

APPLICATION FOR SHED (144 sq. ft. or less) 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 _____ SUBDIVISON _____ LOT _____	
OWNER	NAME _____	PHONE
	ADDRESS _____	Home: _____
	EMAIL _____	Business: _____ Cell: _____
CONTRACTOR	NAME _____	Business: _____
	ADDRESS _____	Cell: _____
	CONTACT EMAIL _____	
<p style="background-color: yellow;">SHEDS CANNOT BE LOCATED IN EASEMENTS. Sheds cannot be more than 12 ft. in height. Submit material list, drawing of shed, and a copy of a Plat of Survey showing proposed location of shed on the property.</p> <p>Note: All lumber within 6" of the ground must be treated. Remove all vegetation under shed, cover with 2" gravel over vapor barrier (4-mil plastic). Placement & Final Inspections required.</p> <p style="text-align: center;">Call Building Department for Inspections. 24 Hour Notice Required.</p>		TOTAL COST OF IMPROVEMENT \$ _____
<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 style="text-align: center;">Print Name</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant Date</p>	