Phone # _____

BUILDING DEPARTMENT, FOX RIVER GROVE
APPLICATION FOR BUILDING PERMIT

Bldg. Dept. _____
Twp. Assessor _____
Applicant _____

Owner's Name _____ Construction Address _____
Lot ____ Blk _____ Subd. _____ Township: Cuba Twp / Algonquin Twp. Cost of Construction _____

TYPE OF BUILDING: Single Family ☐ Two Family ☐ Multi-Family ☐ Office ☐

Commercial ☐ Industrial ☐ Misc. _____

BUILDING: New ☐ Addition ☐ Alteration ☐ Repair ☐ Total Sq. Ft. _____

GARAGE: Attached ☐ Detached ☐ Acc. Bldg. ☐ Total Sq. Ft. _____

Rooms _____ Bathrooms _____ Bsmt. ☐ Crawl ☐ Slab ☐ Stories _____ Hgt. _____ Width _____ Length _____

BASIC $	ADDITION $	Total $	BASIC $	ADDITION $	Total $
New Const. Bldg. $	Add. Sq. Ft. @ $		Heating: $	Add. BTU @ $	
Add. To Bldg. $	Add. Sq. Ft. @ $		Air Conditioning: $	Add BTU @ $	
Accessory Bldg.: $	Add. Sq. Ft. @ $		Water Tap: Size:		
Att. Garages under 12' $	Over 12': $		Water Meter: Size:		
Alteration, Remodeling, Repair: $			Sewer Connection: Type		
Electric. Basic: $			Water Connection: Type		
Circuits: $	Add. Circuits: $		Construction Water		
Outlets: $	Add. Outlets: $		St. Break: Width:	Length:	
Motors: $	Add. Motors: $		Curb or Sidewalk Break: Width:	Length:	
Service: $	Add. Service: $		Driveway: Width:	Length:	
Elec. Sign: $	Elec. Heat: $		Parking Lot: Sq. Ft.		
Plumbing: Basic: $			Fence: Basic $	Add. Lin. Ft. @ $	
Fixtures: $	Gas Opng: $		Swim Pool: Basic $	Add. Cu. Ft. @ $	
Sprinklers: $	Sewer: $		Demolish Bldg.:	Bond $:	
Fl. Drains: $	Water: $		Move Bldg.: Type:	Bond $	
Sewer – Water Line Insp, Fee: $			Basement Sq. Ft.:		
Plan Review:			Crawl Sq. Ft.:		
Misc.			**TOTAL OF COLUMNS 1 & 2**		
DESCRIBE IMPROVEMENTS:					

In consideration of this application and attached forms being made a part thereof and the issuance of permit, I will conform to the regulations set forth in the Fox River Grove Codes and Ordinances.

I also agree that all work performed under said permit will be in accordance with the plans, specifications and plot diagram which accompanies this application, except for such changes as may be authorized or required by the Building and Zoning Department.

I will submit this work to the required inspections and prohibit the occupancy of any space until a Certificate of Compliance and Occupancy has been obtained from the Building and Zoning Department.

_____ Owner or Authorized Agent

_____ General Contractor

This permit is granted upon express condition that _____ agrees to comply with the rules and regulations established by the Building and Zoning Ordinances of Fox River Grove; that said improvements shall be located in accordance with the above description. This permit covers construction described hereon only.

Permit Fee $ _____ Date _____ Permit No. _____

Inspections required before any work is covered up.

_____
Building and Zoning Department

ONLY THE HIGHLIGHTED AREAS NEED TO BE FILLED OUT
Call (847) 639-3170, 24 hours prior to inspection.
PERMIT NUMBER AND ADDRESS are required when requesting inspection.