

APPLICATION FOR BUILDING PERMIT

SUBMIT TO: JAMES ANDERSON COMPANY
 920 WEST NORTH SHORE DRIVE, LAKE BLUFF, IL 60044
 PHONE (847) 295-3322



Project Site Address (Include Township)		PIN Number	Cost of Construction
Work Description			
Please provide email address for more efficient communication.		Check all that apply	
		<input type="checkbox"/> Accessory Building	<input type="checkbox"/> New Construction
		<input type="checkbox"/> Addition	<input type="checkbox"/> Permit Renewal
		<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing
		<input type="checkbox"/> Building	<input type="checkbox"/> Pool
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Potable Well
		<input type="checkbox"/> Deck/Patio	<input type="checkbox"/> Septic/Sewer
		<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign
		<input type="checkbox"/> Electric	<input type="checkbox"/> Single Family Residence
		<input type="checkbox"/> Fence	<input type="checkbox"/> Tenant Buildout
		<input type="checkbox"/> Garage	<input type="checkbox"/> Other
<input type="checkbox"/> HVAC			
<input type="checkbox"/> Industrial			
Name	Street Address City Zip		Contact Information
Property Owner/Permittee			Phone
			Email
Occupant (if other than Owner)			Phone
			Email
General Contractor			Phone
			Email
Roofing Contractor			Phone
			Email
Plumbing Contractor			Phone
			Email
HVAC Contractor			Phone
			Email
Electrical Contractor			Phone
			Email
Owner's Representative Legal Statement			
All information provided herein is true and correct and all provisions of the ordinances of the Village of Mettawa shall be complied with. I hereby certify that the proposed work is authorized by the owner on record and that I have been authorized by the owner to submit this application as his/her agent.			
Print Name of Applicant:			
Signature of Applicant:			
Date:			
Approved by:		Approval date:	
Village Permit No:		Cost of Permit:	