



Village of East Dundee
120 Barrington Ave.
East Dundee, IL 60118
Phone: (847) 426-2822 Fax: (847) 426-2956

BUILDING APPLICATION

Date: _____

Permit No: _____

Job Address: _____

Owners Name: _____

Owner Phone: _____

Owner Address: _____

City: _____

State: _____

Zip Code: _____

Parcel #: _____

Contractor Information

General:	
Address: _____	

Phone: _____	Fax: _____

Roofing:	
Address: _____	

License# _____	Exp. Date: _____
Phone: _____	Fax: _____

Electrical:	
Address: _____	

Phone: _____	Fax: _____
License# _____	Exp. Date: _____
Plumbing:	
Address: _____	

Phone: _____	Fax: _____
License# _____	Exp. Date: _____

Description of Work: _____

Current Use of Building: _____

Total value of Job \$ _____ SQ FT. _____

Total Permit Fee:\$ _____

Bldg. value: \$ _____ HVAC value: \$ _____ Plumbing value: \$ _____ Electrical value: \$ _____ Total \$ _____

In consideration of this application and attached forms being made a part thereof and the issuance of a permit, I will conform to the regulations set forth in the Village of East Dundee, Illinois, codes and ordinances.
I also agree that all work performed under said permit will be in accordance with the plans and specifications which accompany this application, except for such changes as may be authorized or required by the Building official or his designee.

Owner or Authorized Agent

Print Name

A permit for The Above is hereby approved.

Building Official

Received by _____ Check# _____ Cash _____ Date: _____ Charge # 421000