



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

APPLICATION FOR ON / OFF SITE IMPROVEMENT WORK
 (circle one)

Developer's Name: _____ Site Address: _____
 Owner's Name: _____ Owner's Phone: _____
 Owner's Address: _____

IS THE SITE WITHIN A FLOODPLAIN? YES NO Zoning: _____

THIS APPLICATION IS FOR THE FOLLOWING IMPROVEMENT(S): Sidewalk Parkway Grading & Trees
 Watermain Sanitary Sewer Storm Sewer Street Curb & Gutter

SUBMIT DRAWINGS AS REQUIRED BY THE COMMUNITY DEVELOPMENT DEPARTMENT

Water Sewer Paving Concrete Excavating

Contractor #1 Name: _____
 Contractor #1 Address: _____
 Phone No: _____

Water Sewer Paving Concrete Excavating

Contractor #2 Name: _____
 Contractor #2 Address: _____
 Phone No: _____

Water Sewer Paving Concrete Excavating

Contractor #3 Name: _____
 Contractor #3 Address: _____
 Phone No: _____

Having submitted plans and specifications, I hereby apply to the Community Development Department of the City of Rolling Meadows for an on/off site improvement permit. If permit is granted, I will comply with all ordinances relating thereto and pay all the required fees and I will submit the work to the required inspections.

 Signature

 Address

 Date

 Phone

No error or omission in either plans, specification or application, whether said plans, specifications or applications has been approved by the Community Development Department or not, shall permit or relieve from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

 Approved by: _____ Date

Permit Fee \$ _____ Review Fee \$ _____ Total Fee \$ _____

 Permit Number