



**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

## **RETAINING WALL**

### **PERMIT SUBMITTAL REQUIREMENTS** **ALL APPLICATIONS REQUIRE THE FOLLOWING ITEMS:**

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- [APPLICATION FOR BUILDING PERMIT](#)
- [CONTRACTOR'S LICENSE APPLICATION](#)
- 3 COLLATED SETS CONTAINING THE FOLLOWING INFORMATION:
  - [HOMEOWNER AS GENERAL CONTRACTOR](#) (If applicable)
  - CONTRACTOR'S PROPOSAL
  - DRAWINGS OR SPECIFICATIONS ON HOW WALL WILL BE CONSTRUCTED
  - MARKED UP PLAT OF SURVEY SHOWING LOCATION OF RETAINING WALL
- 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**

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- ★ All applications, including revisions, must be submitted to the Department of Building & Health Services.
- ★ Allow 10 working days for review time.

### **PERMIT REVISION INFORMATION**

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- ★ 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.