



City of Countryside
Community Development Department

803 Joliet Road 708-354-1860

Permit # _____

Email application & supporting documents to:
building@countryside-il.org

General Permit Application

Date: _____ Single Family Multi-Family (Units____) Commercial/Industrial/Office

Property Owner Name & Address: _____

Property Owner Phone & Email: _____

Countryside Project Address: _____, Countryside IL 60525

Describe Work Being Done: _____

Total Cost of Work \$ _____ Square Feet (if Applicable): _____

Fence: Height: _____, Style: _____, Material: _____, Color: _____

Window(s): # of Windows _____, UFactor: _____, Enlarging/Reducing Size, Garden / Bay / Bow

Residential: The Illinois Attorney General has information regarding contract tips, basic terms to be included in a contract, avoiding home repair fraud and much more. We strongly suggest you read their information before signing a contract. <https://www.illinoisattorneygeneral.gov/consumer-protection/home-repair/>

Refer to City Code Title **8-1-1: ADOPTION OF CODES** for current code versions

Permits are valid for one year; work must commence within six (6) months. Should the permitted work not be completed within one (1) year, the applicant must request in writing/email a permit extension within fifteen (15) days of the permit expiration.

I hereby certify that I have the legal authority to make this application, and all information provided in this application and any other information provided by me in support of this application is true, complete and accurate to the best of my knowledge. I have read, do understand, and shall comply with all applicable terms and conditions required for this application. I understand that I am responsible for all plan review and engineering fees, and I am also responsible to schedule all required inspections. I further understand that I am legally responsible for correcting any deficiencies and/or violations should the inspection not be approved and for any damage that may incur to this property or adjacent property due to this work.

Printed Name: _____ Signature: _____

Phone: _____ Email: _____

I am the owner, Agent for owner, Contractor – Company _____

OFFICE USE: Engineering Approval Required, Bond Req \$ _____, TOTAL FEES: _____

Approved by Zoning Official _____ Date _____

Approved by Building Official _____ Date _____

Job Address:			OFFICE USE		
P _____ - _____	BUSINESS NAME ADDRESS	PHONE EMAIL	COI/INS	BOND	LICENSE
			EXPIRATION		
Architect					
General Contractor					
Electrician					
Plumber					055-09/30/
Water/Sewer					
HVAC/Mech					
Excavator/Demo					
Carpentry & Decks					
Concrete					
Asphalt					
Steel/Structural					
Masonry					
Windows/Doors					
Siding					
Fence					
Landscaping (Hardscapes)					
Flooring					
Roofing					104.12/31/
Elevator					
Fire Alarm/ Alarm					127.E
Fire Sprinkler					FSC E
Irrigation/Lawn					060-E

