



Express Building Permit Application

15440 SOUTH CENTRAL AVENUE, OAK FOREST, ILLINOIS 60452-2195

708.444.4818 ▪ FAX 708.687.1179 ▪ WWW.OAK-FOREST.ORG

APPLICATIONS AND SUPPORTING DOCUMENTATION MAY BE EMAILED TO:

mpeters@oak-forest.org OR clarson@oak-forest.org

| | | | |
|---|-----|----------------------|------------------------------------|
| PERMIT #: | | EXPIRATION DATE: | |
| REQUIREMENTS: [1] PLAT OF SURVEY INDICATING: The proposed structure/ repair and the distance from each lot line and adjacent structures (not necessary for roof permit). [2] COPY OF SIGNED CONTRACT. | | | |
| OWNER'S NAME | | PHONE | |
| APPLICANT'S NAME | | PHONE | |
| JOBSITE ADDRESS | | PIN# 28- _____ -0000 | |
| APPLICANT'S EMAIL ADDRESS | | | |
| TYPE OF BUILDING: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial | | | |
| PROJECT DESCRIPTION: | | | CONSTRUCTION VALUATION \$ _____ |
| CONTRACTOR INFORMATION: NOTE – All trades & subcontractors <u>must be registered by the City</u> prior to issuance of this permit. | | | |
| CONTRACTOR NAME | | CONTACT PERSON | |
| ADDRESS | | CITY | ZIP |
| PHONE | FAX | EMAIL | |
| DUMPSTER COMPANY | | OFC PHONE | |

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked. I also understand that all work shall be completed in compliance with the City of Oak Forest Codes and Ordinances and the statutes of the State of Illinois.

Applicant Signature

Date

Reviewed and approved by:

Building Official

Date

CONDITIONS: _____

CALL JULIE BEFORE YOU DIG
DIAL: 811 or go to
www.illinois1call.com

REQUIRED FEES - OFFICE USE ONLY

Building Permit Fee _____
 Inspection Fee _____
 Plan Review Fee _____
 Retainer _____
 TOTAL FEES: _____

PERMIT PAYMENT: CK# _____ Cash / CC
 AMOUNT PD: _____ DATE PD: _____

RETAINER AMOUNT (if applicable): _____
 DATE PD: _____ CK# _____ Cash

REQUIRED INSPECTIONS

CALL 708-444-4818 TO SCHEDULE INSPECTIONS
24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS
\$60 FOR FAILED/ MISSED INSPECTIONS