



ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480

708-467-3700 | FAX 708-467-3710

CONTACT@WILLOWSPRINGS-IL.GOV

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: _____		Cost of Work:
<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		

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