

Community Development Department

8999 West 123rd Street
Palos Park, IL 60464
Phone: 708-671-3730
Fax: 708-448-9542
Email: permits@palospark.org
Web: www.palospark.org



Applic. Date: _____
Permit #: _____
Permit Date: _____

Building Permit Application

SECTION I - GENERAL INFORMATION

Project Address _____ PIN # _____

Property Owner's Name _____ Property Owner's Mailing Address _____

Property Owner's Phone # _____ Property Owner's Cell Phone # _____ Property Owner's E-mail Address _____

SECTION II - PRIMARY STRUCTURE USE

- Single-family (attached)
- Single-family (detached)
- Multi-Family
- Commercial/Office
- Mixed-use
- Public
- Manufacturing

SECTION III - TYPE OF WORK

- Primary Structure
- New construction
 - Remodel/new space
 - Remodel/existing space
 - Roof Permit
 - Demolition Permit
 - Other _____

Accessory Structure

- New construction
- Remodel /Addition
- Demolition Permit
- Roof Permit
- Other _____
- Other _____

- Fence Permit
- Patio/Deck
- Driveway/Culvert Permit
- Grading Plan
- Tree Permit
- Survey/Plan
- Other _____

- ROW Bond Refund Date _____
- Demolition Bond Refund Date _____
- Landscaping Bond Refund Date _____

Is the structure a condominium? Y N

PERMIT FEES CAN BE PAID BY CREDIT CARD BY CALLING: (708)671-3700 OR BY CHECK VIA OUR DROP BOX

SECTION IV - PROJECT DETAILS

Zoning: _____

Project Description _____

Estimated Cost Const. \$ _____ Total Square Feet of Work _____ Application is to correct a notice of violation? Y N

SECTION V - CONTRACTOR INFORMATION - List each applicable contractor name, email and phone number (all contractors must be registered before permit is issued)

General		VOPP Reg. #
Concrete		VOPP Reg. #
Carpentry		VOPP Reg. #
HVAC		VOPP Reg. #
Fence		VOPP Reg. #
Plumber	State Lic. #	VOPP Reg. #
Roofing	State Lic. #	VOPP Reg. #
Other		VOPP Reg. #
Other		VOPP Reg. #
Other		VOPP Reg. #

SECTION VI - APPLICANT INFORMATION I, the undersigned, certify that I have proper authority to apply for this building permit, that all contractors have consented to being listed and that all the information contained on this application is true and accurate to the best of my knowledge.

Applicant Signature _____ Applicant Printed Name _____ Date _____

Applicant is: Property owner General Contractor Representative Tenant

[05.15.19]

PLEASE EMAIL COMPLETED APPLICATION TO: permits@palospark.org