

PERMIT#

DEVELOPMENT SERVICES DEPARTMENT 14700 RAVINIA AVENUE ORLAND PARK, ILLINOIS 60462 708-403-5300 FAX 708-403-6215

<u>developmentservices@orlandpark.org</u> www.orlandpark.org

## The Freedom of Information Act (FOIA)

Any information provided on this form is subject to the Freedom of Information Act and may be released as part of a document request. If you do not want personal information released to the public, please provide alternative contact information or clearly note that it is personal/private contact information.

MECHANICAL PERMIT APPLICATION					
About the location where work is being done:		Address:			
		Business or Homeowner Name:			
		Business or Homeowner Phone:			
Describe					
mechanical work					
being done: Cost of work:		¢	☐ Residential ☐ Commercial ☐ Industrial ☐ Med		
COST OF WORK.		\$	ical □Office		
About the contractor who will be doing the work:		Business Name:			
		Busine			
		Conta	Bond Expires:		
		Email:	Bond Expires.		
		Lilian			
Equipment: (Village Use,					
		ntity	Model Number (submit specs with application)	Fee	
Air Conditioner		Ž			
Forced Air System					
Boiler					
Roof Top Unit-RTU					
Refrigeration					
Floor Furnace					
Wall / Unit Heater					
Air Handling					
Other:					
Total Fee:					
Applicant:		Printed Name:			
		Company:			
		Phon	e: Email:		
I, the Owner/Agent/Contractor, for the above property hereby apply to the Development Services Department of the Village of Orland Park, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for, agree to comply with all requirements of the village ordinances relating thereto by such ordinances, including but not limited to paying the fees required and requesting necessary inspections. I hereby agree to comply with the applicable Mechanical Codes adopted by the Village of Orland Park.  Applicant Signature					
Village Hass	D: /!!				
Village Use:	Print Nan	ne:	Signature & Date:		