

CITY OF PROSPECT HEIGHTS
 8 N. ELMHURST ROAD, PROSPECT HEIGHTS, ILLINOIS 60070
 (847) 398-6070

APPLICATION FOR PERMIT
 (TYPE OR PRINT IN INK)

Permittee (Owner) _____ E-mail _____ Date _____
 Address of Property _____ Construction Value \$ _____
 Property is located in 100 year floodplain Yes No
 Owner's Phone (H) _____ (W) _____ Zoning _____
 Real Estate Index No. _____ Lot _____ Subdivision _____
 Purpose of Permit _____
 Dimensions of Bldg: Stories _____ Height _____ No. of Sq. Ft. 1st Floor _____ 2nd Floor _____
 Total Sq. Ft. of Bldg. _____ No. of Bedrooms _____ Type of Construction _____

CONTRACTORS

Gen'l Contr. _____ Address _____ Phone _____
 Architect _____ Address _____ Phone _____
 Excavator _____ Address _____ Phone _____
 Carpenter _____ Address _____ Phone _____
 Cement Contr. _____ Address _____ Phone _____
 Mason _____ Address _____ Phone _____
 Roofing Contr. _____ Address _____ Phone _____
 Plumber _____ Address _____ Phone _____
 State License No. _____ No. of Fixtures _____ No. of Cleanouts _____ No. of Floor Drains _____ No. of Sump Pumps _____
 Electrical Contr. _____ Address _____ Phone _____
 Registration No. _____ Where Registered _____ No. of 60 AMPS or Larger _____
 No. of 15 AMP Cir. _____ No. of 20 AMP Cir. _____ No. of 30 AMP Cir. _____ Service Size _____ AMPS
 Mechanical Contr. _____ Address _____ Phone _____
 Type of Heat _____ A/C _____
 Sprinkler Contr. _____ Address _____ Phone _____
 Fence: Height _____ Length _____ Type of Construction _____
 Sign: Dimension of Sign _____ Sq. ft. of Sign _____ Wall Sign _____ Ground Sign _____
 Other Information: _____

CONDITIONS OF PERMIT In consideration of this application and attached forms being made a part thereof and the issuance of permit, I will conform to the regulations set forth in the City of Prospect Heights codes and ordinances.

I also agree that all work performed under said permit will be in accordance with the plans and specifications which accompany this application, except for such changes as may be authorized or required by the Building Official.

PERMIT VALID FOR 6 MONTHS FROM DATE OF ISSUE

PERMIT FEES	
Bldg. Permit Fee.....	\$ _____
Zoning Exam Fee.....	\$ _____
Plumbing Permit Fee....	\$ _____
Electrical Permit Fee....	\$ _____
Engineering Fee.....	\$ _____
Plan Review Fee.....	\$ _____
Bond.....	\$ _____
Other.....	\$ _____
	\$ _____
Total Fees	

Signature of Owner or Agent
 X _____
 Print Name of Owner or Agent _____
 Address _____
 Phone _____ Date _____

PERMIT APPROVED	Permit No. _____
By: _____	Date _____
Title: _____	
Date Paid _____	Check # _____

The applicant of this Permit agrees to pay all plan Review Fees whether they receive a permit or not.

24 HOUR NOTICE IS REQUIRED ON ALL INSPECTIONS

White - Building Department Yellow - Engineering Pink - Assessor Gold - Applicant