



Building & Life Safety Department
Village of Arlington Heights
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

Air Conditioner – Rear Yard Installation - Residential Over the Counter Permit

APPLYING FOR PERMITS:

Over-the-Counter permits should be brought to the front counter of the Building & Life Safety Department.

NOTE: If you email your permit materials to building@vah.com, it will be processed under standard permit processing protocols which is 5 day processing period for residential projects.

APPLICATIONS AND FORMS REQUIRED:

The materials that you need to submit are listed below. Please fill out applications and forms completely. If materials are incomplete, illegible or lacking information, this may delay your permit processing. All materials need to be brought in on pages not larger than 11" x 17".

NOTE: If you are the home owner and doing the work yourself, please fill out and submit the Homeowner as General Contractor form with your applications.

REVIEW TIMEFRAMES:

If all required materials are brought to the Building & Life Safety Department front counter properly filled out, you will be able to obtain a permit that day. This form can be found on the Village Web-site.

PROCESSING NOTIFICATIONS:

Village of Arlington Heights Contractor license number must be listed on the permit applications. If not known, they can be looked up on the Village of Arlington Heights web-site. Web address given below:

https://www.vah.com/village_services/permits_and_licenses

FEES:

The fee for air conditioner installation is \$40.00.

INSPECTIONS:

Inspections are required; please call 847-368-5560 at least one day in advance to schedule your inspection. The permit number and project address are required when scheduling.

APPLICATIONS, FORMS AND OTHER MATERISL TO BE SUPPLIED:

Supply those items marked below to ensure your submittal is complete. Fill out all forms clearly and accurately.

Applications Required:

- Building Permit Application

Materials to be Submitted (one set of each of the indicated items):

- Contractor's Proposal explaining the scope of work to be performed.
- Plat of Survey



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BUILDING PERMIT APPLICATION

Indicate application type: **New Application** _____

Addendum _____

Value of Work: \$ (New) _____

Value of Work: \$ (Addendum) _____

Job Address: _____

Real Estate #: _____

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 ____ Tons ____ | <input type="checkbox"/> Drainage - Landscaping | <input type="checkbox"/> Hot Tub / Spa | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> 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 Connect | <input type="checkbox"/> Single Family (New) |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Elevator – No. of Floors ____ | <input type="checkbox"/> 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 project have multiple contractors? Yes No

If Yes, this application must be accompanied by the Contractor List.

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:** _____