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

BUILDING CODE REVIEW BOARD APPLICATION AND PETITION

LOCATION OF PROPOSED PROJECT:

Address: _____

_____

PETITIONER:

Name: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax Number: _____

PROPERTY OWNER (if different from Petitioner):

Name: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax Number: _____

REQUEST:

Variation from Section _____ of Chapter 23 of the Arlington Heights Municipal Code.

BRIEF DESCRIPTION OF VARIANCE REQUEST:

_____

_____

_____

_____

_____

SUBMITTAL REQUIREMENTS:

The following information must be provided with this application:

☐ $110 Application Fee (Non-Refundable).

☐ 14 sets of drawings and all supporting documentation. All drawings must be folded into 11" by 17" and collated into sets.

The Building Code Review Board may recommend that variations be granted from provisions of the Building Code in cases where the applicant for such variation demonstrates practical difficulty and particular hardship. No variation may be granted without review and final action by the Village Board.

Now comes the Petitioner _____ requesting a variation from Section _____ of Chapter 23 of the Arlington Heights Municipal Code for the following reason:

_____

_____

_____

_____

I hereby state that the following hardship would exist if the variance is not approved:

_____

_____

_____

_____

_____

I understand that any recommendation from the Building Code Review Board for a variation is subject to review and final action by the Village Board.

_____ _____

Petitioner's Signature Date

_____

Petitioner's Printed Name

_____ _____

Owner's (if different from Petitioner) Signature Date

_____

Owner's Printed Name