



Village of
Willow Springs

BUILDING AND ZONING DEPARTMENT

1 Village Circle
Willow Springs, IL 60480
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vowsbuild@gmail.com

APPLICATION FOR DRIVEWAY PERMIT

PERMIT# _____

Location of Work and Ownership Information:	Address:	Unit:
	Real Estate Index No. (PIN):	Township:
	Tenant/Homeowner Name:	
	Phone:	
	Email:	
Contractor Information:	Business Address:	CR #
	Business Name:	
	Phone:	
	Email:	
Driveway/Parking Lot Dimensions: _____ <input type="checkbox"/> New Driveway <input type="checkbox"/> Driveway Repaving <input type="checkbox"/> New Parking Lot <input type="checkbox"/> Parking Lot Repaving <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial		Cost of Work: \$

NOTE: A PLAT OF SURVEY MUST ACCOMPANY THIS APPLICATION.

REGISTERED CONTRACTORS

All contractors or homeowners performing work **must** be registered with the Willow Springs Department of Building and Zoning. Please be sure the contractor is properly registered.

I hereby certify that the work applied for will be completed in accordance with the plans submitted with this application and the codes and ordinances of the Village of Willow Springs.

Applicant **PRINTED** Name: _____

Applicant Address: Same as Above; or _____

Signature of Applicant