

# PERMIT APPLICATION FOR HVAC / FURNACE / AC / BOILER

REPLACEMENT / NEW



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 _____		
	SUBDIVISION _____	LOT _____	
<b>OWNER</b>	NAME _____	<b>PHONE</b>	
	ADDRESS _____	Home: _____	
	EMAIL _____	Business: _____	
<b>CONTRACTOR</b>	NAME _____	Cell: _____	
	ADDRESS _____	Business: _____	
	CONTACT _____	Cell: _____	
	EMAIL _____		
		<b>TOTAL COST OF IMPROVEMENT</b>	
<b>NOTE: If there will be new electric, a separate permit is required</b>		\$ _____	
<b>*All Inspections Specified as well as Final Inspection are 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. _____			
BUILDING PERMIT FEE \$ _____	<b>I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.</b>		
APPROVED BY _____	_____		
DATE _____	Print Name		_____
	Signature of Applicant		Date