



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

Bathroom Remodel - Residential

Submittal Process and Checklist

APPLYING FOR PERMITS:

All materials to be submitted via email to: Building@vah.com You will receive an email notification within 24 hours that your email has reached our in-box. If you do not receive one, 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 sure to fill these out completely. Incomplete, illegible or lack of information, can delay your permit from being processed.

* If you are the homeowner and doing the work yourself, please fill out and submit the Homeowner as General Contractor form with your applications. This form can be found at WWW.VAH.COM.

CONTRACTOR LICENSE:

Village of Arlington Heights Contractor license number must be listed on the permit applications. They can be looked up on the Village of Arlington Heights web-site provided below:

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

REVIEW TIMEFRAMES:

Please allow 10 working days for the plan review. Each revision or re-submittal can take an additional 10 working days.

PROCESSING NOTIFICATIONS:

When reviews are completed, if approved, you will receive a pick-up notification. 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:

Bathroom Remodel - Residential

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

Applications Required:

- Building Permit Application
- Plumbing Permit Application (if applicable)(include Letter of Intent and IDPH "055" license)
- Electrical Permit Application (if applicable)(include copy of Electrical License)

Forms Required:

- Contractor List *(if more than one contractor)*
- Tax Assessor Supplemental Information *(Complete the 1st & 2nd boxes)*

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

- Plans – fully dimensioned, scaled drawings (sealed by Architect or Engineer not required)
- Contractor's Proposal explaining the scope of work to be performed.



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BUILDING PERMIT APPLICATION

Indicate application type: **New Application** _____

Addendum _____

Job Address: _____

Real Estate #: _____

Value of Work: \$ (New) _____

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 ____ 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: _____

NEW SINGLE FAMILY DWELLING	
No. of Sq. Ft.	

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

POWER	TOTAL #
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.



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APPLICATION FOR PLUMBING AND SEWER WORK

Indicate application type: New Application _____

Addendum _____

DATE: _____ ADDRESS OF WORK TO BE DONE: _____

OWNER OF PROPERTY: _____

PLUMBING 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: _____

STATE OF IL PLUMBING REGISTRATION # (055): _____

(INDICATE NUMBER OF NEW FIXTURES)

___ BATH TUB	___ WATER CLOSETS	___ DRINKING FOUNTAIN	___ SEWER REPAIR/CLEAN OUT
___ SHOWERS	___ WATER HEATER	___ MOP BASIN	___ FLOOD CONTROL SYSTEM
___ LAVATORY	___ DISHWASHER	___ PREP SINKS	___ BACK FLOW PREVENTER
___ KITCHEN SINKS	___ FLOOR DRAIN	___ WATER CONNECTION	___ GREASE TRAP
___ HAND SINK	___ URINALS	___ EJECTOR PUMP	___ LAWN SPRINKLERS
___ LAUNDRY TRAY	___ TRIPLE SINKS	___ WASH MACHINE	___ DOWNSPOUTS (Internal)

MISCELLANEOUS: _____

IN CONSIDERATION OF THE ISSUE AND DELIVERY BY THE BUILDING & LIFE SAFETY DEPARTMENT OF THE VILLAGE OF ARLINGTON HEIGHTS OF THE ABOVE PERMIT, APPLICANT AGREES TO ALL OF THE PROVISIONS OF THE PLUMBING CODE AND ALL STATE LAWS PERTAINING TO BUILDING AND AGREES TO SAVE, INDEMNIFY, AND KEEP HARMLESS THE VILLAGE OF ARLINGTON HEIGHTS, ITS OFFICERS AND EMPLOYEES AGAINST ALL LIABILITIES, JUDGEMENTS, COSTS AND EXPENSES.

EVERY PLUMBING PERMIT APPLICATION MUST BE ACCOMPNIED BY A COPY OF THE STATE OF ILLINOIS PLUMBING CONTRCTOR LICENSE AND LETTER OF INTENT AT THE TIME OF APPLICATION SUBMISSION.

SIGNATURE OF LICENSED PLUMBER

OFFICE USE ONLY

PERMIT NO: _____

FEE: _____

TOTAL NO. OF FIXTURES _____

SIGNATURE OF PLUMBING INSPECTOR

**PLUMBING CONTRACTOR'S
EXAMPLE LETTER OF INTENT**

- Letter must be on company letterhead.
- If company is incorporated, letter must have corporate seal.
- If company is not incorporated, letter must be notarized.

Date: _____

Project Address: _____
Arlington Heights, Illinois

To Whom It May Concern:

It is the intent of _____ to perform the
(Name of Company)

(Description of Plumbing Work)

per the Arlington Heights and State of Illinois Plumbing codes at the above address in the Village of
Arlington Heights as a subcontractor for _____.
(Name of General Contractor)

Name of Company: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

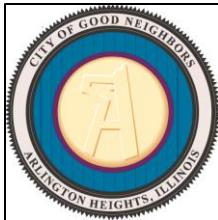
Contact Number: _____

State of IL Plumbing Registration # (055): _____

Signature of Licensed Plumber: _____

Name of Licensed Plumber: (Print) _____

((225 ILCS 320/37) (from Ch. 111, par. 1135) A letter of intent shall be included with all plumbing permit applications. The letter shall be written on the licensed plumber of record's business stationery and shall include the license holder's signature and, if the license holder is incorporated, the license holder's corporate seal. If the license holder is not incorporated, the letter must be notarized.



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TAX ASSESSOR SUPPLEMENTAL INFORMATION

NEW STRUCTURES - Complete the first two boxes.

ADDITIONS - Complete first and third boxes.

ADDITIONS W/INTERIOR ALTERATIONS - Complete first, third and fourth boxes.

INTERIOR ALTERATIONS ONLY - Complete first and fourth boxes.

GENERAL INFORMATION

☐ RESIDENTIAL ☐ COMMERCIAL

Job Site Address: _____ Permit #: _____

P.I.N. #: _____ Value of Work: _____

Name of Business to Occupy Space: _____

NEW STRUCTURES

Square Footage: 1st Floor: _____ 2nd Floor: _____ Garage: _____

Basement: _____ Attic: _____

Number of Bathrooms: _____ Number of Bedrooms: _____

Will basement be finished: ☐ Yes ☐ No ☐ N/A Will attic be finished: ☐ Yes ☐ No ☐ N/A

ADDITIONS

Square Footage: 1st Floor: _____ 2nd Floor: _____ Garage: _____

Basement: _____ Attic: _____

Number of New Bathrooms: _____ Number of New Bedrooms: _____

Is basement finished: ☐ Yes ☐ No ☐ N/A Is basement to be remodeled: ☐ Yes ☐ No ☐ N/A

Is attic finished: ☐ Yes ☐ No ☐ N/A Is attic to be remodeled: ☐ Yes ☐ No ☐ N/A

INTERIOR ALTERATIONS

Square Footage of Existing Space to be Altered:

1st Floor: _____ 2nd Floor: _____ Garage: _____ Basement: _____ Attic: _____

Number of Bathrooms: _____ Number of Bedrooms: _____

Is basement finished: ☐ Yes ☐ No ☐ N/A Is basement to be remodeled: ☐ Yes ☐ No ☐ N/A

Is attic finished: ☐ Yes ☐ No ☐ N/A Is attic to be remodeled: ☐ Yes ☐ No ☐ N/A

**VILLAGE OF ARLINGTON HEIGHTS
CONTRACTOR LIST**

Job Address: _____

Permit #: _____

**IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO ENSURE ALL CONTRACTORS ARE PROPERLY LICENSED,
LOCALLY AND AT STATE LEVEL**

	Name	Address	Phone	License Number
Owner:				
Architect:				
General:				
Electrical:				
Plumbing:				
Fire Alarm:				
Roofer:				
Air Cond.:				
Mason:				
Carpenter:				
Conc. Paver:				
Steel Erect.:				
Drywall/Plaster:				
Excavator:				

Fireplace:				
Flooring:				
Heating:				
Insulation:				
Landscaper:				
Painter:				
Sheet Metal:				
Stair Builder:				
Tank Installer:				
Tile:				
Venting:				
Hood & Duct:				
Smoke Evac.:				
Sprinkler:				
Other:				
Other:				
Other:				

All Contractors must be licensed prior to the issuance of the permit
Contractor's license must remain valid through duration of the construction project.
