



VILLAGE OF HOMER GLEN

New Commercial Permit Application

Phone: 708-301-1301

Fax: 708-301-0417

(Please print legibly)

Applicant: (Business Owner)

Owner: _____ Phone #: _____ Fax #: _____

Address: _____

Owner's E-Mail: _____

Contractor:

Contractor: _____ Phone#: _____ Fax #: _____

Address: _____

Contractor's E-mail: _____

Engineer:

Engineer: _____ Phone #: _____ Fax #: _____

Address: _____

Engineer's E-mail: _____

Location of Proposed Construction:

Address: _____

PIN #: _____

Name of Business: _____ Type of Business: _____

Description of Work to Be Performed: Total # of Sq. Ft. of all floor area: _____

Type of sewage disposal: _____ Type of water supply: _____ Will there be an elevator: Yes or No

Total cost of construction (including labor): \$ _____

Requirements to be met for the Building Department: (if applicable)

- (4) copies of building or structural plans sealed by an IL Architect or Structural Engineer.
- All mechanical, electrical and plumbing plans sealed by an IL Architect or Professional Engineer.
- Letter of intent is required from the Plumbing & Electrical Company doing the work.
- A copy of the plumbing contractors 055-state plumbing license.
- Letter of approval from local Fire Protection District required.
- (1) Fire Sprinkler Plans, stamped by Engineer or Nicet-Level 3. ***send to Fire District**
- (1) Fire Alarm Drawing with calculations, stamped by Engineer or Architect. ***send to Fire District**
- A pre-permitting inspection may be required.
- A Health Department permit and inspection may be required.
- Permit Fee due at time of submittal (accepted: check, visa/mastercard, money order or debit card)

Please Read the Following Provisions:

1. I/we also agree that all work performed under said permit will be in accordance with the site plan(s) and building plan(s), State, Federal & Homer Glen regulations.
2. I/we understand that if the proposed structure or use violates the Zoning Ordinances of Homer Glen, the entire application will be returned to the applicant for further action to bring proposed structure into compliance with ordinance requirements.
3. I/we understand that if construction is not commenced within one hundred and eighty(180) days from issuance, or if construction is not completed and a final inspection for occupancy is not requested within one(1) year of issuance your permit is void. If structure is not completed within one year the original permit is void and must be renewed to continue work or request any further action.
4. I hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner to make this application as his/her authorized agent and that all contractors listed and/or owners doing their own construction are true and accurate.

NOTE: All building permits are pursuant to the Village of Homer Glen Building, Zoning and Stormwater Ordinances. Building, electrical, plumbing, fire and/or health inspections are required prior to issuance of the certificate of occupancy. **Separate permit is required for signage.**

The Building Permit Fee is non-refundable.

I hereby certify that I have read, understand, and agree to conform to all governing information and regulations set forth by the Village of Homer Glen.

Signature: _____

Date: _____

LIST OF CONTRACTORS
VILLAGE OF HOMER GLEN

Architect/Engineer: _____

Address: _____

Phone #: _____ Fax #: _____

General Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Carpentry Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Concrete Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Damproofing Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Eifs/Siding/Stucco Cont.: _____

Address: _____

Phone #: _____ Fax #: _____

Drywall Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Electrical Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Excavator Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

HVAC Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Insulator Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Masonry/Brick Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Plumbing Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Roofing Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Water Service Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Other Contractor: _____

Address: _____

Phone #: _____ Fax #: _____