



City of Countryside
Community Development Dept
803 Joliet Road 708-354-1860
building@countryside-il.org

Permit # _____

Email application & supporting documents to: building@countryside-il.org
MAXIMUM EMAIL ATTACHMENT SIZE 15MB

General Permit Application

Date: _____ ☐ Single Family ☐ Multi-Family (#Units _____) ☐ Commercial/Industrial/Office

Property Owner Name & Address: _____

Property Owner Phone & Email: _____

Countryside Project Address: _____, Countryside IL 60525

Describe Work Being Done: _____

Total Cost of Work \$ _____ Square Feet (if Applicable): _____

Fence: Height: _____ Style: _____ Material: _____ Color: _____

Window(s): # of Windows _____, UFactor: _____, ☐ Enlarging/Reducing Size, ☐ Garden / Bay / Bow

of Openings _____

Residential: The Illinois Attorney General has information regarding contract tips, basic terms to be included in a contract, avoiding home repair fraud and much more. We strongly suggest you read their information before signing a contract. <https://www.illinoisattorneygeneral.gov/consumer-protection/home-repair/>

Refer to City Code Title **8-1-1: ADOPTION OF CODES** for current code versions

Permits are valid for one year; work must commence within six months. Should the permitted work not be completed within one year, the applicant must request in writing/email a permit extension within fifteen days of the permit expiration.

I hereby certify that I have the legal authority to make this application, and all information provided in this application and any other information provided by me in support of this application is true, complete and accurate to the best of my knowledge. I have read, do understand, and shall comply with all applicable terms and conditions required for this application. I also understand that I am responsible for all plan review and engineering fees, and I am also responsible to schedule all required inspections.

Printed Name: _____ Signature: _____

Phone: _____ Email: _____

☐ Legal property owner or ☐ Agent or ☐ Contractor – Company _____

OFFICE USE: Engineering Approval Req: ☐ Yes ☐ No, Bond Req \$ _____, FEES: _____

Approved by Zoning Official _____ Date _____

Approved by Building Official _____ Date _____

REV: 12/22/25

Job Address:			OFFICE USE		
Permit # P _____	BUSINESS NAME ADDRESS	PHONE EMAIL	COI/INS	BOND	LICENSE
			EXPIRATION		
Architect					
General Contractor					
Electrician					
Plumber					055-09/30/
Water/Sewer					
HVAC/Mech					
Excavator					
Framer					
Demolition [] Interior [] Structure					
Insulation					
Drywall					
Carpentry					
Deck					
Roofing					104.12/31/
Concrete					
Masonry					
Flooring					
Asphalt					
Windows/Doors					
Siding					
Gutters/Soffit					
Fence					
Landscaping					
Irrigation/Lawn Sprinklers					060-E