



City Offices (630) 766-4900

Building Department
(630) 766-5133

CITY OF WOOD DALE

404 NORTH WOOD DALE ROAD
WOOD DALE, ILLINOIS 60191-9998

BUILDING DEPARTMENT PERMIT APPLICATION

Received By _____ Permit No. _____

Date _____

Job Address _____

Permit For: _____ Number of Units: _____

Property Owner _____

Address _____ Permanent Parcel # _____

Lot No. _____ Block No. _____ Subdivision _____

Gen. Cont. _____ Address _____ Phone _____

Architect _____ Address _____ Phone _____

Elec. Cont. _____ Address _____ Phone _____

Plbg. Cont. _____ Address _____ Phone _____

HVAC Cont. _____ Address _____ Phone _____

Sewer & Water Cont. _____ Address _____ Phone _____

Zoning District _____ Lot Dimensions _____ X _____ = _____ Sq. Ft.

Proposed Use _____ Off Street Parking Spaces _____

Distance From Lot Lines: No. _____ So. _____ East _____ West _____

Structural Dimension: _____ X _____ Height _____ Gross Area _____ Cu. Ft.

Area Of: Bsmt. _____ Crawl Space _____ 1st _____ 2nd _____ 3rd _____

Att. Garage _____ X _____ Detached Garage _____ X _____ Garage Area _____

No. Of Bedrooms _____ No. Of Bathrooms _____ No. Of Fireplaces _____ Air Cond. _____

Type Of Construction _____

Value Of Improvement \$ _____ Water Meter Size Required _____

The applicant hereby certifies to the correctness of the above and agrees to comply with all provisions of the Building, Zoning, Fire Prevention, Subdivision and all other Ordinances and Codes of the City of Wood Dale. This application must be signed by the owner or his duly authorized agent. Please allow 7-14 working days to process this application.

Approved _____ Signature _____
(Building Official) (Owner or Agent)

Date _____ Street Address _____

Approved _____ City _____
(City Manager)

Date _____ Phone _____