

For Office Use Only
 Permit # _____
 Building Dept Approval:

 Fees: _____



**601 HEARTLAND DRIVE
 Sugar Grove, IL 60554
 Phone 630-391-7220
 Fax 630-391-7245
 www.sugargroveil.gov
 permits@sugargroveil.gov**

**BUILDING PERMIT APPLICATION
 (FOR MINOR PERMITS; NOT NEW CONSTRUCTION)**

Application Date: _____	Permit Type					
Value of Work: _____	Basement <input type="checkbox"/>	Deck <input type="checkbox"/>	Garage/ Shed <input type="checkbox"/>	Patio <input type="checkbox"/>	Screen Porch <input type="checkbox"/>	Window/ Door <input type="checkbox"/>
Square Footage: _____	Commercial Remodel <input type="checkbox"/>	Driveway <input type="checkbox"/>	Gazebo/ Pergola <input type="checkbox"/>	Pool <input type="checkbox"/>	Sign <input type="checkbox"/>	
	Decorative Brick <input type="checkbox"/>	Fence <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Roof <input type="checkbox"/>	3 Season Room <input type="checkbox"/>	Other <input type="checkbox"/>
Start Date _____	End Date _____					
Description of Work: _____ _____ _____						
Property Information						
Address _____		Lot _____	Subdivision _____		Parcel Number _____	
Property Owner Name _____		Email Address _____			Phone _____	
Property Owner Street Address _____		City _____		State _____	Zip _____	
Contractor Information						
Name(s) of Contractor (s)	Phone#	Email		City	Zip	

I certify that I am the owner of record of the above name property, or that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application. I agree to conform to all applicable laws of the Village of Sugar Grove.

Signature of Property Owner (or Attach Signed Contract) Address (if different) Phone No. _____

Signature & Printed Name of Responsible person in Charge of Work & Email Phone No. _____