

BUILDING PERMIT APPLICATION



Check project type(s):

- Re-Roof, Tear-Off
 - Principal Bldg Access. Bldgs, # _____
- Re-Roof, Re-Cover Existing Roof
 - Principal Bldg Access. Bldgs, # _____
- Siding or Stucco
- Windows /Doors (If changing opening size /dimensions /locations)
- Exterior Building Improvements or Repairs, Describe: _____

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:

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

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

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 #: _____	

Re-Roof (Re-Cover or Tear-Off)	Exterior Siding or Stucco	Windows or Doors (Any change from existing opening size, location or dimensions)	Exterior Building Repairs or Improvements	
<input checked="" type="checkbox"/>	<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	<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	<input checked="" type="checkbox"/> \$1500	Security deposit , refundable (separate check.)
	<input checked="" type="checkbox"/> 2 sets	<input checked="" type="checkbox"/> 2 sets	<input checked="" type="checkbox"/> 2 sets	Detailed construction drawings or elevation drawings, if applicable.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	List of materials .
<input checked="" type="checkbox"/>				Photocopy of State of Illinois roofer's license .
	<input checked="" type="checkbox"/>			If stucco : Photocopy of stucco applicator's certification.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of contract or proposal , with detailed project description.

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.



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.



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



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

RESIDENTIAL RE-ROOFING GENERAL REQUIREMENTS

BUILDING PERMIT: A building permit IS required for all roofing work in the Village of Long Grove.

LICENSE: A current State of Illinois Roofer's License is required for anyone doing roofing work in the Village of Long Grove; a photocopy of the license must be provided. Exception: A homeowner currently residing in the residence, may do his own roofing work on that residence without a license.

RE-COVERING: New roof covering shall NOT be installed on the existing roof with two or more applications of any type of roof covering.

New roof covering shall NOT be installed over wood shake, slate, clay, cement or asbestos-cement system.

New roof covering shall NOT be installed over an existing water-soaked or deteriorated roofing system.

One (1) required inspection: Final.

TEAR-OFF: The following items are required when the existing roof shingles are removed:

- Minimum 15-pound felt paper on roof
- Ice dam protection shall be installed from the edge of the roof to a point not less than 24" from inside the exterior wall line of the building
- Valley protection
- Drip edge at the roof edge or rake
- Attic ventilation should be checked for the correct number of vents (1:150)

Two (2) required inspections: Sheathing and Final.

UNDERLAYMENT & SHEATHING

FASTENERS: Fasteners for asphalt shingles shall be galvanized steel, stainless steel, aluminum or copper roofing nails, minimum 12-gage shank with a minimum 3/8". diameter head, of a length to penetrate through the roofing materials and a minimum of 3/4" into the roof sheathing. Where the roof sheathing is less than 3/4" thick, the fasteners shall penetrate through the sheathing.

ATTACHMENT: Asphalt shingles shall have the minimum number of fasteners required by the manufacturer. For normal application, asphalt shingles shall be secured to the roof with not less than four (4) fasteners per shingle strip.

ICE PROTECTION: In areas where the average daily temperature in January is 25° or less, an ice barrier must be installed; ice barrier shall consist of at least two (2) layers of underlayment cemented together or a self-adhering polymer modified bitumen sheet shall be used in lieu of normal underlayment and extend from the eave's edge to a point of at least 24" inside the exterior wall line of the building.

SHEATHING: All sheathing being replaced shall be plywood. (No OSB.)