



Village of Carol Stream
 Community Development Department
 500 N. Gary Avenue, Carol Stream, Illinois 60188
 (630) 871-6230 CommunityDevelopment@carolstream.org

RESIDENTIAL PERMIT APPLICATION

(Information in this box to be completed by Village Staff)

Flood Plain

Permit # _____

Date Received _____ Date Issued _____ Permit Fee \$ _____ Bond \$ _____

(Please print clearly)

Project Address _____

Property Owner Occupant

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

**Construction
Valuation**
 (To include labor and
materials only):

\$ _____

Applicant Printed Name: _____ Phone: _____

Company: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Major Projects: See Fee Schedule A or B

<input type="checkbox"/> New Construction <small>(New residential construction data sheet required)</small>	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	Square Ft _____
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Indicate Design Disciplines in Project:

<input type="checkbox"/> Building	<input type="checkbox"/> Zoning	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Energy	<input type="checkbox"/> Site Work
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Miscellaneous Projects: See Fee Schedule C

<input type="checkbox"/> Deck	<input type="checkbox"/> Driveway	<input type="checkbox"/> Electrical Minor	<input type="checkbox"/> Fence Height _____	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached	<input type="checkbox"/> Gazebo/ Pergola
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Mechanical <input type="checkbox"/> A/C <input type="checkbox"/> Furnace	<input type="checkbox"/> Patio <input type="checkbox"/> With Foundation	<input type="checkbox"/> Pool	<input type="checkbox"/> Plumbing Minor	<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Shed	<input type="checkbox"/> Stoop/Stairs/ Sidewalk Over 4ft Wide	<input type="checkbox"/> Structural Modification	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Vehicle Charging Station	<input type="checkbox"/> Water Heater

Other (Describe in Detail):

I have reviewed and understand the Important Notices on the following page before signing this application (Initials required) _____

Applicant Signature: _____ **Date:** _____

(Do not write below this line)

By: _____ Zoning Official or Authorized Deputy	Date: _____	By: _____ Engineering Official or Authorized Deputy	Date: _____ <input type="checkbox"/> N/A
By: _____ Building Official or Authorized Deputy	Date: _____	By: _____ Stormwater Admin. or Authorized Deputy	Date: _____ <input type="checkbox"/> N/A

Important Notices:

- 1) Any permit issued as a result of this application will authorize only work applied for hereon. If other work is to be done, additional permits may be required.
- 2) The owner/applicant agrees to pay the cost incurred by the Village for review of plans and specifications for building permits by Village staff, the Village Attorney, and other outside consultants as may be required to fulfill the provisions of Village Ordinances.
- 3) This application must be signed by the property owner or duly authorized agent. Issuance of the permit herein applied for, for the approval of plans in connection therewith, shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Building or Zoning Ordinances or other applicable Ordinances of Village of Carol Stream, or to excuse the owner or successors in title from complying therewith. The owner or contractor shall call for all required inspections upon completion of the work.
- 4) I hereby certify that I am the owner of record or that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application and to schedule all necessary inspections as an agent, and that I agree to conform to all applicable codes, laws and ordinances of the Village of Carol Stream. (Initials required) _____
- 5) The Plat of Survey submitted with this application shows all proposed and existing structures (Initials required) _____

CONTRACTOR INFORMATION

Please Provide Company Name, Address, Phone Number, and Email address.

***Mark N/A if Not Applicable.**

***Mark TBD if Undetermined.**

Contractor Type	
General	
Carpenter	
Concrete	
Demolition **Affidavit required	
Sewer/Water	
Electrical **License required	
Plumber **State License required	
Roofer **State License required	
Other	
Other	