

# APPLICATION FOR GUTTER / SOFFIT / FASCIA PERMIT



7607 W College Drive  
Ph: (708) 361-1804  
[building@palosheights.org](mailto:building@palosheights.org)

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

<b>APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS</b>		
<b>LOCATION OF IMPROVEMENT</b>	ADDRESS _____ SUBDIVISON _____ LOT _____	
<b>OWNER</b>	NAME _____	<b>PHONE</b>
	ADDRESS _____	Home: _____
	EMAIL _____	Business: _____ Cell: _____
<b>CONTRACTOR</b>	NAME _____	Business: _____
	ADDRESS _____	
	CONTACT _____ EMAIL _____	Cell: _____
		<b>TOTAL COST OF IMPROVEMENT</b>  \$ _____
<b>Final inspection required.</b>		
<b>Call Building Department for Inspections. 24 Hour Notice Required.</b>		
<b>**BUILDING DEPARTMENT USE ONLY**</b>	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 _____	