



VILLAGE OF NILES

1000 Civic Center Drive, Niles, IL 60714
 Phone:(847) 588-8040 Fax:(847) 588-8050



Permit Application

Application #: _____

Cost of Construction: _____

Project Address: _____

PIN #: _____ - _____ - _____ - _____

Property Owner: _____ Phone # _____

Address: _____

City: _____

Type of Work: _____

Residential

Commercial

	Contractors Business Name	Address, City, State, Zip	Phone Number	
Architect				
General Contractor				<input checked="" type="checkbox"/>
Carpenter				<input checked="" type="checkbox"/>
Electrician	SEE LICENSING	REQUIREMENTS BELOW		<input checked="" type="checkbox"/>
Plumber	SEE LICENSING	REQUIREMENTS BELOW		
Mechanical				<input checked="" type="checkbox"/>
Steel				
Brick				<input checked="" type="checkbox"/>
Excavator				
Concrete				<input checked="" type="checkbox"/>
Fire Protection	SEE LICENSING	REQUIREMENTS BELOW		
Water				<input checked="" type="checkbox"/>
Sewer				<input checked="" type="checkbox"/>
Roof	SEE LICENSING	REQUIREMENTS BELOW		
Elevator				
Data/Comm.	SEE LICENSING	REQUIREMENTS BELOW		
EIFS				<input checked="" type="checkbox"/>
Fire/Burglar Alarm	SEE LICENSING	REQUIREMENTS BELOW		
Other				

BOND REQUIREMENT: \$25,000 SURETY BOND

Homeowners acting as General Contractor must submit permit bond for any value of construction over \$25,000

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all the applicable laws of this jurisdiction. No error or omissions in either the plans or the application, whether said plans have been approved by the building administrator or not shall permit or relieve the applicant from constructing the work in any manner than that provided for in the ordinance in this village relating thereto. The applicant having read this application and fully understanding the intent declares that the statements made are true to the best of his/her knowledge or belief.

Signature of Owner or Authorized Agent

Permit Authorized by: _____

Print Name _____

Date _____

Date _____

DETAILED CONTRACTOR INFORMATION REQUIRED:

Supervising Electrician	Registration #(copy of registration required)	Jurisdiction

Plumbing Contractor	State Contractors License #(copy of license required)

Roofing Contractor	State Contractors License #(copy of license required)

Alarm Contractor	State Contractors License #(copy of license required)

Sprinkler Contractor	State Contractors License #(copy of license required)

ELECTRICAL DETAILS

Lighting Voltage	277V	2 wire	3 wire	4 wire
15 amp Circuits				
20 amp Circuits				
30 amp Circuits				
50 amp Circuits				
Outlets on existing circuits				

PLUMBING DETAILS

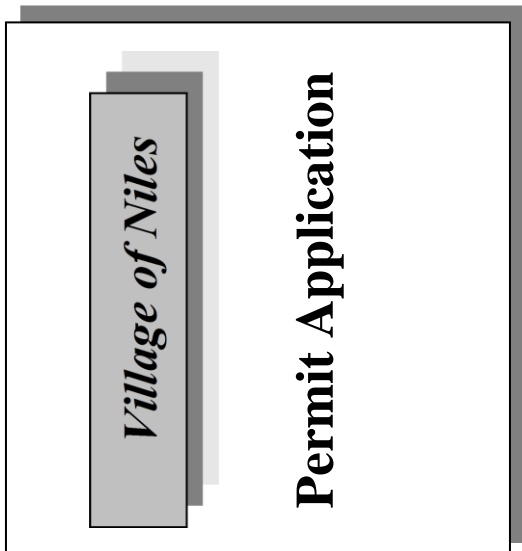
Plumbing Fixture	
Floor Drains	
Water Meter Size	
Tap Size	
Underground sewer (ft)	

MECHANICAL DETAILS

Gas Fixtures	
Roof Top Units	
Kitchen Hoods	
Exhaust Fans	

ELEVATOR DETAILS

	Quantity
Elevator(s)	



Community Development
 1000 Civic Center Drive
 Niles, Illinois 60714



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