



Building Department
815-741-5106
Fax 815-741-5116

1610 Plainfield Rd.
Crest Hill, IL 60403
www.cityofcresthill.com

COMMERCIAL PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit number _____

Please print in black or blue ink

Property owner

Name: _____

Street address: _____

City, St., Zip: _____

Phone: _____

Email: _____

Contact if different from owner

Name: _____

Street address: _____

City, St., Zip: _____

Phone: _____

Email: _____

Location of proposed construction

Street address: _____

Type of business: _____

If new building construction:

PIN (Property Identification Number): _____

Lot number: _____

Size in acres: _____

Type of Construction

Briefly describe proposed work: _____

Cost of construction: _____

Will work enter upon City property including easement, right of way, and the like which may contain a City water and/or sewer line? () Yes () No

If “yes” an excavation bond of \$1,000.00 or cash deposit of \$500.00 must be provided to the City Clerk’s office before the permit will be issued. You must provide your receipt to the Building Department to make a copy for the file.

Required Documents

If new building, addition, or buildout of existing building: Three copies of stamped architectural or engineering drawings, including site plan if new building or addition.

If exterior work: One copy of the plat of survey with dimensions of proposed work and distances from property lines marked.

For all permits: A complete scope of work is required. A letter of intent from the electrician is required. A letter of intent from the plumber is required.

List of contractors

All contractors and subcontractors working on the job must be registered with the City before the permit will be issued. If after the permit is issued contractor(s) are changed, the Building Department must be notified **in writing** and the **contractor(s) must be registered with the City.**

General Contractor: _____

Carpenter: _____

Concrete: _____

Electrical: _____

Elevator: _____

Excavator: _____

Fire Alarm: _____

Fire Sprinkler: _____

HVAC: _____

Masonry: _____

Plumbing: _____

Roofing: _____

Sewer/Water: _____

Siding: _____

Sign: _____

Other: _____

Please read the following provisions and sign below

Building department fees are non-refundable and are payable by cash, check, or money order.

All work must be inspected. A failed inspection will result in a \$100 re-inspection fee payable by cash, check, or money order. Payment must be made before a re-inspection can be scheduled.

The Building Department must be notified **in writing** if any changes to plans are proposed. **All work must stop until said changes are approved.**

No storm, sub-surface or surface water is to be emptied into the sanitary sewer or an adjacent property.

I/We agree that all work performed under said permit will be in accordance with the plan(s) and plat(s) which accompany this application.

I/We understand that if the proposed structure or use violates the Zoning Ordinances of Crest Hill, the permit will not be issued, and the applicant will need to complete further action to bring the proposed work into compliance with ordinance requirements.

I/We understand that if all requirements for permitting is not completed within 90 days from the date of application, the application is void.

I/We understand that if the permit is not paid for within one month from the date of issue, the permit will be void. If work under a paid permit is not begun within six months from the date of issue, the permit will be void. Expired permits may be extended up to one year from the original expiration date.

I/We hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner to make this application as their authorized agent and that all contractors listed and/or owners doing their own construction are true and accurate.

I/We understand that it is my/our responsibility to contact the appropriate fire department for fire alarm and fire sprinkler inspections.

I/We understand that it is my/our responsibility to contact the appropriate highway authority and the Will County Health Department if necessary.

Signature: _____

Print Name: _____ Date: _____

For office use only

Approved by: _____

Date: _____



Public Works
815-723-8671
Fax 815-723-0081

2090 Oakland Av.
Crest Hill, IL 60403
www.cityofcresthill.com

WATER/WASTEWATER FLOW APPLICATION

FOR OFFICE USE ONLY: Permit number _____

Please print in black or blue ink

Property owner

Name: _____

Street address: _____

City, St., Zip: _____

Phone: _____

Email: _____

Contact if different from owner

Name: _____

Street address: _____

City, St., Zip: _____

Phone: _____

Email: _____

Location of proposed construction

Street address: _____

Type of business: _____

If new building construction:

PIN (Property Identification Number): _____

Lot number: _____

Size in acres: _____

Type of Construction

Briefly describe proposed work: _____

Type of business: _____

Intended use of proposed structure: _____

Dimensions of proposed structure: _____

Water/Wastewater Flow Data

If new construction:

Estimated water usage: _____

Population equivalent: _____

Estimated wastewater flow generated: _____

Population equivalent: _____

If expansion or buildout:

Current water usage: _____

Population equivalent: _____

Current wastewater flow generated: _____

Population equivalent: _____

Proposed wastewater flow generated: _____

Population equivalent: _____

Please read the following provisions and sign below

I/We agree that the flow numbers given to the City conform with 35 Ill. Adm. Code 370 Appendix B, Table 2, and all supplemental documentation has been provided.

I/We understand that the proposed flows have been compiled by a Professional Engineer registered in the State of Illinois.

Owner

Signature: _____

Print Name: _____ Date: _____

Professional Engineer

Signature: _____

Print Name: _____ Date: _____
