



Village of Bloomingdale

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

RESIDENTIAL WINDOW INSTALLATION PERMIT SUBMITTAL REQUIREMENTS

"Growth with Pride"

Building & Zoning Department
buildingandzoning@vil.bloomingdale.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. Window installation Instructions (can be found on the manufacturer's website).
4. U-Factor (Energy Details) for all windows.
5. \$10,000 surety bond.
6. Homeowners Association approval, if applicable.
7. Permit fee is based on construction cost as is due when permit is issued.

Construction Requirements:

1. Installation shall comply with the 2018 International Residential Code as amended and adopted by 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 window unit), exterior flashing / tape (photographs are acceptable in lieu of field inspection).
2. Final inspection upon completion.

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



Village of Bloomingdale

201 S. Bloomingdale Rd.
Bloomingdale, IL 60108-1487
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Village Hall Hours: Monday thru Friday 8:30AM – 4:30PM

Application For Permit

PERMIT NUMBER

PROPERTY ID NUMBER

ZONING DISTRICT

INSPECTOR

Growth with Pride

Building & Zoning Department

buildingandzoning@vil.bloomingtondale.il.us

phone: (630) 671-5660

fax: (630) 893-1596

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

ADDRESS OF PROPERTY: _____ DATE: _____

APPLICANT NAME: _____ APP. PHONE: _____

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

OWNER ADDRESS (IF DIFFERENT THAN ABOVE): _____

PHONE # TO CONTACT WHEN PERMIT READY: _____

CONTACT EMAIL: _____

TYPE OF PERMIT: _____ CONSTRUCTION COST: \$ _____

RESIDENTIAL BUSINESS INDUSTRIAL/MANUFACTURING; BUILDING OR STRUCTURE SQUARE FEET: _____

CONTRACTOR NAME: _____ ADDRESS: _____ PHONE: _____

ARCHITECT: _____

GEN'L CONTR: _____

CONCRETE CONTR: _____

CARPENTER: _____

MASON: _____

PLUMBER: _____

ROOFER: _____

ELEC. CONTR: _____

MECH./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

RECEIPT NO.: _____

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

THE APPLICANT AGREES TO PAY ALL PLAN REVIEW FEES UPON PERMIT SUBMITTAL. FEES PAID ARE NON-REFUNDABLE.