

**NORTHFIELD TOWNSHIP PERMIT**  
**1928 LEHIGH, GLENVIEW, ILLINOIS 60025**

**OFFICE (847) 724-7055 FAX (847) 724-7058 Email**  
**ntroad@theramp.net**

**Date of Application:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_ **Permit Expires:** \_\_\_\_\_

***Name, Address and Phone number of:***

**Owner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Location of Work to be completed:** \_\_\_\_\_

\_\_\_\_\_

<b><i>DESCRIPTION OF WORK</i></b> (Check All That Apply)
<input type="checkbox"/> <b>New Construction</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>Driveway</b> <input type="checkbox"/> <b>Garage</b> <input type="checkbox"/> <b>Grade Change</b>
<input type="checkbox"/> <b>Sprinkler System</b> <input type="checkbox"/> <b>Demolition</b> <input type="checkbox"/> <b>New Utilities</b> <input type="checkbox"/> <b>Repair Utilities</b> <input type="checkbox"/> <b>Directional Bore</b>
<input type="checkbox"/> <b>Storm Sewer Hook-up</b> <input type="checkbox"/> <b>Sanitary Service</b> <input type="checkbox"/> <b>Public Sanitary Sewer Extension</b>

**Approximate Beginning Date:** \_\_\_\_\_ **Approximate Completion Date:** \_\_\_\_\_

FOR TOWNSHIP USE ONLY

Road District Permit Fee: _____ Date RCVD: _____ Check #: _____	Permit and License Bond: _____ Date RCVD: _____ Check #: _____
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Sanitary District Permit Fee: _____ Tap On Fee: _____ Check #: _____ Date RCVD: _____	Cash Escrow: _____ Date RCVD: _____ Check #: _____
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<u>Name</u>	<u>Address</u>	<u>Phone</u>
<b>Architect</b>		
<b>Engineer</b>		
<b>Landscape Cntr.</b>		
<b>Paving Cntr.</b>		
<b>Excavator</b>		
<b>Sewer Contractor</b>		
<b>General Contractor</b>		

**CALL J.U.L.I.E. (1-800-892-0123) FOR UTILITY LOCATION.**

Highway Commissioners Notes:

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I acknowledge and agree to all the above requirements as well as any other documents (Notes and Guidelines, Procedures for Permit Applications, Exhibit #1, approved drawings or any other documents) pertaining to this permit. When the permit is executed these documents and drawings become a part of the executed permit. I understand that failure to comply shall cause forfeiture of bond money or cash escrow (if required). Additionally, any costs incurred by the Township to correct the work covered by this permit exceeding the amount posted shall be billed to the owner of record, as will any costs associated with recovery of damages, including but not limited to, reasonable attorneys' fees.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Applicant**

**Approved and permit granted as above this** \_\_\_\_\_ **day of** \_\_\_\_\_ **200** \_\_\_\_\_

\_\_\_\_\_  
**Peter T. Amarantos**  
**Northfield Township Highway Commissioner**