



Community Development Department
874 Main Street, Antioch, IL 60002

APPLICATION FOR NEW SINGLE FAMILY & RESIDENTIAL RENOVATION PERMIT

Phone: (847) 395-1000

Fax: (847) 395-1920

Permit # _____

Property

Address: _____ Subdivision: _____

Lot #: _____ PIN: _____ *Project Cost \$ _____

CHECK PERMIT TYPE *For New Construction 1% of Project Cost due at application

- | | | |
|---|---|---|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence Height: | <input type="checkbox"/> Sewer/Water |
| <input type="checkbox"/> Basement Remodel | <input type="checkbox"/> Gazebo/Pergola Height: | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Building Demolition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Sidewalk/Stoop |
| <input type="checkbox"/> Building Remodel | <input type="checkbox"/> New Single Family Construction | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Cellular Antenna | <input type="checkbox"/> Patio Concrete or Pavers | <input type="checkbox"/> Spa/Hot Tub |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Pool Above or Below Ground | <input type="checkbox"/> Three Season Room |
| <input type="checkbox"/> Driveway Concrete or Asphalt | <input type="checkbox"/> Roof R&R or Overlay | <input type="checkbox"/> Other <i>(Specify Below)</i> |

NEW SINGLE FAMILY CONSTRUCTION

Stories: _____ Total Square Footage: _____ # of Bedrooms: _____ # of Bathrooms: _____
 # of Garage Stalls: _____ Deck? Y N Construction Type: _____ # of Fixtures: _____

Property Owner

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

General Contractor

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Excavator-Provide ORIGINAL \$10,000 Surety Bond

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Plumber-Provide Copies of IL 055 and 058 Licenses

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Electrician-Provide Copy of IL Electrical License and ORIGINAL \$1 Million Certificate of Liability Insurance

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Roofer-Provide Copy of IL License

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Other

Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Please note: All applications must include a scope of work.

As property owner or agent for the owner, I hereby attest that all information provided in support of the requested permit is true and accurate. I acknowledge that all work must be performed in accordance with the codes adopted by the Village of Antioch and shall be consistent with the Village approved plans. As the property owner's agent, I hereby certify that the proposed work is authorized by the owner and that I have been authorized by the owner to submit this permit application.

Print Name of Applicant: _____ Phone: _____

Signature: _____ E-Mail: _____

OFFICE USE ONLY

Date Issued: _____