

APPLICATION FOR GARAGE PERMIT

Attached Detached

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: _____
CONTRACTOR	NAME _____	Cell: _____
	ADDRESS _____	Business: _____
	CONTACT _____	Cell: _____
Detached garage cannot be more than 30% of required rear yard area. 660 sq. ft. maximum for Detached Garages. 15' Height Limitation on detached garage.		TOTAL COST OF IMPROVEMENT \$ _____
Hard surface driveway required. Submit scale drawing cross section Or architectural plans and Plat of Survey showing location of proposed garage		
* Note: Requirements for Demolition of Garage: 1. Cook County Demolition Permit 2. \$275.00 Demolition Fee additional to permit fees		
Required inspections: Footing, Foundation, Rough Electrical & Framing, & Final Electric & Building inspections required		
Call Building Department for Inspections - 24 Hour Notice Required.		
BUILDING DEPARTMENT USE ONLY		<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>
BUILDING PERMIT NO. _____		
BUILDING PERMIT FEE \$ _____		

APPROVED BY	_____	_____
		Print Name

		Signature of Applicant

		Date