

APPLICATION FOR PLUMBING WORK 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 _____	
	SUBDIVISION _____	LOT _____
OWNER	NAME _____	PHONE
	ADDRESS _____	Home: _____
	EMAIL _____	Business: _____
		Cell: _____
CONTRACTOR	NAME _____	Business: _____
	ADDRESS _____	
	CONTACT _____	Cell: _____
		TOTAL COST OF IMPROVEMENT \$ _____
**At time of inspection, Carbon Monoxide Detectors must be installed within 15' of any bedroom per Illinois State Law 094-0741		
Call Building Department for Inspections. 24 Hour Notice Required.		
<p style="text-align: center;">**BUILDING DEPARTMENT USE ONLY**</p> <p>BUILDING PERMIT NO. _____</p> <p>BUILDING PERMIT FEE \$ _____</p> <p>_____</p> <p>APPROVED BY</p>	<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>Print Name</p> <p>_____</p> <p>Signature of Applicant Date</p>	