



VILLAGE OF ARLINGTON HEIGHTS
 BUILDING & LIFE SAFETY DEPARTMENT
 33 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
 Phone (847) 368-5560
 Fax (847) 368-5975
 Website: www.vah.com

FIRE SAFETY PERMIT APPLICATION

Indicate application type: New Application _____
 Addendum _____

Job Address: _____ **Value of Work: \$** _____

- NEW APPLICATION ADDENDUM TO EXISTING APPLICATION
 COMMERCIAL RESIDENTIAL

PLEASE ALLOW 15 DAYS FOR REVIEW TIME

- Fire Sprinkler – Indicate # of Heads ____ Fire Alarm Above Ground Tank Install In-Ground Tank Removal
 Fire Pump Commercial Exhaust Hood & Duct Above Ground Tank Removal Hazardous Chemicals
 Standpipe Gaseous Suppression In-Ground Ground Tank Install Tent
 Other _____

Specific Scope of Work: _____

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 License #** _____

Contractor's Address: _____ **Contractor's Email:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Owner of Property: _____ **Owner's Phone:** _____

FOR OFFICE USE ONLY				
			Fire Plan Review Fee	101-432.09
Fire Plan Review Deposit	101-432.08		Electrical Permit Fee (Where Applicable)	101-432.10
Date:			TOTAL PERMIT FEES DUE	

Permit No: _____