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 FIRE SAFETY PERMIT

Job Address: _____ **Value of Work: $** _____

☐ **NEW APPLICATION** ☐ **ADDENDUM TO EXISTING APPLICATION**
☐ **COMMERCIAL** ☐ **RESIDENTIAL**

PLEASE ALLOW 15 WORKING DAYS FOR REVIEW TIME.

Permit Type - Select all that apply

☐ **Fire Sprinklers - Indicate # of Heads** _____ ☐ **Fire Alarm** ☐ **Above Ground Tank Install** ☐ **In-Ground Tank Removal**
☐ **Fire Pump** ☐ **Commercial Exhaust Hood & Duct** ☐ **Above Ground Tank Removal** ☐ **Hazardous Chemicals**
☐ **Standpipe** ☐ **Gaseous Suppression** ☐ **In-Ground Tank Install** ☐ **Tent**
☐ **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.

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 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:** _____

Installing Contractor: _____ **Address:** _____

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

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

		_____	Fire Plan Review Fee.....	101-432.09	_____
Fire Plan Review Deposit.....	101-432.08	_____	Electrical Permit Fee (Where Applicable)	101-422.10	_____
Date:_____		_____	TOTAL PERMIT FEES DUE		_____

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:** _____