

# APPLICATION FOR BUILDING PERMIT

**Village of Chicago Ridge**  
 10455 South Ridgeland  
 Chicago Ridge, IL 60415  
**BUILDING DEPARTMENT**  
 708-425-7700

PLAN NUMBER

PERMIT NUMBER

OWNER'S NAME _____ PHONE NO. _____ DATE OF APPLICATION _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TENANT NAME & ADDRESS – LOCATION OF PERMIT _____	<p><b>THIS APPLICATION</b> for a Building Permit is hereby made in order to:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1. ERECT NEW</td> <td><input type="checkbox"/> 6. DEMOLISH</td> </tr> <tr> <td><input type="checkbox"/> 2. INSTALL</td> <td><input type="checkbox"/> 7. MOVING-RAISING-SHORING</td> </tr> <tr> <td><input type="checkbox"/> 3. REPAIR</td> <td><input type="checkbox"/> 8. REPLACE</td> </tr> <tr> <td><input type="checkbox"/> 4. PAVE</td> <td><input type="checkbox"/> 9. ALTER</td> </tr> <tr> <td><input type="checkbox"/> 5. REMODEL</td> <td><input type="checkbox"/> OTHER: _____</td> </tr> </table> TYPE OF CONSTRUCTION _____ <hr/> <p style="background-color: red; color: white; padding: 2px;"><b>IT IS UNLAWFUL TO USE OR OCCUPY ANY PREMISES WITHOUT FIRST HAVING SECURED A CERTIFICATE OF OCCUPANCY FROM THE BUILDING DEPARTMENT</b></p>	<input type="checkbox"/> 1. ERECT NEW	<input type="checkbox"/> 6. DEMOLISH	<input type="checkbox"/> 2. INSTALL	<input type="checkbox"/> 7. MOVING-RAISING-SHORING	<input type="checkbox"/> 3. REPAIR	<input type="checkbox"/> 8. REPLACE	<input type="checkbox"/> 4. PAVE	<input type="checkbox"/> 9. ALTER	<input type="checkbox"/> 5. REMODEL	<input type="checkbox"/> OTHER: _____
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<input type="checkbox"/> 5. REMODEL	<input type="checkbox"/> OTHER: _____										

DESCRIPTION					
1.	<input type="checkbox"/> SINGLE FAMILY RESIDENCE				
2.	<input type="checkbox"/> APARTMENTS	UNITS:			
3.	<input type="checkbox"/> GARAGE	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> DETACHED		
4.	<input type="checkbox"/> CARPORT				
5.	<input type="checkbox"/> COMMERCIAL	UNITS:			
6.	<input type="checkbox"/> INDUSTRIAL	UNITS:			
7.	<input type="checkbox"/> ADDITIONS	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MULTI-FAMILY
8.	<input type="checkbox"/> REMODELING-INTERIOR	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MULTI-FAMILY
9.	<input type="checkbox"/> REMODELING-EXTERIOR	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MULTI-FAMILY
10.	<input type="checkbox"/> ACCESSORY BUILDINGS	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MULTI-FAMILY
11.	<input type="checkbox"/> STORAGE	<input type="checkbox"/> W/OFFICES	<input type="checkbox"/> W/O OFFICES		
12.	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> W/OFFICES	<input type="checkbox"/> W/O OFFICES		
13.	<input type="checkbox"/> FIRE DAMAGE	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MULTI-FAMILY
14.	<input type="checkbox"/> SWIMMING POOLS	<input type="checkbox"/> ABOVE-GROUND	<input type="checkbox"/> IN-GROUND		
15.	<input type="checkbox"/> AIR-CONDITIONER				
16.	<input type="checkbox"/> FURNACE	<input type="checkbox"/> HEATERS	TYPE:		
17.	<input type="checkbox"/> TANKS	<input type="checkbox"/> CAPACITY:	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVE-GROUND	
18.	<input type="checkbox"/> OTHER:				

**INDICATE THE FOLLOWING INFORMATION AS IT APPLIES TO THE PROPOSED WORK TO BE DONE**

NUMBER OF NEW	ROOMS	BASEMENT	BATHS	LAVATORIES	TOILETS	LAUNDRY TUBS	SINKS	SHOWERS	OTHER PLUMBING	FLOOR DRAINS
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TYPE OF HEATING: (GAS, OIL, ELECTRIC, ETC.) – (FORCED AIR, WATER, ETC.) \_\_\_\_\_

INTERIOR FINISH  
 PLASTER       DRYWALL

	SEWER	WATER	GENERAL	SCHOOL DISTRICT	LIBRARY	PARK DISTRICT	TOTAL DONATIONS	
IMPACT FEE							\$	
REAL ESTATE INDEX TAX NUMBER							<input type="checkbox"/> BUILDING PERMIT FEE	\$ _____
LOT NO.	BLOCK	SUBDIVISION				<input type="checkbox"/> RESTORATION BOND	\$ _____	
ZONING								
<b>SET BACKS IN FEET</b>	FRONT LOT LINE	SIDE LOT LINE	REAR LOT LINE	FROM EXISTING BLDG.				
<b>FOOTAGE</b>	FRONT	SQ. FT. TOTAL BUILDING		SQ. FT. SPECIFIED REMODELING				
LENGTH	WIDTH	HEIGHT		VALUATION				
APPLICANT SIGNATURE (OWNER/AGENT) <b>X</b>								
<b>TOTAL PERMIT COST</b>							\$ _____	

BUILDING DEPARTMENT USE ONLY			
VARIANCE REQUIRED YES <input type="checkbox"/> GRANTED <input type="checkbox"/> DATE _____ NO <input type="checkbox"/> DENIED <input type="checkbox"/>	ORDINANCE NO. _____	APPLICATION FOR PERMIT APPROVED <input type="checkbox"/> DATE _____ DENIED <input type="checkbox"/>	SIGNED (DIRECTOR BLDG. DEPT.) _____