

**APPLICATION FOR
CELL TOWER/WATER TOWER 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 _____
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OWNER	NAME _____	PHONE
	ADDRESS _____	Home: _____
	EMAIL _____	Business: _____
		Cell: _____

CONTRACTOR(S)	GENERAL CONTRACTOR _____	PHONE # _____
	ADDRESS _____	
	CONTACT _____	PHONE # _____
	ELECTRICAL CONTRACTOR _____	
	ADDRESS _____	
	CONTACT _____	

Construction drawings are required	TOTAL COST OF IMPROVEMENT _____
Structural Analysis is required along with a \$1,500 review fee.	
Call Building Department for Inspections. 24 Hour Notice Required.	

<p>**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. I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature of Applicant Date</p>
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