



Village of Bloomingdale

201 S. Bloomingdale Road
Bloomingdale, IL 60108
www.villageofbloomingdale.org

RESIDENTIAL EXTERIOR DOOR INSTALLATION PERMIT SUBMITTAL REQUIREMENTS

"Growth with Pride"

Building & Zoning Department
buildingandzoning@vil.bloomington.il.us
phone: (630) 671-5660
fax: (630) 893-1596

Village Hall Hours
Monday-Friday
8:30 am – 4:30 pm

Minimum Submittal Requirements:

1. Completed application for permit form.
2. Copy of proposal/scope of work.
3. Door installation Instructions (can be found on the manufacturer's website).
4. U-Factor (Energy Details) for door assembly.
5. \$10,000 surety bond from door installation company.
6. Homeowners Association approval, if applicable.
7. Permit fee is based on construction cost as is due at permit issuance.

Construction Requirements:

1. Installation shall comply with the 2018 International Residential Code as amended and adopted by the Village Code Title 10, Chapter 3.
2. Installation shall comply with the 2018 Illinois Energy Conservation Code as adopted by Village Code Title 10, Chapter 8.

Inspection Requirements:

1. Rough Framing, Insulation (interior around door jamb), exterior flashing / tape (photographs are acceptable in lieu if field inspection).
2. Final inspection upon completion.

**INSPECTIONS REQUIRE 24 HOUR NOTICE
APPLICANT IS RESPONSIBLE FOR SCHEDULING INSPECTIONS**



APPLICATION FOR PERMIT

VILLAGE OF BLOOMINGDALE
201 S. BLOOMINGDALE ROAD
BLOOMINGDALE, IL 60108-1487
(630) 671-5660 FAX: (630) 893-1596
buildingandzoning@vil.bloomington.il.us

IT WILL BE UNLAWFUL TO OCCUPY THE PREMISES
STATED BELOW UNTIL FINAL INSPECTION HAS BEEN
PERFORMED, APPROVED AND CERTIFICATE OF
OCCUPANCY HAS BEEN ISSUED.

PERMIT NO. _____
RECEIPT NO. _____
INSPECTOR _____

APPLICANT NAME: _____ DATE: _____

ADDRESS OF PROPERTY: _____

TYPE OF PERMIT: _____ CONSTRUCTION COST: _____

EMAIL: _____

PHONE# TO CONTACT WHEN PERMIT IS READY: _____

OWNER NAME (IF DIFFERENT THAN ABOVE): _____ OWNER PHONE: _____

OWNER ADDRESS (IF DIFFERENT THAN ABOVE): _____

RESIDENTIAL BUSINESS NAME/ TYPE OF BUSINESS: _____ SQUARE FT: _____

ZONING DISTRICT: _____ PROPERTY ID #: _____ SUBDIVISION: _____

CONTRACTOR NAME: _____ **ADDRESS:** _____ **PHONE:** _____

ARCHITECT: _____

GEN'L CONTR: _____

CEMENT CONTR: _____

CARPENTER: _____

MASON: _____

PLUMBER: _____

NO OF FIXTURES: _____ OTHER: _____

ROOFER: _____

ELEC. CONTR: _____

_____ AMP SERVICE _____ # OF ONE POLE CIR _____ # OF TWO POLE CIR _____ # OF THREE POLE CIR

MECH. CONTR: _____

ELEV. CONTR: _____

FIRE PROT. CONT: _____

The undersigned hereby applies to the Village of Bloomingdale, Illinois for a permit herein described and if granted, the applicant shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required including any past due monies due to the Village, including, but not limited to any water and sewer rate charges associated with the above Address of Property. Permits are valid for 12 months, if construction has commenced and 6 months, if work has not been started. You may be subject to additional permit fees after expiration date to extend a permit. No error or omission in either the plans or application, whether or not the plans or application have been approved by the Building Official, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the Ordinances of this Village relating thereto.

ANY BOND MONIES NOT RETURNABLE OR NOT REQUESTED FOR RETURN WITHIN ONE YEAR OF FINAL INSPECTION APPROVAL OR CERTIFICATE OF OCCUPANCY ISSUANCE WILL BE FORFEITED TO THE VILLAGE OF BLOOMINGDALE.

SIGNATURE OF AGENT OR OWNER

PERMIT ISSUED BY _____
BUILDING COMMISSIONER

PRINT NAME

DATE PERMIT ISSUED: _____

PERMIT FEES: \$ _____ PAID

PLAN REVIEW FEES: \$ _____ PAID

****24-HOUR NOTICE REQUIRED FOR ALL INSPECTIONS****

THE APPLICANT OF THIS PERMIT AGREES TO PAY ALL PLAN REVIEW FEES WHETHER THEY RECEIVE A PERMIT OR NOT