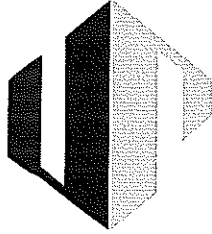


Date: _____

(Street Address of Property on which Improvements are to be made)



VILLAGE OF UNIVERSITY PARK
698 Burnham Drive
University Park, IL 60484-2788
(708) 534-6451
www.university-park-il.com

WILL/COOK COUNTY • MONEE /CRETE TOWNSHIP

Property Index No. _____ Present Address: _____

Owners Name: _____ Phone No: _____

APPLICATION FOR BUILDING PERMIT

OWNERS SIGNATURE / AUTHORIZED AGENT (MANDATORY)

Applicants Signature

As owner of the property, for which this permit is issued and as the applicant for this permit, I expressly agree to conform to all applicable ordinances, rules and regulations of the Village of University Park. Furthermore, I understand that no work may begin until such time that the plans as submitted have been approved and all contractors are licensed to work within the Village of University Park.

TYPE OF WORK: New Construction Alteration
Site Development Addition Repair Demolition

PROPOSED USE: Single Family Business Industrial
Public Multi-Family Condo Rental

DESCRIPTION OF WORK: _____

BUILDING: - RESIDENTIAL

Sq. Ft. of Floor Area _____ Height _____ Ft. No. of Bedrooms: _____ No. of Bathrooms: _____
Central Air Conditioning: Yes No Size: _____ Heating: Gas Electric
Water Service: Size: _____ Meter: _____ Sewer: _____ Electric Service: Existing Amps: _____ New Service: _____

CALL JULIE
1-800-892-0123
48 Hours (2 Working Days)
Before You Dig
24 Hrs./Day 7 Days/Week

BUILDING: - INDUSTRIAL/COMMERCIAL

Floor Area: _____ Square Feet: _____ Cubic Feet: _____ No. of Stories: _____

- | | |
|---------------------------------------------------|---------------------------------------------|
| 1. General Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 2. Excavating Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 3. Concrete Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 4. Sewer Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 5. Roofing Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 6. Electrical Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 7. Plumbing Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |
| 8. Mechanical Contractor: _____ Address: _____ | Telephone #: _____ U.P. License #: _____ |

Estimated Cost of Building complete, including all material and labor....
\$ _____

FEES

| | |
|-----------------------|-----------------|
| Building Permit Fee | \$ _____ |
| Fire Prevention Fee | \$ _____ |
| Police Facility Fee | \$ _____ |
| Electrical Permit Fee | \$ _____ |
| Plumbing Permit Fee | \$ _____ |
| Mechanical Fee | \$ _____ |
| Plan Review Fee | \$ _____ |
| Engineering Fee (Est) | \$ _____ |
| Other : _____ | \$ _____ |
| TOTAL: | \$ _____ |

PERMIT IS VALID FOR ONLY THE WORK INDICATED ABOVE. ANY CHANGES OR ALTERATIONS TO PLANS AS ORIGINALLY APPROVED MUST BE SUBMITTED IN WRITING. PERMIT IS VALID 1 YEAR FROM DATE OF ISSUE FOR NEW CONSTRUCTION AND 6 MONTHS FROM DATE OF ISSUE FOR EXISTING CONSTRUCTION.

DATE ISSUED: _____
PERMIT #: _____
APPROVED BY: _____