VILLAGE OF GOLF—BUILDING PERMIT APPLICATION	
PROPERTY LOCATION	, GOLF, ILLINOIS FILE #:
PROPERTY REAL ESTATE TAX I.D. (P.I.N) #	
OWNER	
ADDRESS (IF DIFFERENT FROM LOCATION)	
CITY, STATE, ZIP	
TEL #:	E-MAIL:
	DESCIRPTION OF WORK:
ARCHITECT	
ADDRESS	
CITY ST ZIP	
PH# EMAIL	TOTAL COST
GEN. CONTRACTOR	CLASS OF USE DISTRICT
ADDRESS	
CITY ST ZIP	I hereby certify that the statements in this application are true and correct to
PH# EMAIL	proposed permit will conform to the Building Code of the Village of Golf, Illinois.
ELECTRICIANLIC#	
ADDRESS	OWNER:DATE: IMPORTANT—PLEASE READ
CITY ST ZIP	
PH# EMAIL	hereunder shall expire one-year from the issuance date, and that any perm
	expire by limitations and that before any work is done after each such expiration, a new permit shall be secured upon payment of the applicable r
PLUMBERLIC#	issuance fee. Having, therefore, submitted the plans and specifications to the Village of Golf, Illinois. I hereby apply for a permit to perform the above
ADDRESS	mentioned work and hereby agree that I will comply with the Village Ordinances relating to the permit and will pay all fees required. I also agree
CITY ST ZIP	
PH# EMAIL	from the Village of Golf, Office of Building Commissioner. I also understand
HVACLIC#	and agree that when my scope of work requires a deposit of a cash bond, any re-inspection fees, other outstanding fees or services fees will be
ADDRESS	must be completed with a year of permit issuance or the bond will be
CITY ST ZIP	department, a correction report will be sent to the permit applicant after the
PH# EMAIL	submit all revisions to the Office of Building Commissioner
FIIIEIVIAIL	
APPLICATION APPROVED	FEES: (FOR VILLAGE USE ONLY)
	PERMIT FEE:
	REFUNDABLE BOND :
	TOTAL:

VILLAGE OF GOLF—BUILDING COMMISSIONER

DATE _____

Phone: 847-998-8852 - Fax: 855-427-1537 Email: permitadmin@villageofgolf.us (Revised 8.2014)