



Village of Arlington Heights
 Building & Life Safety Department
 847-368-5560
 www.vah.com

Building Permit Addendum Application

Job Address: _____ **Permit Number:** _____
Real Estate #: _____ **Value of Work: \$ (Addendum)** _____
New Sq. Footage: _____

Project – Select all that apply

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> A/C (Single Family) | <input type="checkbox"/> Demolition (Single Family) | <input type="checkbox"/> Grading | <input type="checkbox"/> Re-roof (Single Family) |
| <input type="checkbox"/> A/C (Comm): Units _____ | <input type="checkbox"/> Drainage - Landscaping | <input type="checkbox"/> Hot Tub / Spa | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> Tons _____ Apron | <input type="checkbox"/> Drain Tile - Building | <input type="checkbox"/> Kitchen Remodel | <input type="checkbox"/> Shed / Gazebo |
| <input type="checkbox"/> Basement Remodel | <input type="checkbox"/> Driveway | <input type="checkbox"/> Multi-family Addition | <input type="checkbox"/> Single Family – Addition |
| <input type="checkbox"/> Basketball Pole | <input type="checkbox"/> Early Start | <input type="checkbox"/> Multi-family(New) | <input type="checkbox"/> Single Family - Interior |
| <input type="checkbox"/> Bathroom Remodel | <input type="checkbox"/> Elevator (Mod) | <input type="checkbox"/> New Water / Sewer | <input type="checkbox"/> Single Family (New) |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Elevator – No. of Floors _____ | <input type="checkbox"/> Connect Parking Lot | <input type="checkbox"/> Site Clearing |
| <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Facade | <input type="checkbox"/> Patio | <input type="checkbox"/> Site Improvement |
| <input type="checkbox"/> Commercial Alteration | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Pergola | <input type="checkbox"/> Solar Panel Installation |
| <input type="checkbox"/> Commercial (New) | <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Pool (In-ground) | <input type="checkbox"/> Stoop |
| <input type="checkbox"/> Chimney | <input type="checkbox"/> Foundation Start | <input type="checkbox"/> Pool (Above Ground) | <input type="checkbox"/> Temporary Trailer |
| <input type="checkbox"/> Crawl Space Conversion | <input type="checkbox"/> Furnace | <input type="checkbox"/> Pool (Demo) | <input type="checkbox"/> Water upgrade |
| <input type="checkbox"/> Deck / Porch | <input type="checkbox"/> Garage | <input type="checkbox"/> Private Walks | <input type="checkbox"/> Windows (Commercial) |
| <input type="checkbox"/> Demolition (Commercial) | <input type="checkbox"/> Garage Addition | <input type="checkbox"/> Public Walk | <input type="checkbox"/> Windows (Multi Family) |
| <input type="checkbox"/> Demolition (Garage) | <input type="checkbox"/> Garage Floor | <input type="checkbox"/> Re-roof (Commercial) | <input type="checkbox"/> Windows (Single Family) |
| <input type="checkbox"/> Demolition (Interior) | <input type="checkbox"/> Generator | <input type="checkbox"/> Re-roof (Multi Family) | <input type="checkbox"/> Other _____ |

Specific Scope of Work: _____

Important - Please Read

Does this addendum include a change of contractor? Yes No

If Yes, this application must be accompanied by a change of contractor form. In addition, the new contractor needs to be licensed within in the Village and have an online account to access the permit.
 I, the applicant, certify that I have the proper authority to apply for this permit, to list the contractor provided below, and that all information provided is complete and accurate to the best of my knowledge.

Date: _____ **Applicant's Signature:** _____ **Print Name:** _____

Phone: _____ **Fax:** _____

Applicant's Email: _____

Applicant's Address: _____

City: _____ **State:** _____ **Zip:** _____

Contractor: _____ **Contractor's VAH License #** _____

Contractor's Address: _____ **Contractor's Email:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Owner of Property: _____ **Owner's Phone:** _____