



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): _____ - _____ - _____ - _____ Zoning: _____	
	Tenant/Homeowner Name: _____	
	Phone: _____	Email: _____
Driveway/Parking Lot Dimensions: _____ Total SF _____		
<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"/> Commercial <input type="checkbox"/> Industrial		

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.

<u>Trade</u>	<u>Contractor Name</u>	<u>CR #</u>
_____	_____	_____
_____	_____	_____

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