



Village of Willow Springs

BUILDING AND ZONING DEPARTMENT
 1 VILLAGE CIRCLE
 WILLOW SPRINGS, ILLINOIS 60480
 708-467-3700
 FAX 708-467-3710
 vovsbuid@gmail.com
 www.willowsprings-il.gov

PERMIT# _____

Real Estate Tax ID (PIN) _____

MECHANICAL PERMIT APPLICATION

About the location where work is being done:	Address:		
	Business or Homeowner Name:		
	Business or Homeowner Phone:		
Describe mechanical work being done:			
Cost of work:	\$ _____	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Medical <input type="checkbox"/> Office	
About the contractor who will be doing the work:	Business Name:		CR#
	Business Address:		
	Contact Person:	Phone:	Bond Expires:
	Email:		

Equipment:			<i>(Village Use)</i>
	Quantity	Model Number (submit specs with application)	Fee
Air Conditioner			
Forced Air System			
Boiler			
Roof Top Unit-RTU			
Refrigeration			
Floor Furnace			
Wall / Unit Heater			
Air Handling			
Other:			

Total Fee:

Applicant:	Printed Name:	
	Company:	
	Phone:	Email:

I, the Owner/Agent/Contractor, for the above property hereby apply to the Building and Zoning Department of the Village of Willow Springs, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for, agree to comply with all requirements of the village ordinances relating thereto by such ordinances, including but not limited to paying the fees required and requesting necessary inspections. I hereby agree to comply with the applicable Mechanical Codes adopted by the Village of Willow Springs.

Applicant Signature _____ Date _____

Village Use:	Print Name:	Signature & Date:
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