Please Complete the Highlighted Sections

City of	i Harvard E	-	_			nmunity Developr 933 815-943-6468	ment Department	
Permit #:	Permit #: PIN:					Zoning:		
Township:	O Chemun	ng O	Dunhan	m Contractor	's License:	<u> </u>		
PROPERTY ADDRESS:								
PROPERTY OV	NNER INFOR	MATION			PERMIT A	APPLICANT (if not prop	erty owner)	
Name:					Name:			
Address:					Address:			
Phone:								
Email:					Phone:			
TYPE OF PERM	MIT C Resi			ommercial	Email:			
O Addition			lectrical S	Service		Patio/Walkway/Stoop Other: Describe Below		
O Alteration,	/Remodel	○ Fe			○ Roc		○ Grading	
O Deck			azebo/Pe			ove Swimming Pool	○ Garage	
O Demolition	v			Unit/Furnace		round Swimming Pool	○ Shed	
O Driveway					nitary Service	O Solar System		
O Culvert				ot	O Wir		O Irrigation System	
O Misc. Elect	tric	OM	O Misc. Plumbing			ors	○ Signage	
Description	Description of Work:							
Total Cost of I	Total Cost of Project: \$ Additions-Garage-Shed-New Construction SqFt of Structure:							
	CONTRAC	CTOR INF	ORMAT	ION (Contracto	rs Must be	e Licensed by the City o	of Harvard)	
General Contractor Name: Put "Owner" if doing the work yourself								
Address:					- Fmail:			
Phone:	*tar Name				Email:			
Electrical Con	tractor manne	•						
					Email			
	Phone: Email: Mechanical Contractor Name:							
	Ontractor ivai	ne:						
Address:								
Phone:	turator Name	~ -			Email:			
Plumbing Con	tractor ivailie	<u>#:</u>						
Address:					- Email:			
Phone:	Name				Email:			
Roofing Contr	actor Name.							
Address:					Email			
Phone:	- stare may he r	idad o	- conarat	1- 3-20	Email:			
	or Office Use Onl	•	1 a Separati	APPLICANT SIGN	ALATIIDE.			
Building		iny) imbing	\$	APPLICATE STOR	IATURE.			
Electric		gineer	\$				2.475	
HVAC	\$ S/W	_	\$	Inspector Notes:			DATE:	
Plan Review		pact Fees	\$	-				
Cont. License	\$ Oth		\$	4				
COIII. EIGC	, , , , ,	.EI	<u> </u>	Inspector Signati			ı	
TOTAL DEPART SEE, É				Hispector signati	ure.	l	DATE	

^{*}Minimum 24-Hour Notice for Inspections