



Shabbona Village Office
 305 E. Comanche Ave
Shabbona Village Hall
 206 S. Blackhawk St.
Mailing Address: PO Box 263
Shabbona, IL 60550
815-824-3064

APPLICATION FOR BUILDING PERMIT

Property Owner Phone #	Alternate Phone #	Application Date
Property Owner Name		Email Address
Property Address		Parcel Identification Number (PIN):
Nature of Work: <input type="checkbox"/> New <input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Electrical <input type="checkbox"/> Alteration <input type="checkbox"/> Plumbing <input type="checkbox"/> Roof—Pitched or Flat <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Garage/Shed <input type="checkbox"/> Sign <input type="checkbox"/> Other: _____		
Project Description:		
Contractor Name & License #	Contractor Address:	Contractor Phone # & Email

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate; agrees that all work performed under said permit will be in accordance with the approved plans, specifications, and plat diagram which accompanies this application, except for such changes as may be necessary and authorized by the Inspector.

Signature of Applicant	Date:
PERMIT # _____	
PERMIT ISSUED BY _____	DATE _____
For Permit Questions, Contact: B & F Construction Codes, Inc. 847-428-7010 To Submit Permit and plans: planreview@bfccs.org For Inspections: inspectionrequests@bfccs.org	PERMIT FEES: \$ _____ \$ _____ \$ _____ TOTAL \$ _____
RECEIPT CK/CSH _____ AMOUNT _____ DATE _____ BY: _____	