

BUILDING PERMIT APPLICATION



HVAC Check project type(s):

- New Air Conditioning _____ # of units
- New Furnace _____ # of units
- Geo-Thermal Energy System _____
- Other: _____

Construction Value: \$ _____

Project Address: _____
Subdivision: _____
Lot #: _____ **PIN #:** _____

Residential Commercial
 Septic County Sewer Community Septic
 Private Well County/Community Water

Property Owner(s) Name(s): _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Cell /Alternate Phone #: _____
 E-mail address: _____

Same as Owner Building is currently vacant

Resident(s) Name(s): _____
 (for Commercial property, list Business Name and Business Owner's Name here)

Address: _____
 City, State, Zip: _____
 Phone #: _____
 Cell /Alternate Phone #: _____

Notes:

FOR OFFICE USE ONLY DATE STAMP

Fees list HOA?

Residential Commercial

App fee: 50.00

Plan Exam:

Res: per trade reviewed, 75/25
 _____ trades; \$75 + _____ = _____

Non-Res: per trade reviewed, 100/50
 _____ trades; \$100 + _____ = _____

Gen Permit:

Res Alts or Repair: # insp & sqft
 _____ # insp x \$110= _____
 + _____ x 0.60= _____
 (any sqft over 500) = _____

Res Alts or Repair (if non-calc sqft)
 _____ # insp x \$110= _____
OR \$20/\$1,000 value= _____

Com Alts or Repair:
 _____ # insp x \$145= _____
OR \$40/\$1,000 value= _____

Other _____

Engineering I _____
 Engineering II _____

Total Gen: _____
- Amt Paid Gen _____
Bal Gen: _____

Dep II _____
- Amt Paid Dep II _____
Bal Dep II: _____

Dep III _____
 Dep III _____
Total Dep III: _____

INITIALS & DATE

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 Long Grove 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.

Circle: **Owner** **Occupant**

_____ _____ _____ _____
 Property Owner's (or Owner's Agent's) Signature Printed Name Contractor Other

VILLAGE OF LONG GROVE BUILDING PERMIT APPLICATION CONTRACTOR LIST

FOR OFFICE USE ONLY
RFD
NAME
PROJECT

Please list all contractors for your proposed project.

General Contractor Company Name: _____	
Address: _____ City, State, Zip: _____	
Office Phone #: _____ Fax #: _____	
Contact Person Name: _____ Cell Phone #: _____	
Email Address: _____	

<input type="checkbox"/> <i>Check here if no architect on this project</i>	
Architect Name: _____	
Address: _____ City, State, Zip: _____	
Phone #: _____ Cell /Alternate Phone #: _____	

<input type="checkbox"/> <i>Check here if no electrical included in this project</i>	
Electrical Contractor Company Name: _____	
Address: _____ City, State, Zip: _____	
Office Phone #: _____ Fax #: _____	
Contact Person Name: _____ Cell Phone #: _____	

<input type="checkbox"/> <i>Check here if no HVAC included in this project</i>	
Mechanical /HVAC Contractor Company Name: _____	
Address: _____ City, State, Zip: _____	
Office Phone #: _____ Fax #: _____	
Contact Person Name: _____ Cell Phone #: _____	

<input type="checkbox"/> <i>Check here if no plumbing included in this project</i>	
Plumbing Contractor Company Name: _____	
Address: _____ City, State, Zip: _____	
Office Phone #: _____ Fax #: _____	
Contact Person Name: _____ Cell Phone #: _____	
Plumber's License #: _____ Expiration Date: _____	<i>Please include photocopy of lic. & Letter of Intent</i>

<input type="checkbox"/> <i>Check here if no roofing included in this project</i>	
Roofing Contractor Company Name: _____	
Address: _____ City, State, Zip: _____	
Office Phone #: _____ Fax #: _____	
Contact Person Name: _____ Cell Phone #: _____	
Illinois Roofing License #: _____ Expiration Date: _____	<i>Please include photocopy of lic.</i>

<input type="checkbox"/> <i>None</i>	
Other Contractor Company Name: _____	
This contractor is responsible for: _____	
Address: _____ City, State, Zip: _____	
Office Phone #: _____ Fax #: _____	
Contact Person Name: _____ Cell Phone #: _____	

Applicant's Checklist for Building Permit Application

The following items are required at the time of application submittal.
 Additional items may be requested upon plan review.
 Incomplete application packets will not be accepted.

New Furnace	New Air Conditioning Unit(s)	Geo-thermal Energy System	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Building permit application , completed and signed by property owner.
<input checked="" type="checkbox"/> \$50	<input checked="" type="checkbox"/> \$50	<input checked="" type="checkbox"/> \$50	Application fee , non-refundable (check payable to Village of Long Grove.) Actual permit fees are calculated upon plan review and payable at time of permit issuance. For a schedule of fees, refer to Village Building and Zoning Code, Title 12: Fees and Costs.
<input checked="" type="checkbox"/> \$1500	<input checked="" type="checkbox"/> \$1500	<input checked="" type="checkbox"/> \$1500	Security deposit , refundable (separate check.)
		<input checked="" type="checkbox"/> \$200	Engineering review fee , minimum (separate check.)
	<input checked="" type="checkbox"/> 2 sets	<input checked="" type="checkbox"/> 4 sets	Current plat of survey showing placement, layout and dimensions of proposed improvements and setback measurements to all property lines and other structures.
		<input checked="" type="checkbox"/>	Lot area calculations , including total impervious area, existing and proposed.
<input checked="" type="checkbox"/> 2 sets	<input checked="" type="checkbox"/> 2 sets	<input checked="" type="checkbox"/> 3 sets	Manufacturer's specifications.
		<input checked="" type="checkbox"/>	If septic/well: Need copy of LCHD review of existing sanitary septic system with layout and/or review of private water well. [All property alterations, additions, or new construction on properties with well and/or septic must have review by LCHD. Contact Lake County Central Permit Facility at 500 W. Winchester Rd., Libertyville, IL 60048, 847.377.2600.]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of contract or proposal , with detailed project description.



A separate Tree Removal Permit is required if any tree removal is proposed in conjunction with this project.



Call J.U.L.I.E. to locate underground utilities before you dig. Call 811 or 1-800-892-0123 or visit illinois1call.com to place an E-Request online.



Please contact your H.O.A. for compliance with subdivision covenants and restrictions.