



VILLAGE OF ARLINGTON HEIGHTS
 BUILDING & LIFE SAFETY DEPARTMENT
 33 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
 Phone (847) 368-5560
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 Website: www.vah.com

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:** _____