



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

## **Low-Voltage - 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:**

Low Voltage - Commercial

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

**Applications Required:**

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

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

- Plans – fully dimensioned, scaled drawings if the work includes either Voice & Data work, or key card door access controllers.



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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.**