



**CITY OF DARIEN**

**APPLICATION FOR BUILDING/PUBLIC WORKS PERMIT**

1702 Plainfield Rd, Darien, IL 60561  
Phone: 630-353-8115  
Fax: 630-852-4709

**PERMIT #** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

***Property Information***

<b>Street Address</b>	<b>Apt #</b>	<b>Zip</b>	<b>Parcel #</b>
<b>Subdivision / Business Name</b>	<b>Lot #</b>	<b>Parcel Type:</b>	<b>Zoning:</b>

***Property Owner Information***

<b>Property Owner Name</b>			<b>Phone #</b>
<b>Address (if different)</b>			<b>Fax #</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Email:</b>

***Construction Information***

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<b>Description of Work</b>	<b>Construction Cost</b>
<input type="checkbox"/> Demolition <input type="checkbox"/> Other		\$

**Certification:**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I understand all permits expire one year from date of issue, and construction must begin within 6 months of issue.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Print Name**

### Contractors Information:

	Name and Address	Phone #	<i>Office use only</i> Lic. Current?
Architect			
General Contr.			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall			
Sprinkler			
Paving			
Other			

.....  
Office use only

**Building Department approvals and fees:**

Signature	Date Approved
Zoning/Flood Plain:	
Plan Review:	
Fire Dept:	
Health Dept:	

**Permit Fee:** \_\_\_\_\_ **Plan Review Fee:** \_\_\_\_\_ **Occupancy Fee:** \_\_\_\_\_

**Other Fee:** \_\_\_\_\_ **Bond:** \_\_\_\_\_

**TOTAL FEE:**

Date Issued:	Issued By:	<b><u>Bond Paid by:</u></b>
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*Office use only*

**Public Works Department fees:**

**Permit #** \_\_\_\_\_

**Address** \_\_\_\_\_

<b>FEES:</b>	<b>AMOUNT:</b>	
Surcharge/Recapture Fee		<b>DATE:</b>
Connection Charge		
Meter Fee		<b>TOTAL PAID:</b>
Inspection fee		
Bond* ___H/O ___ CONTR.		<b>CHECK#</b>
Other		

*\*All work in Public Right-Of-Way requires a cash bond. Private side only no bond required.*

Permit issued by:	Date:	Restoration approved by:	Date:
Construction Approved by:	Date:	Bond return ck #:	Date:
<b>Meter received by:</b>			Date:
Meter installation approved:		Meter serial #	
Remote reader location:		B-box location:	
Meter reading:		I.D. #	



*2015 City of Darien*