# VILLAGE OF TOWER LAKES

## BUILDING PERMIT APPLICATION

| PERMIT NUMBER |
|---|
| |
| PERMIT ISSUE DATE |
| |

| PROJECT LOCATION | | |
|---|---|---|
| SUBDIVISION | | PROPERTY TAX ID # |
| PROPERTY OWNER | PROPERTY OWNER ADDRESS | PHONE |
| APPLICANT (IF DIFFERENT FROM OWNER) | APPLICANT ADDRESS | PHONE |

PLEASE CHECK ONE:

☐ New Construction ☐ Addition ☐ Alteration

| PROJECT DESCRIPTION (Please be as specific as possible) |
|---|
| |
| |
| |

| GENERAL CONTRACTOR | ADDRESS | PHONE | LICENSE # |
|---|---|---|---|
| ELECTRICIAN | ADDRESS | PHONE | LICENSE # |
| PLUMBER | ADDRESS | PHONE | LICENSE # |

| TOTAL SQ. FOOTAGE | STORIES | NUMBER OF BEDROOMS | NUMBER OF BATHROOMS | ESTIMATED COST OF PROJECT |
|---|---|---|---|---|
| | | | | $ |

**No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not, shall permit or relieve the applicant from constructing work in any other manner than that provided for in the ordinance of The Village of Tower Lakes relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.**

SIGNATURE OF APPLICANT DATE

| PERMIT EXPIRATION | PERMIT ISSUED BY MUNICIPAL AGENT: |
|---|---|
| Permit expires on: _____ | Name _____ |
| | Date _____ |

**FOR OFFICE USE ONLY**
**Fee Schedule**

Permit Fee $_____

Road/Comp. Bond $_____

Other $_____

Total Permit Fee $_____

Date Paid _____

Check # _____

Received by _____

**FOR INSPECTIONS CALL: 847-526-0488**

**VILLAGE OF TOWER LAKES**
**400 N. ROUTE 59**
**TOWER LAKES, IL 60010**
**PHONE: 847-526-0488 FAX: 847-526-0489 E-MAIL: towerlakes@core.com WEB SITE: www.villageoftowerlakes.com**