



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

Window Replacement – Multi-family Residences

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

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:

Window Replacement – Multi-family Residences

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):

- Project specific materials:
 1. Signed Condominium Association approval letter
 2. Manufacture's specifications sheets that detail the windows type, model brand and the energy efficiency ratings.



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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:** _____