

# VILLAGE OF FLOSSMOOR

## PERMIT APPLICATION

\*PLEASE FILL OUT COMPLETELY\*

PROJECT ADDRESS: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

IS THIS JOB PART OF A LARGER PROJECT? YES / NO / UNDETERMINED

### TYPE OF WORK: (CIRCLE ALL THAT APPLY)

REMODEL NEW CONSTRUCTION ADDITION DEMOLITION  
ELECTRICAL PLUMBING ROOFING WINDOWS / DOORS  
CONCRETE / ASPHALT / PAVERS PERGOLA / GAZEBO / PORTICO  
FURNACE A/C FENCE DRAINAGE DECK OTHER

\* **BRIEF DESCRIPTION / SCOPE OF WORK:** (PLEASE INCLUDE MATERIALS OR CAN ATTACH SEPARATE SHEET OR CONTRACT)

\* **ESTIMATED COST OF BUILDING INCLUDING ALL MATERIALS AND LABOR:**

\$ \_\_\_\_\_

AS OWNER OF THE PROPERTY FOR WHICH THIS PERMIT IS ISSUED, I EXPRESSLY AGREE TO CONFORM TO ALL APPLICABLE ORDINANCES, RULES, AND REGULATIONS OF THE VILLAGE OF FLOSSMOOR.

\* **BUILDING OWNER SIGNATURE** \_\_\_\_\_

(SIGNATURE NOT REQUIRED IF ATTACHING A SIGNED COPY OF THE CONTRACT)

\* = **BASIC REQUIRED INFORMATION**

Return completed to [jfisher@flossmoor.org](mailto:jfisher@flossmoor.org)

◇ CHECK IF APPLICANT

\* PROPERTY OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_  
EMAIL \_\_\_\_\_  
HOMOWNERS ASSOCIATION APPROVAL (CIRCLE): ATTACHED / NA

◇ CHECK IF APPLICANT

\* CONTRACTOR / GENERAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_  
BOND (CIRCLE ONE): ATTACHED / ON FILE

◇ CHECK IF APPLICANT

ELECTRICAL CONTRACTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_  
BOND (CIRCLE ONE): ATTACHED / ON FILE  
MUNICIPAL LICENSE (CIRCLE ONE): ATTACHED / ON FILE

◇ CHECK IF APPLICANT

HVAC CONTRACTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_  
BOND (CIRCLE ONE): ATTACHED / ON FILE

◇ CHECK IF APPLICANT

PLUMBING CONTRACTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_  
CONTRACTOR REG (CIRCLE ONE): ATTACHED / ON FILE  
STATE LICENSE NO. (CIRCLE ONE): ATTACHED / ON FILE

◇ CHECK IF APPLICANT

ROOFING CONTRACTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_  
ROOFING LICENCE (CIRCLE ONE): ATTACHED / ON FILE