

**City of Rolling Meadows
Community Development Department
Building Permit Amendment Form**

Date: _____ Permit Number: _____

* THIS FORM IS TO BE ATTACHED TO THE ORIGINAL PERMIT APPLICATION. *

NAME OF OWNER: _____

ADDRESS: _____ UNIT: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

Provide a detailed description of change(s):

Valuation of change: (+ or -) \$ _____

The owner/agent/contractor hereby releases the City of Rolling Meadows from any and all liability and agrees to hold the City of Rolling Meadows, its agents and employees, harmless from any and all claims, demands or actions resulting from or arising out of the action taken by the City of Rolling Meadows in respect to the above referenced permit and the amendment that is hereby requested.

Signature _____ Print Name _____

Indicate: owner agent contractor

Telephone Number _____ Fax Number _____

Accepted: _____ Date _____

**Chief Building Official/Assistant
Community Development Director**