

# VILLAGE OF BRIDGEVIEW

7500 S. Oketo Avenue • Bridgeview, IL 60455

Phone: 708-594-2525 • Fax: 708-924-8095

## BUILDING DEPARTMENT

### APPLICATION FOR BUILDING AND ZONING PERMIT

11/07

Building Address		Date Application Received	Date Permit Issued:	Permit Number:
		PIN Number:		Estimated Valuation:
<b>Owner Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:
<b>General Contractor Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:
<b>Plumbing Contractor Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:
<b>Electrical Contractor Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:
<b>HVAC Contractor Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:
<b>Other Contractor Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:
<b>Other Contractor Name:</b>		Phone:		Cell Phone:
Mailing Address:		City:	State:	Zipcode:

CLASS OF WORK		FEES		I hereby acknowledge that I am the owner of the above described property and that I have read this application. I further agree to comply with all Ordinances and State of Illinois Laws governing building construction.  Owner:  Approved By:
New	Demolish	Building Permit	Building Insp.	
Alteration	Repair	Electric Insp.	Plumbing Insp.	
Addition	Move	Heating Insp.	Air Cond. Insp.	
Use of Building		Elevator Insp.	Sprinkler Insp.	
Size of Building				
<b>See Reverse Side For Scope of Work and Comments</b>				

