



VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
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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: _____ **Subdivision:** _____

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

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

Is basement unfinished: Yes No N/A **Is basement to be remodeled?** Yes No N/A

Is attic unfinished: Yes No N/A **Is attic to be remodeled?** Yes No N/A