 will be added to all credit card transactions. ACH transactions will include a \$1.95 convenience.

## RESIDENTIAL BUILDING PERMIT APPLICATION

Property Index Number		
		Applicant/Payor: Contractor <input type="checkbox"/> Homeowner <input type="checkbox"/>
Property Owner Information		
Name:		
Address:		
City:	State:	Zip:
Phone: (H)	(C)	
FAX:	Email:	
General Contractor Information		
Company Name:		Contact:
Address:		
City:	State:	Zip:
Phone: (O)	(C)	
FAX:	Email:	
Project Information (Description of Work)		
Total Cost of Project		
\$		

- Single Family  Townhome
- Are there existing drainage issues? Y  N  - If so, please describe in detail above.
- 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 HOA restrictions. 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 CONTACT:**

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

OFFICE:

**CARPENTRY CONTACT:**

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**EXCAVATOR CONTACT:**

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**CONCRETE CONTACT:**

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**ELECTRICAL CONTACT:**

*\*copy of electrical license*

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**PLUMBING CONTACT:**

*\* 055, 058 & Letter of Intent - no registration fee*

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**HVAC CONTACT:**

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**ROOFING CONTACT:**

*\* copy of state roofing license*

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP

**ARCHITECT OR ENGINEER CONTACT:**

COMPANY NAME	PHONE:		
	W:	C:	
ADDRESS	CITY	STATE	ZIP