



25 East State Street, North Aurora, IL 60542
P: 630.897.1457 F: 630.897.0269
www.northaurora.org

APPLICATION FOR MISC. BUILDING PERMIT

Please Note: All new construction and commercial remodeling/build-outs must have a Fox Metro Sanitary Connection Permit***

_____ RESIDENTIAL REMODEL _____ COMMERCIAL REMODELING/BUILD-OUTS ***

_____ WINDOWS _____ RE-ROOF _____ OTHER _____ ELECTRICAL*

***PROPOSED USE OF BUILDING _____ **PLEASE VERIFY ZONING**

Date: _____

Contractor/Applicant: _____ Phone No: _____
(If other than homeowner)

Contractor's address: (if applicable) _____

Job Address: _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

*Electrician's License # _____ **Roofer's License # _____

Project Cost: _____

I hereby certify that: the owner of record authorizes the proposed work, and I have been authorized to act in his/her behalf as the agent, I agree to conform to all the laws and Ordinances of the Village of North Aurora, Illinois.

Signed: _____ Date: _____

FOR OFFICE USE

Approved: _____ Rejected: _____ Fox Metro: (if applicable) _____

Fee: _____ Date: _____