



ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480  
 708-467-3700 | FAX 708-467-3710  
[CONTACT@WILLOWSPRINGS-IL.GOV](mailto:CONTACT@WILLOWSPRINGS-IL.GOV)

## MECHANICAL PERMIT APPLICATION

PERMIT # \_\_\_\_\_

<b>Location of Work and Owner Information:</b>	Job Address:		
	Owner/Business Name:		
	Real Estate Index No. (PIN): _____ - _____ - _____ - _____ - _____		
	Owner Phone:		
<b>Describe mechanical work being done:</b>			
<b>Cost of Work:</b>	\$		
<b>Type:</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Medical <input type="checkbox"/> Office		
<b>Contractor Information:</b>	Business Name:		CR#:
	Business Address:		Bond Exp:
	Contact Name:		
	Phone:	Email:	
<b>Equipment:</b>	<b>Quantity</b>	<b>Model Number</b> (submit specs with application)	<b>(Village Use)</b>
Air Conditioner			
Forced Air System			
Boiler			
Roof Top Unit- RTU			
Refrigeration			
Floor Furnace			
Wall/Unit Heater			
Air Handling			
Other:			
<b>Applicant:</b>	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 agreement 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 _____			
<b>(Village Use)</b>	Print Name:	Signature & Date:	