

APPLICATION FOR SIDING/BRICK VENEER PERMIT

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ _ _ - _ _ _ _



7607 W College Drive
Ph: (708) 361-1804 Fax: (708) 923-7112
building@palosheights.org

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 _____	
All work to be performed according to the City of Palos Height's local and national codes. Weather resistant membrane required between exterior studs and brick or brick veneer.		TOTAL COST OF IMPROVEMENT \$ _____
Final inspection required.		
Call Building Department for Inspections. 24 Hour Notice Required.		
BUILDING DEPARTMENT USE ONLY	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. _____	I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.	
BUILDING PERMIT FEE \$ _____	_____	
	Print Name	

APPROVED BY	Signature of Applicant	Date