



Community Development Department  
874 Main Street, Antioch, IL 60002

**APPLICATION FOR NEW SINGLE FAMILY & RESIDENTIAL RENOVATION PERMIT**

Phone: (847) 395-1000

Fax: (847) 395-1920

Permit # \_\_\_\_\_

Property Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ PIN: \_\_\_\_\_ \*Project Cost \$ \_\_\_\_\_

**CHECK PERMIT TYPE \*For New Construction 1% of Project Cost due at application**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Addition                     | <input type="checkbox"/> Fence Height:                  | <input type="checkbox"/> Sewer/Water           |
| <input type="checkbox"/> Basement Remodel             | <input type="checkbox"/> Gazebo/Pergola Height:         | <input type="checkbox"/> Shed                  |
| <input type="checkbox"/> Building Demolition          | <input type="checkbox"/> HVAC                           | <input type="checkbox"/> Sidewalk/Stoop        |
| <input type="checkbox"/> Building Remodel             | <input type="checkbox"/> New Single Family Construction | <input type="checkbox"/> Siding                |
| <input type="checkbox"/> Cellular Antenna             | <input type="checkbox"/> Patio Concrete or Pavers       | <input type="checkbox"/> Spa/Hot Tub           |
| <input type="checkbox"/> Deck                         | <input type="checkbox"/> Pool Above or Below Ground     | <input type="checkbox"/> Three Season Room     |
| <input type="checkbox"/> Driveway Concrete or Asphalt | <input type="checkbox"/> Roof R&R or Overlay            | <input type="checkbox"/> Other (Specify Below) |

**NEW SINGLE FAMILY CONSTRUCTION**

Stories: \_\_\_\_\_ Total Cubic Footage: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_  
 # of Garage Stalls: \_\_\_\_\_ Deck? Y N Square Footage: \_\_\_\_\_ Const Type: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**GENERAL CONTRACTOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EXCAVATOR - Provide ORIGINAL \$10,000 Surety Bond**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PLUMBER - Provide Copies of IL 055 and 058 Licenses**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ELECTRICIAN - Provide Copy of IL Electrical License and ORIGINAL \$1 Million Certificate of Liability Insurance**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ROOFER - Provide Copy of IL License**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**OTHER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please note: All applications must include a scope of work.**

As property owner or agent for the owner, I hereby attest that all information provided in support of the requested permit is true and accurate. I acknowledge that all work must be performed in accordance with the codes adopted by the Village of Antioch and shall be consistent with the Village approved plans. As the property owner's agent, I hereby certify that the proposed work is authorized by the owner and that I have been authorized by the owner to submit this permit application.

Print Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ E-Mail: \_\_\_\_\_

OFFICE USE ONLY: Date Issued: \_\_\_\_\_