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 speciations 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……..	$ _____
Zoning Exam Fee ……	$ _____
Plumbing Permit Fee ….	$ _____
Electrical Permit Fee ….	$ _____
Engineer Fee……	$ _____
Plan Review Fee …….	$ _____
Bond ……..……	$ _____
Other……..……	$ _____
Total Fees	$ _____

X_____
Signature of Owner or Agent

_____
Print Name of Owner or Agent

Address_____

Phone _____ **Date** _____

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** _____