

1/9/2021

DEVELOPMENT SERVICES DEPARTMENT 14700 RAVINIA AVE ORLAND PARK, IL 60462

708-403-5300 developmentservices@orlandpark.org

Office Use: PERMIT#			PIN			ZONE	
personal info	rmation releas	ed to the public, provide all	ernative contact in	formation or clearly note th	nat it is personal/pr		
		PLICATION THE FURI	NISHING OF ANY INAC	CURATE INFORMATION SHAI	LL BE CAUSE FOR BU	JILDING PERMIT REVOCATION.	
Job Addres			=				
Residential Multi-FamilyUnits Non-Residential – Name of Tenant:							
List name a address of							
property/bu							
owner(s)*							
	contact:	Phone: Email:					
Cost of wo	ork D	escribe work bei	ng aone				
CONTRAC	TOR #1 (Contractor Classific	ation:				
Office Use: CL-21-	Business Name:				Phone:		
	Business Address:				City,St,Zip		
COI Exp:	Email:						
	Name and Phone of Onsite Contact:						
CONTRAC	TOR #2	Contractor Classific	ation:				
Office Use: CL-21-	Business N	susiness Name:				Phone:	
	Business A	Business Address:				City,St,Zip	
COI Exp:	Email:	Email:					
	Name and Phone of Onsite Contact:						
Applicant	Print Name			I am the □	Contractor □H	lomeowner □Tenant	
corporation, a part	ner in a partners	operty Owner shall mean a co ship, a member of a limited lia ages as necessary to fully res	bility company, or a p			than five percent (5%) of the land trust) identified by names	
alter, construct, or ordinances relating that I am the Prop Property Owner t represent, warrand the above caption	r enlarge the str g thereto by suc- perty Owner of the o make this ap t, and certify to ed real property understand and	ucture or part thereof herein of hordinances including, but not he named property, or that the plication as it(s)/his/her/their the Village of Orland Park that, and/or that I have fully discleded.	described, and if gra of limited to, paying the e proposed work has authorized agent. Ut I am the legal, ben osed the Property O	nted the permit applied for, I be fees required and requesting been authorized by the Propon oath, and under penaltieficial, or equitable owner; the wner and that I possess the	agree to comply wit ng necessary inspec perty Owner and that ties of perjury as pr ustee; or agent for that actual legal, equitable	nd Park, IL for a permit to erect, the all requirements of the Village stions. By signing below, I certify at I have been authorized by the rovided by law, I hereby affirm, the Property Owner or trustee for le, or actual authority to execute the power of the property of	
I am authorized to	make this reque	est. I have read and agree to t	he Terms and Condi	ions.			
Signature Date							
Office Use:	Buildir	ng Official:	Signature & Dat	e:			
1/0/0004		9	J			FEE:	