

Community Development Department

8999 West 123rd Street

Palos Park, IL60464

Phone: 708-671-3730

Email: permits@palospark.org

Fax: 708-448-9542

Web: www.palospark.org



CHANGE OF CONTRACTOR FORM

Date: _____

Permit # _____

Date Changed: _____

Property Address: _____

Owner of Property: _____

General Contractor: _____

OLD CONTRACTOR INFORMATION

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Contractor: _____

License #: _____

NEW CONTRACTOR INFORMATION

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Contractor: _____

License #: _____

*A Certificate of Insurance showing general comprehensive liability insurance coverage of at least \$300,000 per occurrence and other items required per Village Code.

SIGNATURE: _____ **DATE:** _____

Owner (If owner is unable to sign permit application – a signed & dated copy may be submitted)

SIGNATURE: _____ **DATE:** _____

New Contractor

PLEASE EMAIL COMPLETED FORM TO: permits@palospark.org