VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

APPLICATION FOR ADDENDUM TO BUILDING PERMIT

Job Address: _____ **Subdivison:** _____ **Name of Business:** _____

Real Estate #: _____ **Value of Work: $** _____ **Square Footage:** _____ **No. of Bedrooms:** _____

Addendum Scope of Work: _____

IMPORTANT - PLEASE READ

Having, therefore, submitted the plans and specifications to the Department of Building & Health Services of the Village of Arlington Heights, Illinois, I hereby apply for a permit to perform the above mentioned work. I hereby agree that I will comply with all the Village Ordinances relating to the permit and will pay all fees required. I also agree to submit this work to the required inspections and will prohibit the occupancy of any space until a Certificate of Occupancy has been obtained from the Director of Building& Health Services.

I also understand and agree that when my scope of work requires a deposit of a cash bond, any re-inspection fees will be deducted from this cash bond deposit. I understand that the scope of work must be completed within a year of permit issuance or the bond will be forfeited. I also understand that if there is a rejection by any reviewing department, a correction report will be mailed/faxed to the permit applicant after the plan has been reviewed by all other reviewing departments. I agree to submit all revisions to the Department of Building & Health Services.

Date: _____ **Applicant's Signature:** _____ **Print Name:** _____

Phone: _____ **Fax:** _____

Applicant's E-Mail: _____

Applicant's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

General Contractor: _____ **Contractor's Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Owner of Property: _____ **Owner's Phone:** _____

Air Conditioning	101-422.45	_____	Tree Fee	101-250.05	_____
Architectural Review	101-432.08	_____	Water Backflow Preventer	505-472.32	_____
Building Permit	101-422.05	_____	Water Capital Fee	505-452.50	_____
Chimney Permit	101-422.60	_____	Water Connection	505-452.46	_____
Driveway Permit	101-422.35	_____	Water For Construction	505-452.44	_____
Electrical Permit	101-422.10	_____	Water Meter ( )	505-472.30	_____
Engineering Permit	101-432.12	_____	Water Tap ( )	505-452.46	_____
Fire Review	101-432.09	_____	Wrecking Permit	101-422.65	_____
Occupancy Permit	101-422.30	_____	Other		_____
Plan Exam	101-432.08	_____			
Plumbing Permit	101-422.15	_____	BONDS		_____
Sewer Connection	505-452.48	_____	Total Due For All Bonds		_____
Structural Engineering	101-432.08	_____	Other		_____
Swimming Pool Permit	101-422.50	_____	CONTRIBUTION & BOND SUB-TOTAL		_____
Other		_____			
PERMIT SUB-TOTAL	_____		TOTAL PERMIT, CONTRIBUTIONS & BONDS		_____

I have picked up the permit and reviewed the plans. I have transferred all comments to all official sets of plans. I understand that the transferring of comments to all sets of plans is the responsibility of the applicant and any omission does not relieve the applicant from complying with the comments.

Date: _____ **Signature:** _____ **Print Name:** _____ **Phone:** _____

Permit Authorized by: _____ **Date:** _____

Director of Building & Health Services or Designee

"Job Site" copy must be on-site including revisions/addendums.

Permit No: _____