

## City of **BRAIDWOOD**

141 West Main Street, Braidwood, IL 60408 • PHONE (815) 458-2333 • FAX (815) 458-6074 • www.braidwood.us

## Building Permit Application

#### SUBMISSION CHECKLIST - Complete this application and attach the following:

- 1) Plat of survey draw project on plat and indicate dimensions/setbacks (if applicable).
- 2) Homeowner's Association written approval (if applicable).
- Plumber's Letter of Intent (signed & stamped with corporate seal or notarized) as required by IL Plumbing Act 094-0132 (if applicable).\*
- 2. Please allow a <u>minimum of one week</u> for processing. Applications are processed in the order in which they are received and undergo building & village code plan reviews. <u>Incomplete submissions will extend review time</u>.
- 3. Municipal regulations are on our website www.braidwood.us. When the review is complete, the applicant will be notified. Permit fees can be paid with cash, check made payable to the City of Braidwood or credit (additional service fee applies from payment processer).

#### **APPLICANT & OWNER INFORMATION**

Applicant Name:	Applicant Phone:
Property Owner Name:	Property Owner Phone:
Project Address: (where work is to be done)	Date Applied:
HOA:	Project Cost:
$\Box$ Yes $\Box$ No	

#### **DESCRIPTION OF WORK**

#### CONTRACTORS

Contractor Name(s):	Address	Phone	Email

#### I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF THE RECORD AND THAT I HAVE BEEN AUTOROIZED BY THE OWNER TO MAKE THIS APPLICATION AS IT'S AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF JURISDICTION.

SIGNATURE:\_\_\_

\_DATE:\_\_\_\_

Applicant is responsible to comply with Municipal Code and inspection requirements. Authorized Agent hereby certifies that the proposed work is authorized by the owner of record and has been authorized by the owner to make this application as their agent. Attach signed contract.

### **LIST ADDITIONAL NOTES BELOW:**

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 20/0/ 0		PLAN											

DRAW A DETAILED PLAN SHOW DIMENSIONS OF STRUCTURE INDICATE ALL EXISTING AND PROPOSED STRUCTURES SHOW DISTANCE FROM PROPERTY LINES AND EXISTING STRUCTURES CONTACT THE BUILDING DEPARTMENT IF YOUR DESIGN, MATERIALS OR CONTRACTORS CHANGE WORK MUST BE INITIATED WITHIN 6 MONTHS OF DATE OF ISSUED PERMIT AND COMPLETED WITHIN 12 MONTHS OF DATE OF ISSUED PERMIT. AN EXTENSION MAY BE APPLIED FOR Please allow up to 72 hours for inspections



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## Building Permit Application P.I.N. and Description

Name of Owner	-
Property Street Address	-
Property Identification Number (PIN):	_ <del>_</del>
Property Description:	