

Community Development Department 874 Main Street, Antioch, IL 60002

APPLICATION FOR NEW SINGLE FAMILY & RESIDENTIAL RENOVATION PERMIT

Phone: (847) 395-1000 Fax: (847) 39	5-1920	Permit #_	
Property Address:		Subdivision:	
Lot #: PIN:		*Project Cost \$	
CHECK PERMIT TYPE	*For N	ew Construction 1% of Pro	ject Cost due at application
Addition Basement Remodel Building Demolition Building Remodel Cellular Antenna Deck Driveway Concrete or Asphalt	Fence Gazebo/F HVAC New Sing Patio Pool Roof	Height: Pergola Height: lle Family Construction Concrete or Pavers Above or Below Ground R&R or Overlay	
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	e:
Address:		E-Ma	il:
General Contractor			
Name:		Phone	e:
Address:		E-Ma	il:
Excavator-Provide ORIGINAL \$10,000 Surety Bond			
Name:		Phone	e:
Address:		E-Ma	il:
Plumber-Provide Copies of IL 055 and 058 Licenses	3		
Name:		Phone	e:
Address:		E-Ma	
Electrician-Provide Copy of IL Electrical License and ORIGINAL \$1 Million Certificate of Liability Insurance			
Name:		Phon	
		E-Ma	il:
Roofer-Provide Copy of IL License		- DI	
Name:		Phon-	
Other		E-Ma	III.
Name:		Phone	٥٠
Address:		r non	
Please note: All applications must include a scope of	work.	L-IVIG	
As property owner or agent for the owner, I hereby atest that all performed in accordance with the codes adopted by the Village that the proposed work is authorized by the owner and that I ha	information provided of Antioch and shall	be consistent with the Village approve	ed plans. As the property owner's agent, I hereby certify
Print Name of Applicant:		Phon	e:
Signature:		E-Ma	il:
OFFICE USE ONLY		Date	Issued: