



Village of Lombard

Building Division/Community Development Department
255 E. Wilson Avenue, Lombard, IL 60148
Tel: 630-620-5750 Fax: 630-629-2374
buildingdivision@villageoflombard.org

Application Is Hereby Made For Address: _____ Suite No/Apt. No. _____


Description of Work (Required) _____

_____ New Square Footage Being Added _____ Sq. Ft.

Total Cost of Project \$ _____ HVAC Cost \$ _____ Electric Cost \$ _____ Plumbing Cost \$ _____

If Commercial: Business Name _____ New Existing

	ADDRESS, CITY	PHONE	FOR OFFICE USE ONLY		
			Reg	Ins.	Lic.
Property Owner <i>(REQUIRED INFORMATION)</i> _____	_____	_____			X
Gen. Contractor _____	_____	_____			X
Designer _____	_____	_____	X	X	
Excavator _____	_____	_____			X
Carpenter _____	_____	_____			X
Plumber _____	_____	_____	X	X	
Sewer _____	_____	_____			X
Electrician _____	_____	_____			
Concrete _____	_____	_____			X
HVAC _____	_____	_____			X
Roofer _____	_____	_____		X	
Iron or Steel _____	_____	_____			X
Fire Prot. _____	_____	_____		X	
Fire Alarm _____	_____	_____	X	X	
Paving _____	_____	_____			X
Elevator/Lift _____	_____	_____		X	
Radon _____	_____	_____			
Masonry/Stucco _____	_____	_____			X

 _____ Applicant Is The Owner Of The Property (Skip to Line 3)

1) Applicant's Name (*please print*) _____

2) Address: _____ City: _____ State: _____ Zip: _____

3) Phone: _____ Ext: _____ E-mail Address _____

4) Applicant's Signature: _____

I HEREBY CERTIFY THE FOLLOWING:

- As applicant, if I am not the owner of the property in relation to which this application is being filed, I have obtained the permission of the owner of said property to file this application.
- All of the information contained herein is true and correct, and that all contractors and subcontractors to be engaged in any of the work for which this permit is issued shall comply with all pertinent local codes and ordinances.
- Applicant may be responsible for any outstanding fees due, even if permit is cancelled. Please see Village of Lombard Code Ordinances (Title 15 Section 150) for applicable permit refund and permit cancellation ordinances

OFFICE USE ONLY	Date Received _____	Date Called _____	Date Issued _____
	Permit No. _____	Waste Water Authority/District GWA <input type="checkbox"/> F.C. <input type="checkbox"/> H.H. <input type="checkbox"/> S.C. <input type="checkbox"/> D.G. <input type="checkbox"/>	