



CITY OF HIGHLAND PARK
OBSTRUCTION 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 pages and sign on Page 2.
- 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, Fire Alarm, Fire Sprinkler, Tree Removal/Preservation, Tents, Right of Way (ROW), Signs, Contractor Change, Letter of Intent, & Structure Demolition.

Construction Site Address(es): _____

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: _____

PROJECT INFORMATION

CONTRACTOR

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

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

**Reminder: Attach copy of any license(s), if applicable*

PUBLIC CONTACT ON SIGNAGE

Contact Name & Title: _____
Phone Number: _____
Email: _____

PROJECT DETAIL

Project Start Date: _____
Project End Date: _____
Closure Start Date: _____
Closure End Date: _____
Closure Start Time: _____
Re-Opening Time: _____

INTERNAL USE ONLY

Invoice To: Property Owner 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



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SIGNAGE MUST INCLUDE

*** Construction date(s) & time(s) ***

*** Road and/or parking space closure date(s) & time(s) ***

*** Public contact name(s) and number(s) ***

REQUIRED

DESCRIBE PROPOSED DETOUR ROUTE
AND TRAFFIC MANAGEMENT PLAN

REQUIRED

REQUIRED

PLEASE ATTACH PHOTO(S) & DETAILED MAP(S)
(include additional pages if necessary)

REQUIRED