



**CITY OF PALOS HEIGHTS
BUILDING DEPARTMENT**

7607 College Drive • Palos Heights, IL 60463
Phone (708) 361-1804 • Fax (708) 923-7112

APPLICATION FOR
PLAN EXAMINATION &
BUILDING PERMIT

IMPORTANT – Applicant to complete all items in sections I, II, III AND IV.

I. LOCATION OF BUILDING	ADDRESS _____	ZONING DISTRICT _____
	REALESTATE TAX I.D. # _____	
	SUBDIVISION _____	LOT NO. _____ LOT SIZE _____ (SQ. FT.)

II. TYPE AND COST OF BUILDING – All applicants complete parts A-D.

A. TYPE OF IMPROVEMENT: <ul style="list-style-type: none"> • New Building • Addition • Alteration • Repair/Replacement • Other 	B. OWNERSHIP <ul style="list-style-type: none"> • Private (individual, corporation, non-profit institution, etc...) • Public (Federal, State or Local Government) 	C. COST Cost of Improvement \$ _____ To be installed, but not included in above cost: Electrical: \$ _____ Plumbing \$ _____ Other (elevator, etc...) \$ _____ TOTAL COST \$ _____
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D. PROPOSED USE OR OCCUPANCY CLASSIFICATION – For DEMOLITION most recent use (Check all that apply):

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| <ul style="list-style-type: none"> • Assembly (Use Groups A-1, A-2, A-3, A-4 AND A-5) • Business (Use Group B) • Educational (Use Group E) • Factory/Industrial (Use Groups F-1 and F-2) • High Hazard (Use Groups H-1, H-2, H-3 and H-4) | <ul style="list-style-type: none"> • Institution (Use Groups I-1, I-2 and I-3) • Mercantile (Use Group M) • Residential (Use Groups R-1, R-2, R-3 and R-4) • Storage (Use Groups S-1 and S-2) • Utility and Miscellaneous (Use Group U) |
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NON-RESIDENTIAL - Describe in detail, the proposed use of building, e.g.: professional office building, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use _____

III. SELECTED CHARACTERISTICS – For new buildings and additions, complete parts E-J; for demolition, complete only part G, for all others skip to part IV.

E. PRINCIPAL TYPE OF FRAME: <ul style="list-style-type: none"> • Masonry (wall bearing) • Wood frame • Structural Steel • Reinforced concrete • Other - Specify _____ 	F. CONSTRUCTION TYPE: <ul style="list-style-type: none"> • IA • IB • IIA • IIB • IIIA • IIIB • IV • VA • VB 	G. DIMENSIONS: <ul style="list-style-type: none"> • Number of stories _____ • Total of floor area, all floors based on exterior dimensions _____ sq. ft. • Total land area _____ sq. ft.
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H. TYPE OF SEWAGE DISPOSAL: <ul style="list-style-type: none"> • Public or Private Company • Private (septic tank) 	I. TYPE OF WATER SUPPLY: <ul style="list-style-type: none"> • Public or Private company • Private (Well, cistern) 	J. NUMBER OF OFF-STREET PARKING SPACES: ENCLOSED _____ OUTDOORS _____
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NOTIFICATION OF CONTRACTORS

GENERAL CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

INSULATION CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

ELECTRICAL CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

LOW VOLTAGE _____ PHONE # (____) _____ - _____
ADDRESS _____

PLUMBING CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

WATER/SEWER CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

H.V.A.C. CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

EXCAVATING CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

CONCRETE CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

CARPENTRY CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

DRYWALL CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

PAINTING CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

MASONRY CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

SIDING CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

LANDSCAPING CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

ROOFING CONTRACTOR _____ PHONE # (____) _____ - _____
ADDRESS _____

OTHER _____ PHONE # (____) _____ - _____
ADDRESS _____

IV. IDENTIFICATION – To be completed by ALL APPLICANTS.

NAME		MAILING ADDRESS -	CONTACT INFO	
OWNER or LESSEE			PH.	EMAIL
			FAX	CELL
CONTRACTOR			PH.	EMAIL
			FAX	CELL
ARCHITECT or ENGINEER			PH.	EMAIL
			FAX	CELL

I hereby certify that the proposed work is authorized by owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Date
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CONTRACTOR IS RESPONSIBLE FOR ALL OUTSIDE AGENCY APPROVALS. PERMIT IS NOT VALID UNTIL APPROVALS ARE OBTAINED.

OFFICE USE ONLY

V. PLAN REVIEW RECORD – For Office Use Only

Plan Review Required	Date Plans Approved	By	Plan Review Required	By	Date Plans Approved
• ZONING			• COMMERCIAL		
• BUILDING			• FIRE DISTRICT		
• PLUMBING			• ENGINEERING		
• ELECTRICAL			• PUBLIC WORKS		

VI. ADDITIONAL PERMITS REQUIRED FOR OTHER JURISDICTION APPROVALS

PERMIT OR APPROVAL	Date Applied	FILE #	PERMIT OR APPROVAL	Date Obtained
• VARIANCE				
• PUBLIC WORKS				
• ELEVATOR				
• FENCE				
• STATE AGENCY				
• COOK COUNTY				
• M.W.R.D.				

BUILDING PERMIT # _____

ESCROW \$ _____

BUILDING PERMIT FEES \$ _____

LANDSCAPING BOND \$ _____

ELECTRIC REVIEW FEES \$ _____

WATER METER FEE \$ _____

PLUMBING REVIEW FEE \$ _____

TAP IN FEE \$ _____

OTHER FEES \$ _____

OTHER FEES \$ _____

OTHER FEES \$ _____

OTHER FEES \$ _____

APPROVED BY _____

DATE _____

