

FOR INSPECTIONS CALL (847)847-1631 <b>R Professional Group</b>	<b>VILLAGE OF GREEN OAKS</b> <b>BUILDING PERMIT APPLICATION</b>	PERMIT NO. _____ TAXKEY# _____
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<b>PROJECT LOCATION</b> (Building Address)	<div style="color: red; font-weight: bold; text-align: center;"> <b>ISSUANCE OF A PERMIT IS NOT          A WAIVER OF ANY APPLICABLE          COVENANTS, CONDITIONS OR          RESTRICTIONS OF RECORD</b> </div>
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<b>PROJECT DESCRIPTION</b>	Subdivision Name _____ Lot No. _____ Block No. _____ Sq. Ft. _____
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Owner's Name _____	Mailing Address _____	Phone & Email _____
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General Contractor (Lic. No.) _____	Mailing Address _____	Phone (Include Area Code) _____
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Carpenter (Lic. No.) _____	Mailing Address _____	Phone _____
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Plumber (Lic. No.) _____	Mailing Address _____	Phone _____
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Electrician (Lic. No.) _____	Mailing Address _____	Phone _____
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Heating (Lic. No.) _____	Mailing Address _____	Phone _____
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BUILDING or REMODELING: PERMIT(S) INCLUDE: <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion <input type="checkbox"/> Zoning
Types of Rooms: _____

<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> FENCE Length _____ Height _____ Type _____	<input type="checkbox"/> OTHER (specify) _____
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<input type="checkbox"/> SIGN	<input type="checkbox"/> Wall	<input type="checkbox"/> Ground	<input type="checkbox"/> Illuminated	<input type="checkbox"/> Non-Illuminated	Width _____ Length _____ Area _____	Lot Frontage _____	Ht Ab Ground _____
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No error or omission either the plans or application, whether said plans or application has been approved by the building inspector or shall not permit or relieve the applicant from construction the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

<b>SIGNATURE OF APPLICANT</b> _____ Print Name _____ Date _____	<b>5. PLUMBING</b> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Municipal <input type="checkbox"/> Permit No. _____
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<b>1a. PROJECT</b> <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Other _____	<b>2. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<b>3. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated-Wood <input type="checkbox"/> Other _____	<b>4. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Boiler <input type="checkbox"/> Other _____
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<b>1b. GARAGE</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	<b>7. ENERGY SOURCE</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fuel</td> <td style="width:33%;">Space Htg.</td> <td style="width:33%;">Water Htg.</td> </tr> <tr> <td>Nat. Gas <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Fuel	Space Htg.	Water Htg.	Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____	_____	<b>8. NUMBER OF BATHS</b> _____	<b>10. AREA <small>Office Use Only</small></b> _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. <b>TOTAL</b> _____
Fuel	Space Htg.	Water Htg.													
Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Other _____	_____	_____													

<b>FEES:</b> Building _____ Electric _____ Plumbing _____ HVAC/Mech. _____ Other: _____ Sub-total _____ Administration _____ Bond _____ Engineering _____ <b>Total: \$</b> _____	<b>RECEIPT:</b> Check # _____ Amount _____ Date _____ From _____ Rec. By _____	<b>PERMIT EXPIRATION:</b> Permit expires <b>one year from          date issued          unless          otherwise noted          below.</b>	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> Name _____ Date _____ _____ Signature
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**CONDITIONS OF APPROVAL** This permit is issues pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

<b>6. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	<b>11. ESTIMATED COST</b> \$ _____
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