

VILLAGE of ORLAND HILLS

PRINT or TYPE

16033 South 94th Avenue
Orland Hills, Illinois 60477

PRINT or TYPE

ROOM ADDITION BUILDING PERMIT APPLICATION

Construction Address: _____ {Construction Cost _____}

Owner's Name: _____ Phone: _____

Applicant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Lot. _____ Blk. _____ Subd. _____ Twp. _____ P.I.N.# _____

Contractor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Type of Building: Single Family: _____ Townhouse: _____ Commercial: _____ Other: _____

Building: New: _____ Addition: _____ Alteration: _____ Total sq. ft.: _____

Garage: Attached: _____ sq. ft. Detached: _____ sq. ft.

Total Rms: _____ Bathrms: _____ Bedrms: _____ Bsmt: _____ Crawl: _____

Slab: _____ Stories: _____ Height: _____ Width: _____ Length: _____

~ SUBMIT WITH APPLICATION ~

1. Four (4) sets of survey / plot plan showing location of all structures, i.e. house, garage, accessory buildings, decks, pool, fencing, etc., from all lot lines & also showing proposed final grading, foundation elevation and lot drainage.
2. Four (4) sets of plans & specifications showing details of **all** construction.
3. Completed "Contractors, Trades, & Subcontractors List" form. ***NOTE* All trades & subcontractors must be licensed by the village and bonded by their insurance company.**

I hereby declare that all statements are true to the best of my knowledge and belief. It is my understanding that no error or omission in either the specifications, plans, survey or application, whether said plans or application has been permitted, shall permit or relieve the applicant, from having all work completed in any other manner than that allowed by the Village of Orland Hills Codes and Ordinances and the statutes of the State of Illinois.

Signature of Applicant: _____ Date: _____

I hereby authorize the applicant and those listed on the contractors list, to perform any / all work necessary to complete the requirements of this permit.

Property Owner's Signature _____ Date: _____

Date Rec: _____ App By: _____ Date: _____ Permit # _____

Fees: _____ Date Paid: _____ Cash/Check: _____ Permit Expire _____

Phone:
708/349-4887

**REQUEST INSPECTIONS
AS INDICATED ON INSPECTION LIST**

Fax:
708/349-1358

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