



# APPLICATION FOR PERMIT Residential Projects

755 Georgetown Drive  
Cary, IL 60013  
847.639.1100

Email: [PERMITS@CARYILLINOIS.COM](mailto:PERMITS@CARYILLINOIS.COM)  
[WWW.CARYILLINOIS.COM](http://WWW.CARYILLINOIS.COM)

### Property Information

**Permit No:**

Project Address: \_\_\_\_\_  
Project Description: \_\_\_\_\_ Project Area (sq. ft.): \_\_\_\_\_ Project Cost: \$ \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Contractors

General: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Carpenter: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Electrical: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plumber: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
IL License No.: \_\_\_\_\_ IL Registration No.: \_\_\_\_\_  
Roofer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
IL License No.: \_\_\_\_\_ Type: Limited / Unlimited  
Siding: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Concrete: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Site Work: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Fence Permits

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fence Material: \_\_\_\_\_ Height: \_\_\_\_\_ Length: \_\_\_\_\_

The undersigned hereby applies to the Village of Cary, Illinois, for a permit to be granted for the work described above and attached, if required. If the permit is granted, all work shall comply with all requirements of Village Ordinances. No error or omission in either the plans or application shall permit or relieve the applicant from construction of the work in any other manner than that provided for in the ordinances of this Village. **The applicant agrees to pay all plan review fees whether or not a permit is issued.**

Applicant signature: \_\_\_\_\_ Owner/Tenant/Contractor (circle one) Date: \_\_\_\_\_  
Applicant name (print): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### OFFICE USE ONLY

Logged  Initials: \_\_\_\_\_

Building Permit Fee: \$ \_\_\_\_\_

\_\_\_\_\_ Fee: \$ \_\_\_\_\_ Notified: appl/owner/contr

Plan Review Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSPECTIONS**

- **CALL 847-639-1100 TO SCHEDULE**
- **2 DAYS NOTICE REQUIRED**
- **ALL PERMITS REQUIRE A FINAL INSPECTION**