

# Village of Vernon Hills

## General Residential Permit

APP # \_\_\_\_\_

PERMIT # \_\_\_\_\_



<b>Homeowner's Name</b>			
Address-City-Zip			
Phone Number/Email			
<b>Permit Type</b> 7-10 business day review * Over the Counter Immediate Release	<input type="checkbox"/> Deck/Pergola <input type="checkbox"/> Driveway <input type="checkbox"/> Electric/Plumbing <input type="checkbox"/> Fence <input type="checkbox"/> Furnace/AC (HVAC)* <input type="checkbox"/> Fire Systems <input type="checkbox"/> Patio <input type="checkbox"/> Remodel <input type="checkbox"/> Roof* <input type="checkbox"/> Sewer repair* <input type="checkbox"/> Shed <input type="checkbox"/> Sidewalk <input type="checkbox"/> Siding/Soffit* <input type="checkbox"/> Solar <input type="checkbox"/> Water Heater* <input type="checkbox"/> Walkway <input type="checkbox"/> Win Well <input type="checkbox"/> Valves* <input type="checkbox"/> Other: _____		
Brief description of work being performed			
Value/Cost of Job	\$ _____	Over \$100,000 – Certificate of Insurance Required	
Materials used			
Measurements		CALL 811 JULIE IF DIGGING #	
<b>HOA Approval</b>		Approval letter or signature, if applicable	
<b>APPLICANT</b>		Proposal copy-homeowner's signature/amount must be included	
Address-City-Zip			
Phone Number/Email (Print)			
<b>BOND PAYER</b>			

VVH does **not** register contractors - License copies must accompany the application for electrician, plumber, and roofer.

Contractors	Name/Company, Address, Zip, Phone	License #	Expire Date
*Electrician			
*Plumber		055-                      058-	
*Roof			
Gen Contr			
Carpenter/ Drywall			
Concrete			
Fence			
HVAC			
Sewer			
Other:			

**APPLICANT REQUIRED SIGNATURE** - I hereby certify that the owner of record authorizes the proposed work, and that I have been authorized by the owner to make this application. Furthermore, I have read and examined this application and checklist. All provisions of laws and ordinances governing this work will be compiled with, whether specified herein or not.

Printed Name/Business \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature \_\_\_\_\_

Permits expire ~ 1 year from release date

Date: \_\_\_\_\_

<b>VVH RECEIVING OPTIONS - 290 Evergreen, Vernon Hills 60061</b>	<b>FEES</b>	
• M-F: 830a-430p for permits	Plan Review Fee	\$ _____
• Regular Mail/Drop in Parcel Basket	Permit Fee	\$ _____
• Front Desk Service – Social Distance/Mask Covering	Refundable Bond	\$ _____
• After 5pm – Outside silver tower drop box	TOTAL	\$ _____