



**COMMUNITY DEVELOPMENT DEPARTMENT
PERMIT & INSPECTION DIVISION**
3600 Kirchoff Road Rolling Meadows IL 60008
847-506-6030 www.cityrm.org

APPLICATION FOR PERMIT

(Type or print in ink. Faxed, incomplete and/or illegible applications will not be accepted.)

Job Site Address _____

Owner's Name _____ Phone _____

Real Estate Index # _____ Township: Palatine Elk Grove Schaumburg Wheeling

Work Description: (detailed) _____

Valuation of Job \$ _____ Flood Plain Zone _____ Zoning _____

WORK TO BE PERFORMED (Check all that apply)

- Deck/Porch Shed/Gazebo Stoop/Servicewalk/Patio
- Siding Roofing Structural Changes
- Garage (New) Demo Garage Window/Door Headers
- Tent Remodeling Other: _____

Fence _____ Height _____ Length _____ Anchor Method _____
Post depth _____ Material _____

Driveway/ Parking Lot New Replace Overlay
_____ Width at street _____ Width at property line
 Asphalt Concrete _____ Sq. Ft. of parking lot
_____ Base material _____ Base thickness _____ Material thickness

Heating & Air Conditioning _____ New _____ Replacement
Location of a/c unit Side yard Rear yard

Having submitted plans and specifications, I hereby apply to the Community Development Department of the City of Rolling Meadows, Illinois for a permit. If this permit is granted I will comply with all ordinances relating to the permit and pay all required fees. I will submit the work to the required inspections. No error or omission in either application or plans, whether said application or plans have been approved by the Community Development Department or not, shall permit or relieve the applicant or contractor from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

X _____
Applicant Signature (if not owner submit authorization to be owner's agent)

In lieu of contractor's signature(s), a copy of the company's proposal must be submitted with this application.

Applicant Name: _____

Date: _____

Contractor Name: _____

Contractor Signature: _____

Contractor Phone Number: _____

Contractor Address: _____

PERMIT FEES (office use only)

Building Permit	\$ _____
Plan Examination	\$ _____
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Fence Permit	\$ _____
Driveway/ Parking Lot	\$ _____
Residential HVAC	\$ _____
Cash Bond Refundable	\$ _____
Work w/o Permit	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Fees	\$ _____

APPROVED BY:

DATE: _____

PERMIT NO. _____

PROJECT NO. _____

**** All permit applications must be submitted with the required paperwork and a copy of the proposal, contract or scope of work****