

Commercial Permit Application: Occupancy, Remodeling or Tenant Build-out

Village of Shorewood Building Division
One Towne Center Blvd., Shorewood, IL 60404
Phone (815)553-2310 • Fax (815)744-6766



SUBMISSION CHECKLIST - Complete this application and provide the following:

- 1) Building and Fire Pre-Inspection – Building, Egress and Life Safety inspection for all commercial buildings.
- 2) Utility Division Pre-Inspection – Backflow prevention and expansion tanks required for all commercial buildings.
- 3) Business License and Registration Application for all new businesses.
- 4) Sign Permits for all new signs, permanent and temporary.
- 5) (4) sets Construction Plans – Prepared, signed/sealed by IL Registered Architect, if applicable.
- 6) Copy of signed contract authorizing the work, if applicable.
- 7) Plumber’s Letter of Intent as required by Illinois State Plumbing Act 094-0132, if applicable.
- 8) Troy Fire Marshal Site Plan, Fire Sprinkler and/or Fire Alarm approval letters, if applicable.
- 9) Will County Health Department Plan Review approval letter, if applicable.
- 10) Architectural and Site Plan approval for site and/or exterior alterations, if applicable.

Please allow a minimum of 10-15 business days for the first review. Incomplete submissions will NOT be accepted. Applicant responsible for payment of all permit fees, including consultant plan review and inspection fees. See municipal regulations: www.vil.shorewood.il.us

SHOREWOOD BUSINESS INFORMATION:

Applicant (Primary Contact) NAME:	Applicant PHONE and/or EMAIL:
SHOREWOOD Business Name:	SHOREWOOD Business Owner:
SHOREWOOD Business Address:	SHOREWOOD Business Phone:
Property Owner NAME:	Property Owner PHONE:

DESCRIPTION OF WORK:

<input type="checkbox"/> OCCUPANCY (NO WORK) <input type="checkbox"/> REMODEL (EXISTING BUSINESS) <input type="checkbox"/> NEW TENANT BUILD-OUT	PROJECT COST \$

CONTRACTORS:

	Contractor Name(s):	Phone:	Shorewood License # (REQUIRED):
General			
Carpentry			
Drywall			
Electric			
HVAC			
Plumbing			
Other/ Attach List			

APPLICANT/PRIMARY CONTACT:

Signature:	Print Name:	Date:
Authorized Agent hereby certifies that the proposed work is authorized by the owner of record and he/she has been authorized by the owner to make this application as his/her authorized agent.		