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

RESIDENTIAL SAME DAY PERMIT
STATEMENT OF COMPLIANCE

Permit No: _____

Job-Site Address: _____

Date Issued: _____

The undersigned agrees that all work performed complies with all Village of Arlington Heights and State of Illinois Codes and Ordinances enforced on the date of issuance of said permit, whether noted or shown on said permit, construction drawings and documents.

The following lines must be completed and signed by the appropriate persons as applicable and responsible for this permit.

Architect/Designer Printed Name	Architect/Designer Signature	Date
General Contractor Printed Name	General Contractor Signature	Date
Homeowner Printed Name	Homeowner Signature	Date