

Northfield Township

Road District 237 Melvin Drive, Northbrook, IL 60062 P: 847-724-7055 F: 847-724-7058

www.northfieldtownship.com/road-district.html Email: ntroad@northfieldtownship.com

PERMIT APPLICATION DATE:
PERMIT NUMBER:
PERMIT EXPIRES:

APPLICATION FOR BUILDING PERMIT

PROPERTY DESCRIPTION				
ADDRESS:				
OWNER OF PROPERTY:				
ADDRESS OF OWNER:				
EMAIL (REQUIRED):			PHONE:	
APPLICANT INFORMATION				
NAME:				
ADDRESS:				
EMAIL (REQUIRED):			PHONE:	
DESCRIPTION OF WORK (C	HECK ALL BOXI	ES THAT APPL	.Y)	
NEW CONSTRUCTION	ADDITION		RADING HANGE	DEMOLITION
☐ DRIVEWAY ☐	GARAGE	□ s	HED	SPRINKLER SYSTEM
☐ FENCE ☐	NEW/REPAIR UTILITIES		IRECTIONAL ORE	STORM SEWER
SANITARY SERVICE OTHER (EXPLAIN):	_	TARY SEWER		
,				
ESTIMATED START DATE:	: ESTIMATED COMPLETION DATE:			
	l .			<u> </u>
CASH DEPOSIT:		CHECK #:		DATE:
ROAD DISTRICT FEES:		CHECK #:		DATE:
SANITARY DISTRICT FEES:		CHECK #:		DATE:
LICENSE BOND FEES:		CHECK #:		DATE:
TOTAL FEES DUE:				
CONTRACTOR INFORMATIO	ON			
ARCHITECT:				
ADDRESS:				
EMAIL (required):			PHONE:	
, , ,			I	
ENGINEER:				
ADDRESS:				
EMAIL (required):			PHONE:	



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LANDSCAPE CONTRACTOR:			
ADDRESS:			
EMAIL (required):	PHONE:		
PAVING CONTRACTOR:			
ADDRESS:			
EMAIL (required):	PHONE:		
EXCAVATOR:			
ADDRESS:			
EMAIL (required):	PHONE:		
, ,		.I	
SEWER CONTRACTOR:			
ADDRESS:			
EMAIL (required):	PHONE:		
GENERAL CONTRACTOR:			
ADDRESS:			
EMAIL (required):	PHONE:		
INSURANCE COMPANY:			
POLICY NUMBER:	PHONE:		
FOLICT NOMBER.	FIIONE.		
DOCUMENTS (NOTES AND GUID #1, APPROVED DRAWINGS OR ATHE PERMIT IS EXECUTED, THE EXECUTED PERMIT. I UNDERSTABOND MONEY OR CASH ESCROTHE TOWNSHIP TO CORRECT TO POSTED SHALL BE BILLED TO TO	O ALL THE ABOVE REQUIREMENTS ELINES, PROCEDURES FOR PERMINY OTHER DOCUMENTS) PERTAIN SE DOCUMENTS AND DRAWINGS BAND THAT FAILURE TO COMPLY SHOW (IF REQUIRED). ADDITIONALLY, AND WORK COVERED BY THIS PERMINE OWNER OF RECORD, AS WILL AND INCLUDING BUT NOT LIMITED TO,	IT APPLICATION ING TO THIS PE BECOME A PART IALL CAUSE FO ANY COSTS INC IIT EXCEEDING INY COSTS ASS	IS, EXHIBIT ERMIT. WHEN T OF THE PREITURE OF URRED BY THE AMOUNT SOCIATED
OWNER:	DATE:		
APPLICANT:	DATE:		
APPROVED AND PERMIT GRANT	ED AS ABOVE THIS DAY,	OF	20