



ORLAND PARK

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

PERMIT# _____

developmentservices@orlandpark.org
www.orlandpark.org

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EXPRESS PERMIT APPLICATION

Location of Work and Homeowner Information:	Job Address:		Date:
	<input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial		
	Homeowner Name:		
	Homeowner Address:		
	Phone:	Email:	
Description of Work:			
Cost of Work:	\$	<input type="checkbox"/> Homeowner performing work (Homeowner's Affidavit required)	
Contractor #1 Information:	Business Name:		CL#
	Business Address:		Bond Expires:
	Contact Person:		State Lic Exp:
	Phone:	Email:	
	Type/Classification of Contractor:		
Contractor #2 Information:	Business Name:		CL#
	Business Address:		Bond Expires:
	Contact Person:		State Lic Exp:
	Phone:		
	Type/Classification of Contractor:		
Applicant:	Printed Name:		
	Phone:	<input type="checkbox"/> Personal <input type="checkbox"/> Business	
	Email:	<input type="checkbox"/> Personal <input type="checkbox"/> Business	
<p>I, the Owner/Agent/Contractor for the above property hereby applies 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, agrees 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.</p>			
Applicant Signature _____			Date _____
Village Use:	Building Official Printed Name:	Signature:	Date: FEE: