



CITY OF HIGHLAND PARK
GENERAL BUILDING PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING DIVISION
1150 Half Day Rd., Highland Park, IL 60035
(P) 847.432.0808, (F) 847.926.8885
(W) www.cityhpil.com, (E) building@cityhpil.com

PERMIT APPLICATION INSTRUCTIONS

- 1) Provide a description in the box below of your proposed project.
- 2) Complete all applicable areas on pages 2, 3, & 4, including signature(s).
- 3) Compile copies of all drawings, proposals, licenses, insurance, etc.
****VISIT WWW.CITYHPIL.COM/BUILDING TO VIEW SUBMITTAL REQUIREMENTS & CURRENT CODES****
- 4) Submit ALL documents with signature(s) to the Building Division.

IMPORTANT NOTES


- 1) Visit www.cityhpil.com/building to view submittal requirements and current codes & amendments.
- 2) Incomplete submissions will result in delays.
- 3) Permits for all new construction shall also submit a Fire Alarm & Sprinkler permit application.
Please include the monitoring company information and fire alarm control panel location on the drawing(s).
- 4) Exterior work may require a separate Tree Removal / Preservation / Protection Permit.
- 5) Separate forms required for Drainage & Grading, Obstruction, Fire Alarm, Fire Sprinkler, Tents, Signs, Right of Way, Tree Removal/Preservation, Letter of Intent, & Structure Demolition.

CONSTRUCTION SITE ADDRESS: _____

*****REQUIRED*****

PROJECT DESCRIPTION / NOTES / SCOPE OF WORK

*****REQUIRED*****



Use the Solar
Permit App.
for Solar
Installations

PLEASE SEND PERMIT APPLICATIONS VIA EMAIL TO: building@cityhpil.com

PLEASE SEND INSPECTION REQUESTS VIA EMAIL TO: buildinginspections@cityhpil.com



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Master Permit Number: _____

Approval _____

PROPERTY OWNER INFORMATION

Name(s): _____

Address: _____

Phone: _____

Email: _____

ARCHITECT INFORMATION

Business Name: _____

Contact Name: _____

Business Address: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

PRIMARY OR GENERAL CONTRACTOR INFORMATION

(If homeowner, submit Homeowner/General Contractor Agreement)

Business Name: _____

Contact Name: _____

Business Address: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

License Number: _____ Exp. Date _____

Bond: _____ Exp. Date _____

Insurance: _____ Exp. Date _____

INVOICING - SIGN & DATE

Invoice To: Homeowner Applicant

Billing Customer Num. (if known): _____

Property Owner: _____

*****ALWAYS REQUIRED*****

Applicant: _____

(If different than property owner)

Construction Address: _____

Cost of Construction: \$ _____

REQUESTED PERMITS

CHECK ALL THAT APPLY AND COMPLETE PAGES 3 & 4

**NOTE: Most exterior work will require a separate
Tree Removal / Protection Permit**

BUILDING
 New Alteration / Remodel Addition

ELECTRICAL (complete ELECTRICAL section on page 3)
 New Alter or Repair

MECHANICAL (complete MECHANICAL section on page 3)
 New Replace

PLUMBING (complete PLUMBING section on page 4)
 New Alter or Repair

DEMOLITION
 Interior Only Complete (see demo package)

FENCE
 New Repair or Replace Extension

ROOF (complete ROOF section on page 3)
 New Repair or Replace

DRIVEWAY
 New Repair or Replace Extension
Number of Driveway Approaches _____

PATIO / DECK
 New Repair or Replace Extension

OTHER
 Garage Accessory Structure Windows
 Pool / Hot Tub Temporary Trailer Siding
 Obstruction Elevator Other

Waiver(s) Required Guarantee Deposit(s) Required

Historic Floodplain HOA Approval

In-House Review Third Party Review

Total Permit Fees: \$ _____

Total Deposits: \$ _____

Total Due: \$ _____

Sign & Date

Internal Use Only



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Construction Site Address: _____

ROOFING CONTRACTOR

Business Name: _____
 Contact Name: _____
 Business Address: _____

 Office Phone: _____
 Mobile Phone: _____
 Email: _____
 License Number: _____ Exp. Date _____

ROOFING DETAIL

- Asphalt Shingles
- Wood shake / wood shingles
- Stone / Clay Shingles
- Metal Roofing
- Adhesive Membrane
- Hot Tar
- Other

Are solar energy panels present?

NO

YES*

 *If YES, please also complete a Solar Permit

ROOFING PERMIT NUMBER: _____

APPROVAL: _____

ELECTRICAL CONTRACTOR

Business Name: _____
 Contact Name: _____
 Business Address: _____

 Office Phone: _____
 Mobile Phone: _____
 Email: _____
 License Number: _____ Exp. Date _____

ELECTRICAL DETAIL

- New Service Service Revision Temp. Service
- Service Amp Size _____
- Generator Swimming Pool / Hot Tub
- Alternative Energy _____ Kilowatts
- Elevator, Lift, or Hoist
- _____ No. of Wire Openings _____ No. of Fixtures
- _____ No. of Heating Kilowatts
- _____ Electrical Motor Horse Power

ELECTRICAL PERMIT NUMBER: _____

APPROVAL: _____

MECHANICAL CONTRACTOR

Business Name: _____
 Contact Name: _____
 Business Address: _____

 Office Phone: _____
 Mobile Phone: _____
 Email: _____
 License Number: _____

MECHANICAL DETAIL

- New or Replacement Heating Equipment
- _____ Number of Units
- _____ Total Number of New (input) BTUs
- New or Replacement Cooling Equipment
- _____ Number of Units
- _____ Total Number of New Cooling Tons
- Bathroom Exhaust Kitchen Exhaust/Hood
- Duct Modification Pool Equipment

HVAC PERMIT NUMBER: _____

APPROVAL: _____



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Construction Site Address: _____

PLUMBING, WATER, & SEWER CONTRACTOR

Business Name: _____
 Contact Name: _____
 Business Address: _____

 Office Phone: _____
 Mobile Phone: _____
 Email: _____
 License Number: 055-_____ Exp. Date _____

**Reminder: Submit a copy of 055 license(s) with application*
**Reminder: Submit a Letter of Intent that is signed, notarized, or has an official seal with application*

*****REQUIRED PER IL PUBLIC ACT 102-0613*****

IDENTIFY INCOMING WATER SERVICE LINE MATERIAL

- COPPER LEAD
 UNKNOWN GALVANIZED

PLUMBING DETAIL

- New or Alter Plumbing
 Number of Fixtures _____
- Lawn Sprinkler
 Number of Sprinkler Outlets _____
- Sewer Repair
 Private ROW
 Sanitary Storm
- Water Heater
 New Replacement
- Service Disconnection Required
 Water Sanitary Storm
- Service Taps
 Water Sanitary Storm
- Water Service Tap Size
 1" 1-1/2" 2" >2"
- Water Meter Size
 1" 1-1/2" 2" >2"
- No. of Parkway Openings _____
- No. of Street Openings _____

PLUMBING PERMIT NUMBER: _____

APPROVAL: _____

DRAINAGE AND GRADING CONTRACTOR

Business Name: _____
 Contact Name: _____
 Business Address: _____

 Office Phone: _____
 Mobile Phone: _____
 Email: _____

DRAINAGE AND GRADING DETAIL

- Residential Drainage and Grading Plan Review Required
- Commercial Drainage and Grading Plan Review Required
- Plumbing Permit Required

*****May require a separate Drainage & Grading Package*****

D & G PERMIT NUMBER: _____

APPROVAL: _____