



**ORLAND  
PARK**

DEVELOPMENT SERVICES DEPARTMENT  
14700 RAVINIA AVENUE  
ORLAND PARK, ILLINOIS 60462  
708-403-5300  
FAX 708-403-6215  
[developmentservices@orlandpark.org](mailto:developmentservices@orlandpark.org)  
[www.orlandpark.org](http://www.orlandpark.org)

**APPLICATION FOR ELEVATOR/ESCALATOR PERMIT**

Install/repair: \_\_\_\_\_ Elevators \_\_\_\_\_ Escalators \_\_\_\_\_ Wheel Chair Lifts \_\_\_\_\_ Dumbwaiters

at the following address: \_\_\_\_\_  
\_\_\_\_\_

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contractor Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Manufacturer Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cost of Installation/Repair \$ \_\_\_\_\_ Contractor's State of IL License # \_\_\_\_\_

**Permit Fee          \$260.00 per unit          TOTAL FEES \$ \_\_\_\_\_**  
(Includes plan review & one inspection fee)

Application Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Printed Name of Owner or Agent

Address \_\_\_\_\_

\* 3 copies of plan must accompany  
permit application

\_\_\_\_\_  
Phone \_\_\_\_\_

Email \_\_\_\_\_