

APPLICATION FOR PATIO PERMIT



7607 W College Drive
 Ph: (708) 361-1804 Fax: (708) 923-7112
building@palosheights.org

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ _ - _ _ _

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS				
LOCATION OF IMPROVEMENT	ADDRESS _____			
	SUBDIVISON _____		LOT _____	
OWNER	NAME _____		PHONE	
	ADDRESS _____		Home: _____	
	EMAIL _____		Business: _____	
			Cell: _____	
CONTRACTOR	NAME _____		Business: _____	
	ADDRESS _____			
	CONTACT _____		Cell: _____	
	EMAIL _____			
Submit Plat of Survey showing the proposed location and dimensions of improvement. Remove all top soil and vegetation.			TOTAL COST OF IMPROVEMENT	
_____				\$ _____
Placement and final inspections required.				

Call Building Department for Inspections. 24 Hour Notice Required.				
BUILDING DEPARTMENT USE ONLY		I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit.		
BUILDING PERMIT NO. _____		I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.		
BUILDING PERMIT FEE \$ _____		_____		
_____		Print Name		
APPROVED BY		Signature of Applicant		
DATE		Date		