



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

ELEVATOR – DOOR RESTRICTOR

PERMIT SUBMITTAL REQUIREMENTS

ALL APPLICATIONS REQUIRE THE FOLLOWING ITEMS:

- [APPLICATION FOR BUILDING PERMIT](#)
- [CONTRACTOR'S LICENSE APPLICATION](#)
- 4 COLLATED SETS CONTAINING THE FOLLOWING INFORMATION:
 - CONTRACTOR'S PROPOSAL
 - CONSTRUCTION DRAWINGS AND SPECIFICATIONS
- PLAN REVIEW FEE - \$11.00 PER THOUSAND OF THE VALUE OF WORK
– DUE AT TIME OF SUBMITTAL

**ONLY FULLY COMPLETED PERMIT SUBMITTALS CAN BE ACCEPTED FOR
REVIEW AND APPROVAL**

PERMIT SUBMITTAL INFORMATION

- ★ All applications, including revisions, must be submitted to the Department of Building & Health Services.
- ★ An additional permit fee will be due at time of pick up.
- ★ Allow 10 working days for review time.

PERMIT REVISION INFORMATION

- ★ 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 reviewing departments.
- ★ Revisions may take an additional 10 working days to process.