

City of Highland Park
Department of Community Development
Building Division
1150 Half Day Road
Highland Park, IL 60035
(847)432-0808 Fax: (847)926-8885

Permit Documentation Requirement
Property located at:

Project Name:

COMMERCIAL

- New Interior Buildout Multiple Family Addition Pool Trailer
 Exterior Demo Interior Demo Garage Driveway/Approach Parking Lot

<i>Required Documents</i>	<i>Reqd</i>	<i>Rec'd</i>
Building Permit Application		
Building Plans Full Set (6)		
Engineering Plans D&G (4 sets)		
Plat of Survey		
Tree Permit Application		
Tree Preservation Plan (1)		
Commercial GC License/test		
GC Bond		
GC Certificate of Insurance		
Electric Permit Application		
Electric Load Calculations		
Electric License		
HVAC Permit Application		
HVAC Calculations		
Plumbing Permit Application		
Plumbing License		
Plumbing Affidavit		
Fire Sprinkler Permit Application		
Fire Sprkler Contractor License		
Fire Sprinkler Plans (6 sets)		
Fire Alarm Permit Application		
Fire Alarm Contractor License		
Fire Alarm Plans (6 sets)		

<i>Required Documents</i>	<i>Reqd</i>	<i>Rec'd</i>
Dye Test Storm Sewer Verification		
Title Policy; Warranty Deed		
Neighbor Notification Letter		
Neighbor Notification Mailing List		
Indemnification		
Height Calculations		
C&D Debris Recycling Plan		
DRC Approval		
Association Letter Approval		
Letter of Intent		
Historical Preservation		
Pro Rata		
Fort Sheridan		
Association Approval Letter		
Illinois Historic Pres. Approval		
Elevator Permit Application		
State Highway Permit		
NSSD Permit		
Tree Protection Fencing Inspected		

Comments: _____

****NOTE*** Site plans to include dimensions to all property lines, locations of chimneys and air compressors.*

The undersigned applicant herewith acknowledges this notification that the above checked documentation is required for timely processing of the permit application and failure to provide complete and accurate documentation may result in delays or denial of the permit application.

Signer's Printed Name: _____ **Date:** _____

Applicant's Signature: _____ **Received By:** _____

Who should we contact at completion of review? _____

Preferred phone, fax, or email of above contact person _____