



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 Conditioning – Commercial**

### **Submittal Process and Checklist**

#### **APPLYING FOR PERMITS:**

Submit all materials via email to: Building@vah.com. You will receive an email notification within 24 hours that your email was received. If you do not receive an email response, contact us at 847-368-5560.

#### **APPLICATIONS AND FORMS REQUIRED:**

The applications and forms that you need to submit are listed on the next page of this checklist. Please be careful to fill these out completely. Incomplete, illegible or lack of information, can delay your permit from being processed.

\*If you are the Commercial Property / Business Owner doing the work yourself, please fill out and submit the Commercial Property Owner as General Contractor form with your applications. This form is found at www.vah.com.

#### **CONTRACTOR LICENSE:**

The Village of Arlington Heights Contractor license number must be listed on the permit applications. Their license numbers can be looked up on our web-site at:

[https://www.vah.com/village\\_services/permits\\_and\\_licenses](https://www.vah.com/village_services/permits_and_licenses)

#### **REVIEW TIME FRAMES:**

Please allow 15 working days for plan review. Each revision or re-submittal can take an additional 15 working days.

#### **PROCESSING NOTIFICATIONS:**

When reviews are completed, if approved, you will receive a pick-up notification packet by email. If a correction or revision is required, you will receive Plan Review Comments. When submitting revisions/corrections, please provide detailed written response of the changes.

#### **FEES:**

Fees are not pre-set based on project type. The pick-up notification packet will show the detailed permit cost for the project.

Once payment is received, your plans and permit placard will be emailed to the applicant within 24 hours. Please print the plans and permit placard and have available at the site for inspection.

#### **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 Materials to be supplied for the following type of project:**

Air Conditioning – Commercial

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

**Applications Required:**

- Building Permit Application
- Electrical Permit Application (if applicable) (include copy of Electrical License)

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

- Structural Calculations for roof-top units if the weight of the new unit(s) is 5% or greater than the existing unit(s).
- Plans – fully dimensioned, scaled drawings (sealed by Architect or Engineer not required)
- Plat of Survey showing location of the unit(s).
- Contractor's Proposal explaining the scope of work to be performed.
- Project specific materials:
  1. Specifications for the A/C units (RTUs) shall be provided including the weight of the existing and replacement units. If the weight of the two units is not able to be provided, structural calculations shall be provided



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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:** \_\_\_\_\_



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## APPLICATION FOR ELECTRICAL PERMIT

Indicate application type: New Application \_\_\_\_\_

Addendum \_\_\_\_\_

**THE PERMIT ISSUED ON THIS APPLICATION IS AUTHORIZED ONLY FOR WORK SPECIFIED. ELECTRICIAN MUST PROVIDE COPY OF REGISTRATION WITH EACH SUBMITTAL. CONTRACTOR MUST GIVE COMPLETE INFORMATION, AS INDICATED BELOW:**

**DATE:** \_\_\_\_\_ **ADDRESS OF WORK TO BE DONE:** \_\_\_\_\_

**OWNER OF PROPERTY:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_ **OWNER'S PHONE #:** \_\_\_\_\_

**OWNER'S CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**ELECTRICAL CONTRACTOR'S COMPANY NAME:** \_\_\_\_\_

**CONTRACTOR'S NAME:** \_\_\_\_\_ **CONTRACTOR'S E-MAIL:** \_\_\_\_\_

**CONTRACTOR'S PHONE #:** \_\_\_\_\_ **CONTRACTOR'S CELL PHONE #:** \_\_\_\_\_

**CONTRACTOR'S ADDRESS:** \_\_\_\_\_

**CONTRACTOR'S CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**REGISTRATION NO. AND CITY:** \_\_\_\_\_

**SPECIFIC SCOPE OF WORK:** \_\_\_\_\_

<b>NEW SINGLE FAMILY DWELLING</b>	
<b>No. of Sq. Ft.</b>	

<b>LIGHTING, CIRCUITS AND OUTLETS</b>	<b>TOTAL #</b>
15 / 20 AMP CIRCUITS	
30 & Up AMP CIRCUITS	

<b>POWER</b>	<b>TOTAL #</b>
AIR CONDITIONERS	
APPLIANCES	
MOTORS	

**ELECTRICAL SERVICE:** Voltage \_\_\_\_\_  OVERHEAD  UNDERGROUND  100 AMP  200 AMP  400 AMP

**OTHER:** \_\_\_\_\_

**LOW VOLTAGE CABLING/ALARM SYSTEMS:**

PHONE  TV/AUDIO  INTERCOM  COMPUTER/NETWORK  SECURITY SYSTEM  FIRE ALARM  
 OTHER:

**SPECIAL EQUIPMENT:**  GENERATOR  SWIMMING POOL/HOT TUB  SIGN  OTHER: \_\_\_\_\_

**ELEVATOR:** NO OF FLOORS: \_\_\_\_\_  NEW  MOD  PLATFORM LIFT  ESCALATOR  DUMBWAITER  
 OTHER: \_\_\_\_\_

\_\_\_\_\_  
**ELECTRICIAN or AUTHORIZED AGENT**

**OFFICE USE ONLY**

**PERMIT NO:** \_\_\_\_\_ **FEE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF ELECTRICAL INSPECTOR**

**IMPORTANT**  
**PLEASE READ BEFORE FILLING OUT APPLICATION**

**A permit must be obtained for all installations or alterations of electric equipment.**

**A permit must be obtained before the work is started.**

**Application for the permit must give the location by street and number. Locations on corners will not be accepted. The street number must be correct.**

**Application must be filled out in its entirety and signed by the Electrician or an Authorized agent.**

**Electrician must provide copy of registration with each submittal. Both Application and license / registration must be received together or neither will be accepted.**

**The inspection fee must be paid before a permit is issued. As this fee is based on the apparatus installed, a correct statement of such apparatus must appear on the application.**

**The permit issued on this application will authorize only work here applied for. If other work is done, it must be covered by additional permits or as an addendum to the existing permit.**

**Contractor shall not make connection to existing wiring where same is defective. In all cases the contractor installing the apparatus, in addition to existing load, shall be held responsible for any overload of service, branch mains or circuits.**

**No current shall be used on the apparatus installed under authority of a permit without approval of Building & Life Safety Department.**

**When this installation is ready to be energized, an inspection must be approved by the Electrical Inspector.**