

VILLAGE of ORLAND HILLS

PRINT or TYPE

16033 South 94th Avenue
Orland Hills, Illinois 60477

PRINT or TYPE

SHED PERMIT APPLICATION

Construction Address: _____ {Construction Cost _____

Owner's Name: _____ Phone: _____

Applicant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

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

Carpenter Contr: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Concrete Contr: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Roofing Contr: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Electrical Contr: _____ Phone: _____

Address: _____ City: _____ Zip: _____

NOTE All trades & subcontractors must be licensed by the village and bonded by their insurance company.

(1) Size of shed: _____ X _____ = _____ sq.ft. (2) The longest wall is _____ linear feet.

(3) Distance from lot lines is: _____ ft. from the side & _____ ft. from the rear.

(4) Distance from house is _____ ft.

(5) This shed is: [] Prefab [] Pre-engineered [] Conventional

(6) Floor: Concrete [] Thickness _____
Wood [] Joist Size is _____ X _____ Joist _____ o.c. Fir Ply Thickness _____

(7) How will the shed be secured to the ground? _____

(8) Walls: _____ X _____ Studs _____ o.c. Exterior Wall Material _____

(9) Electric: Yes [] No [] (If "Yes" - show electric on floor plan)

~SUBMIT WITH APPLICATION~

- 1. Two (2) sets of survey / plot plan showing location of all existing structures, i.e. house, accessory buildings, decks, pool, fencing, etc., from lot lines, and also showing proposed shed and where it is from the lot lines and all structures.
2. Two (2) sets of shed plans.

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 Expires: _____

Phone: 708/349-4887

REQUEST INSPECTIONS AS INDICATED ON INSPECTION LIST

Fax: 708/349-1358

** Before Digging Call J.U.L.I.E. 1/800/-892-0123 **