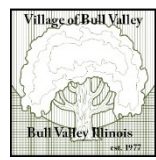


Village Hall
 1904 Cherry Valley Rd.
 Bull Valley, IL 60098
 815-459-4833



VILLAGE OF BULL VALLEY BUILDING PERMIT

PERMIT NO. _____
 TREE IMPACT
 PIPELINE

Project Address: _____

Project Description: _____

Subdivision: _____

Applicant Email: _____

Owners Name: _____ **Address:** _____

**P
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Contractor: _____ **Address:** _____

**P
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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 The Village of Bull Valley 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.

<p>Building: <input type="checkbox"/>Footing <input type="checkbox"/>Foundation <input type="checkbox"/>Rough <input type="checkbox"/>Backfill <input type="checkbox"/>Insulation <input type="checkbox"/>Inspection Required Pre-pour Concrete <input type="checkbox"/>Final</p> <p>Plumbing: <input type="checkbox"/>Rough <input type="checkbox"/>Underfloor <input type="checkbox"/>Underground <input type="checkbox"/>OS Sewer <input type="checkbox"/>Water <input type="checkbox"/>Final</p>	<p>Electric: <input type="checkbox"/>Rough <input type="checkbox"/>Service <input type="checkbox"/>Underground <input type="checkbox"/>Final</p> <p>HVAC: <input type="checkbox"/>Rough <input type="checkbox"/>Final</p>
<p>FEES P r o j e c t S q u a r e F o o t a g e</p> <p>_____ Building Fee _</p> <p>_____ S u b T o t a l</p> <p>_____ Electric Fee _</p> <p>_____ A d m i n F e e</p> <p>_____ Plumbing Fee</p> <p>_____ Bond _</p> <p>_____ HVAC Fee _</p> <p>_____ Other _</p> <p>_____</p> <p>Other _____ Total _____</p>	<p>RECEIPT</p> <p>CK# _____ <input type="checkbox"/> Cash</p> <p>Amount _____</p> <p>Date _____</p> <p>From _____</p> <p>Received by _____</p>