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 BUILDING PERMIT

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

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

Permit Type - Select all that apply

- ☐ A/C (Single Family)
- ☐ A/C (Commercial) - No. of Tons ____
- ☐ Apron
- ☐ Basement Remodel
- ☐ Basketball Pole
- ☐ Bathroom Remodel
- ☐ Boiler
- ☐ Commercial Addition
- ☐ Commercial Alteration
- ☐ Commercial (New)
- ☐ Chimney
- ☐ Crawl Space Conversion
- ☐ Deck
- ☐ Demolition (Commercial)
- ☐ Demolition (Garage)
- ☐ Demoltion (Interior)
- ☐ Demolition (Single Family)
- ☐ Drainage
- ☐ Drain Tile
- ☐ Driveway
- ☐ Early Start
- ☐ Elevator (Mod)
- ☐ Elevator - No. of Floors ____
- ☐ Facade
- ☐ Fireplace
- ☐ Foundation Repair
- ☐ Foundation Start
- ☐ Furnace
- ☐ Garage
- ☐ Garage Addition
- ☐ Garage Floor
- ☐ Generator
- ☐ Grading
- ☐ Hot Tub/Spa
- ☐ Kitchen Remodel
- ☐ Multi Family Addition
- ☐ Multi Family (New)
- ☐ New Water/Sewer Connect
- ☐ Parking Lot
- ☐ Patio
- ☐ Pergola
- ☐ Pool (In-ground)
- ☐ Pool (Above Ground)
- ☐ Pool (Demo)
- ☐ Porch
- ☐ Private Walks
- ☐ Public Walk
- ☐ Re-roof (Commercial)
- ☐ Re-roof (Multi Family)
- ☐ Re-roof (Single Family)
- ☐ Retaining Wall
- ☐ Shed/Gazebo
- ☐ Single Family Addition
- ☐ Single Family Interior
- ☐ Single Family (New)
- ☐ Site Clearing
- ☐ Site Improvements
- ☐ Stoop
- ☐ Temporary Trailer
- ☐ Water Upgrade
- ☐ Windows (Commercial)
- ☐ Windows (Multi Family)
- ☐ Windows (Single Family)
- ☐ Other _____

Specific Scope of Work: _____

_____

IMPORTANT - PLEASE READ

By signing this permit application, I understand that any permit issued hereunder shall expire one-year from the issuance date, and that any permit under which no substantial work is commenced within six months of issuance shall expire by limitation and that before any work is done after such expiration, a new permit shall be secured upon payment of the applicable re-issuance fee. I also understand that in the event the construction is delayed or prevented by "Acts of God", strikes, disaster or other circumstance beyond the control of the building, an application for exemption of this paragraph shall be made to 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 & Heath Services.

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, which I understand to be non-refundable. 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.

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:** _____

"Job Site" copy must be on-site including revisions/addendums. **Permit No:** _____