

# APPLICATION FOR SEWER/WATER REPAIR 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 _____		
	SUBDIVISION _____	LOT _____	
<b>OWNER</b>	NAME _____	<b>PHONE</b>	
	ADDRESS _____	Home: _____	
	EMAIL _____	Business: _____	
		Cell: _____	
<b>CONTRACTOR</b>	NAME _____	Business: _____	
	ADDRESS _____		
	CONTACT _____	Cell: _____	
	EMAIL _____		
Work must be in accordance with Plumbing Code. Parkways must be restored to their original condition within 2 weeks of completion of repair. Any sidewalk which is damaged or removed must be replaced immediately.		<b>TOTAL COST OF IMPROVEMENT</b>  \$ _____	
Excavations on private property shall be compacted, leveled and restored to natural grade within 6 months of the date of the issuance of the permit.			
Contractor is responsible to ensure that excavation is performed in a safe manner and suitable protection for the general public shall be provided.			
Plumbing inspection required prior to backfill.			
<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 style="text-align: center;"><b>Print Name</b></p> <p>_____</p> <p style="text-align: center;"><b>Signature of Applicant</b> <span style="float: right;"><b>Date</b></span></p>	
BUILDING PERMIT NO. _____			
BUILDING PERMIT FEE \$ _____			
APPROVED BY _____			