VILLAGE OF BENSENVILLE

NON-RESIDENTIAL PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.3449
12 S. CENTER STREET
BENSENVILLE, IL 60106

PERMIT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SITE ADDRESS | UNIT NUMBER | ZONING DISTRICT

DESCRIPTION OF WORK 1 | P.I.N. (Parcel Identification Number)

DESCRIPTION OF WORK 2 | ESTIMATED COST

CONTRACTOR INFORMATION

GENERAL CONTRACTOR | Email Address | Day Time Phone

Address | City, State, & ZIP Code

LICENSED PLUMBING CONTRACTOR | Email Address | Day Time Phone

Address | City, State, & ZIP Code

LICENSED ELECTRICAL CONTRACTOR | Email Address | Day Time Phone

Address | City, State, & ZIP Code

LICENSED ROOFING CONTRACTOR | Email Address | Day Time Phone

Address | City, State, & ZIP Code

OWNER & APPLICANT INFORMATION

No error or omission in either the plans or application shall relieve the applicant in having the work completed in any other manner than that which is in compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois. All work shall be completed, inspected, and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The Applicant shall be responsible for all fees associated with the instant permit, including but not limited to cancellation fees, plan review fees, and reinspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

Applicant's Name (Print) | Applicant's Signature | Date

Address | City, State, & ZIP Code | Day Time Phone

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is the applicant's responsibility.

I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances for this permit.

Applicant's Email Address

Property Owner's Name (Print) | Property Owner's Signature | Date

Address | City, State, & ZIP Code | Day Time Phone

Stormwater Permit Required? ☐ Yes ☐ No

APPLICATION NUMBER _____

BUILDING INFORMATION (PLEASE check all that apply)

☐ New Construction ☐ Addition ☐ Alteration ☐ Accessory

INTENDED USE:

☐ Assembly / Restaurant ☐ Institutional / Medical ☐ Factory / Industrial

☐ Mercantile / Retail ☐ Storage / Warehouse ☐ Business / Office

☐ Other _____

☐ Single Tenant Building ☐ Multiple Tenant Building [# of Tenants _____]

Existing Fire Alarm? ☐ Yes ☐ No

Existing Sprinkler System? ☐ Yes ☐ No

Full Building Coverage? ☐ Yes ☐ No [% of coverage _____]

Name of Business on Site _____

Description of Operations _____

Existing Sq.Ft._____ New Sq.Ft._____ Total Sq.Ft._____

OFFICE USE ONLY

FEES:

ESCROW *	$ _____.00
APPLICATION	$ _____.00
PLAN REVIEW	$ _____.00
INSPECTIONS (___ X $45)	$ _____.00
WATER CONNECTION	$ _____.00
WATER METER	$ _____.00
SEWER CONNECTION	$ _____.00
FIRE METER	$ _____.00
OTHER	$ _____.00
TOTAL PERMIT FEE	$ _____.00

MILESTONE DATES:

Applied on: _____

Approved on: _____

Issued on: _____

Expires on: _____

Approved by: _____

*All failed inspections will be charged against the escrow at the standard inspection rates. After final approvals and occupancy have been issued, the remaining escrow will be refunded to the payee via first class mail. In the event the cost of failed inspections exceeds the escrow amount, no further inspections will be completed until an additional escrow has been received.