



**CITY OF HIGHLAND PARK
MECHANICAL 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 and sign Page 2 on back.
- 3) Compile copies of all drawings, proposals, licenses, insurance, etc.
- 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) Most exterior work will require a separate Tree Removal / Preservation Permit.
- 4) Separate forms required for Building, Plumbing, Electrical, Fire Alarm, Fire Sprinkler, Tents, Signs, Tree Removal/Preservation, Right of Way, Obstruction, Letter of Intent, & Structure Demolition.

Construction Site Address: _____

*****REQUIRED*****

PROJECT DESCRIPTION / NOTES / SCOPE OF WORK

*****REQUIRED*****

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

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



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Approval _____

Visit www.cityhpil.com/building for submission requirements and a list of adopted codes & amendments.

Construction Site Address: _____ Permit No: _____

PROPERTY OWNER INFORMATION

Name(s): _____ Phone 1: _____

Phone 2: _____
Address: _____ Email 1: _____

Email 2: _____

MECHANICAL INFORMATION

(If homeowner, submit Homeowner/General Contractor Agreement)

MECHANICAL CONTRACTOR

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

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

PROJECT DETAIL (check all that apply)

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

INVOICING / SIGN & DATE

Invoice To: Homeowner Applicant/Contractor
Billing Customer Num. (if known): _____

Property Owner: _____
 *****ALWAYS REQUIRED*****
Applicant: _____
(If different than property owner)

INTERNAL USE ONLY

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