Community Development Department
8999 West 123rd Street
Palos Park, IL60464
Phone: 708-671-3730
Fax: 708-448-9542
Email: permits@palospark.org
Web: www.palospark.org

VILLAGE OF PALOS PARK

Applic. Date: _____
Permit #: _____
Permit Date: _____

Building Permit Application

SECTION I - GENERAL INFORMATION

Project Address PIN #

Property Owner's Name Property Owner's Mailing Address

Property Owner's Phone # Property Owner's Cell Phone # Property Owner's E-mail Address

SECTION II – PRIMARY STRUCTURE USE

- ☑ Single-family (attached)
- ☐ Single-family (detached)
- ☐ Multi-Family
- ☐ Commercial/Office
- ☐ Mixed-use
- ☐ Public
- ☐ Manufacturing

SECTION III – TYPE OF WORK

Primary Structure
- ☐ New construction
- ☐ Remodel/new space
- ☐ Remodel/existing space
- ☐ Roof Permit
- ☐ Demolition Permit
- ☐ Other_____

Accessory Structure
- ☐ New construction
- ☐ Remodel /Addition
- ☐ Demolition Permit
- ☐ Roof Permit
- ☐ Other _____
- ☐ Other _____

- ☐ Fence Permit
- ☐ Patio/Deck
- ☐ Driveway/Culvert Permit
- ☐ Grading Plan
- ☐ Tree Permit
- ☐ Survey/Plan
- ☐ Other_____

- ☐ ROW Bond Refund Date_____
- ☐ Demolition Bond Refund Date_____
- ☐ Landscaping Bond Refund Date_____

Is the structure a condominium? Y ☐ N ☐

SECTION IV – PROJECT DETAILS Zoning: _____

Project Description _____

_____

_____

_____

Estimated Cost Const. $_____ Total Square Feet of Work _____ Application is to correct a notice of violation? Y ☐ N ☐

SECTION V – CONTRACTOR INFORMATION - List each applicable contractor name, email and phone number *(all contractors must be registered before permit is issued)*

General		VOPP Reg. #
Concrete		VOPP Reg. #
Carpentry		VOPP Reg. #
HVAC		VOPP Reg. #
Fence		VOPP Reg. #
Plumber	State Lic. #	VOPP Reg. #
Roofing	State Lic. #	VOPP Reg. #
Other		VOPP Reg. #
Other		VOPP Reg. #
Other		VOPP Reg. #

SECTION VI – APPLICANT INFORMATION I, the undersigned, certify that I have proper authority to apply for this building permit, that all contractors have consented to being listed and that all the information contained on this application is true and accurate to the best of my knowledge.

Applicant Signature Applicant Printed Name Date

Applicant is: ☐Property owner ☐General Contractor Representative ☐Tenant

[05.15.19]

PLEASE EMAIL COMPLETED APPLICATION TO: permits@palospark.org