



City of Prospect Heights

Department of Building & Development
8 North Elmhurst Rd. Prospect Heights, Illinois 60070
Office: 847/398-6070 x 211 Fax: 847/590-1854

Application for Permit

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

CONTRACTORS

Gen'l Contr. _____ Contact Name _____ Phone _____
 Architect _____ Contact Name _____ Phone _____
 Excavator _____ Contact Name _____ Phone _____
 Carpenter _____ Contact Name _____ Phone _____
 Cement Contr. _____ Contact Name _____ Phone _____
 Mason _____ Contact Name _____ Phone _____
 Roofing Contr. _____ Contact Name _____ Phone _____
 Mechanical _____ Contact Name _____ Phone _____
 Sprinkler _____ Contact Name _____ Phone _____
 Plumber _____ Contact Name _____ Phone _____
 State License No. _____ # Fixtures _____ # Cleanouts _____ # Floor Drains _____ # Sump Pumps _____
 Electrical _____ Contact Name _____ Phone _____
 Registration No. _____ Where Registered _____

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 it will be in accordance with the plans and speciatiions which accompany this application, except for such changes as may be authorized or required by the Building Official.

Permit is Valid for 6 Months from Date of Issue

PERMIT FEES		
Bldg. Permit Fee.....	\$ _____	<input checked="" type="checkbox"/> Signature of Owner or Agent _____ Print Name of Owner or Agent _____ Address _____ _____ Phone _____ Date _____
Zoning Exam Fee	\$ _____	
Plumbing Permit Fee	\$ _____	
Electrical Permit Fee	\$ _____	
Engineer Fee.....	\$ _____	
Plan Review Fee	\$ _____	
Bond	\$ _____	
Other.....	\$ _____	
Total Fees	\$ _____	

We accept all forms of payment:
 -Checks make payable to City of Prospect Heights
 -Credit Cards we charge a 2% fee for any payments over \$300
 -Bonds are refundable, must write a separate check

(24 Hour Notice is Required for All Inspections)

PERMIT APPROVED Permit No. _____
 By: _____ Date _____
 Title: _____
 Date Paid _____ Payment _____