



Community Development Department  
874 Main Street, Antioch, IL 60002

**APPLICATION FOR COMMERCIAL, INDUSTRIAL & MULTI-FAMILY PERMIT**

Phone: (847) 395-1000

Fax: (847) 395-1920

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

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

Subdivision/  
Business: \_\_\_\_\_

Lot #: \_\_\_\_\_ PIN: \_\_\_\_\_

**\*Project Cost \$**

CHECK PERMIT TYPE	*1% of Project Cost due at application (Plan Review Fee)		
<input type="checkbox"/> Alarm	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Sewer/Water	
<input type="checkbox"/> Building Demolition	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Shed	
<input type="checkbox"/> Cellular Antenna	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sidewalk	
<input type="checkbox"/> Dispensers	<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Site (Grading/Fill)	
<input type="checkbox"/> Electrical	<input type="checkbox"/> New Construction	<input type="checkbox"/> Water Meter	
<input type="checkbox"/> Exterior Remodel	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other (Specify Below)	
<input type="checkbox"/> Fence	<input type="checkbox"/> Roof	_____	

**NEW CONSTRUCTION**

Stories: _____	Total Square Footage: _____	# of Bedrooms: _____	# of Bathrooms: _____
Construction Type: _____	Water Meter Size: _____	Use Group: _____	# of Fixtures: _____

**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: \_\_\_\_\_

**HVAC**

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 am authorized to submit this permit application.

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

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

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

The Village of Antioch reserves the right to request any additional information necessary for the review process.