

# APPLICATION FOR SIDEWALK / STOOP PERMIT



7607 W College Drive  
Ph: (708) 361-1804 Fax: (708) 923-7112  
[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: _____
Submit Plat of Survey showing the proposed location and dimensions of improvement. Remove all top soil and vegetation.			<b>TOTAL COST OF IMPROVEMENT</b>  \$ _____
PUBLIC WALK: 4" of compacted granular base with 5" of concrete required. 6" of concrete where public walk runs through driveway.			
SERVICE WALK: Cannot be located in easements. 4" compacted granular base with 4" of concrete required.			
Placement and final inspections required.			
<b>Call Building Department for Inspections. 24 Hour Notice Required.</b>			
<b>**BUILDING DEPARTMENT USE ONLY**</b>		<p>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.</p> <p>I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.</p> <p>_____</p> <p><b>Print Name</b></p> <p>_____</p> <p><b>Signature of Applicant</b></p> <p>_____</p> <p><b>Date</b></p>	
BUILDING PERMIT NO. _____			
BUILDING PERMIT FEE \$ _____			
APPROVED BY _____			
DATE _____			