

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 Requirements
Property Located at:

New Single Family
 Alteration Addition

Garage Pool
 Interior Multiple Family

<i>Required Documents</i>	<i>Reqd</i>	<i>Rec'd</i>
Building Permit		
Established Front Yard Setback Calculations		
Floor Area Ratio Calculations		
Height Calculations		
Title Policy, Warranty Deed		
Notification Letter		
Notification List		
Indemnification		
GC Bond		
GC License		
GC/Owner Insurance		
Drawings (3)		
Site Plan (2)		
Plat of Survey (2)		
Subdivision Consolidation		
Electrical Permit		
Electrical License		
Load Calculations		
HVAC Permit		
HVAC Calculations		
Plumbing Permit		
State Plumbing License (055)		
Plumbers Letter of Intent		
NSSD		
4 Copies D&G (complete with silt fencing) if over 250sq. feet of new impervious surface		
Total Impervious Surface # If over 250 sq ft new imperious surface		

<i>Application</i>	<i>Reqd</i>	<i>Rec'd</i>
Down Spouts to Storm		
Dye Test Storm Sewer Verification		
Tree Permit		
Tree Preservation Plan		
Tree Fencing Inspected		
Roofing Permit		
State Roofing License		
C&D Debris Recycling Plan		
Fire Alarm Permit		
Fire Sprinkler Permit		
Elevator Permit		
Historic Preservation Approval		
State Highway Permit		
Curb Crossing Permit		
R.O.W. Waiver		
Pro Rata		
DRC Approval		
EIFS		
Third party EIFS inspector		
EIFS inspector license		
EIFS inspector certification		
Fort Sheridan		
Association Letter Approval		

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 _____