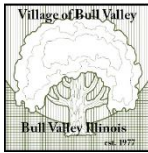


Village Hall
 1904 Cherry Valley Rd.
 Bull Valley, IL 60098
 815-459-4833



VILLAGE OF BULL VALLEY BUILDING PERMIT

PERMIT NO. _____

TREE IMPACT

PIPELINE

Project Address: _____

Project Description: _____

Subdivision: _____

Applicant Email: _____

Owners Name: _____

Address: _____

Phone: _____

Contractor: _____

Address: _____

Phone: _____

Building Permit Type

- Building Electrical Plumbing HVAC Windows Siding Re-Roof Fence
 Solar Garage Driveway Accessory Structure (type/size) _____

Project Type

- New Addition Repair Demolition Alteration (type) _____

Contractor Identification:

Carpenter: _____

Electrician: _____

Plumber: _____

HVAC: _____

Plumbing
 Municipal Septic

Water
 Municipal Well

Number of Bedrooms _____

Number of Baths _____

Estimated Cost _____

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner that provided for in the Ordinances of Wonder Lake relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

CONDITIONS OF APPROVAL This permit is issued pursuant to the adopted building and zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Building Official _____ **Permit Issued on** _____
 Permit expires one year from the date issued unless otherwise noted here.

Building:
 Footing Foundation Rough Backfill Insulation
 Inspection Required Pre-pour Concrete Final

Plumbing:
 Rough Underfloor Underground OS Sewer Water Final

Electric:
 Rough Service Underground Final

HVAC:
 Rough Final

FEES Project Square Footage _____

Building Fee _____ Sub Total _____

Electric Fee _____ Admin Fee _____

Plumbing Fee _____ Bond _____

HVAC Fee _____ Other _____

Other _____ Total _____

RECEIPT

CK# _____ Cash

Amount _____

Date _____

From _____

Received by _____