



Miscellaneous Building Permit Application

Permit Number: _____ Scanned

Project Address (House Number & Street) Subdivision

Property Owner Name Property Owner Phone Number

Property Owner Address (City, State, Zip)

Applicant/Primary Contact Applicant/Primary Contact Phone Number
(If different than Property Owner)

Applicant/Primary Contact Address (City, State, Zip)

Contractor Name, Address (City, State, Zip), & Phone Number *(if applicable)*

Check One: Residential Commercial Agricultural Industrial County: Will Grundy

Brief Description of Project: _____

Type of Improvement/Proposed Use:

- | | | |
|--------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Gutters | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Sign, Monument |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Interior, Remodel | <input type="checkbox"/> Sign, Balloon |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Lawn Sprinkler | <input type="checkbox"/> Sign, Temporary |
| <input type="checkbox"/> Electrical, Low Voltage | <input type="checkbox"/> Pergola | Dates _____ |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Pool (Is yard fenced? Yes/No) | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Garage, Attached | <input type="checkbox"/> Porch | <input type="checkbox"/> Other |
| <input type="checkbox"/> Garage, Detach | <input type="checkbox"/> Roof | |

**If you are on a septic system, you are required to provide from the Will County Health Department a sign off letter approving placement of an accessory structure being added and a copy of the septic layout. This will include but not limited to attached & detached garages, decks, pools, sheds, and patios. Will County Health Department - 815-727-8490. Grundy County Health Department - 815-941-3404. *To expedite approval, please provide a copy of your plat of survey.*

Existing (for additions, remodel, etc.)

Floor Area (Square Feet)

Garage

Other

Additional Proposed

Floor Area (Square Feet)

No. Bedrooms: _____

No. Bathrooms: _____

Total Number of Floors

Other

Cost of Improvement

Cost: \$ _____

Electrical: \$ _____

Plumbing: \$ _____

HVAC: \$ _____

Other: \$ _____

Total Cost of Improvements: \$ _____

**I hereby certify that the proposed work is authorized by the owner of record that that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Applicant Signature

Date

Staff Use Only

Date Approved

Approved By

