



Riverdale Fire-Rescue Department

725 West 138th Street • Riverdale, Illinois • 60827

Phone: (708) 849-1798

Fax (708) 896-6594

www.villageofriverdale.net

THERE IS A NON-REFUNDABLE \$35 APPLICATION FILING FEE ALONG

WITH AN ADDITIONAL COST FOR THE PERMIT. BUILDING PERMIT APPLICATION

Permit #	_____
Date	_____
Received By	_____
Outstanding Debt:	_____

Property Information

Address: _____ **Pin #** _____

Occupancy Type: Residential Commercial Industrial Other _____

Owner

Name _____
 Address _____
 City/ State/ Zip: _____
 Phone _____
 Fax _____
 E-MAIL _____
 Signature _____ Date: _____

Contractor

Name _____
 Address _____
 City/ State/ Zip: _____
 Phone _____
 Fax _____
 E-MAIL _____
 Signature _____ Date: _____

Who is the contact person for work being done: Owner Contractor (check one that applies)

ALL OUTSTANDING DEBT OWED BY PROPERTY OWNER MUST BE PAID PRIOR TO OBTAINING A PERMIT.

Construction Type	Type of Improvements	* Place 1 in the Box for Existing Use, 2 For Proposed Use		
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair / Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Other	<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing/ Siding <input type="checkbox"/> Sign <input type="checkbox"/> Structural <input type="checkbox"/> Windows <input type="checkbox"/> Other	Assembly <input type="checkbox"/> Church <input type="checkbox"/> Restaurant <input type="checkbox"/> Other Institutional <input type="checkbox"/> Group Home <input type="checkbox"/> Transitional	Factory <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Harard Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family Educational <input type="checkbox"/> Day Care <input type="checkbox"/> Grade Schools	Other <input type="checkbox"/> Decks <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Garage <input type="checkbox"/> Parking Lot <input type="checkbox"/> Pools <input type="checkbox"/> Other _____ <input type="checkbox"/> Other

* A Plat of Survey and Legal Description is required for all New Construction, Structural Additions, and the Placement of New Fences or the Repair of Existing Fences and Concrete Work.

Basic Description of Work/Construction to be Done: _____

ATTACH DRAWINGS, PLANS & SPECIFICATIONS INDICATING WORK TO BE DONE.
ALL PERMITS MUST INCLUDE A SCOPE OF WORK OR COPY OF CONTRACT.

** All Permits MUST be picked up within 10 days after notification of approval.

** All Construction Estimates Shall Include Cost of Materials and Labor.

General

Est. Cost \$ _____

Site Work

Est. Cost \$ _____

Total Estimated Cost of Construction

\$ _____

Electrical

Est. Cost \$ _____

Sewer

Est. Cost \$ _____

Mechanical

Est. Cost \$ _____

Water

Est. Cost \$ _____

Plumbing

Est. Cost \$ _____

Other

Est. Cost \$ _____

Net Due office use only

\$ _____

Approved By: _____ Date _____

***** Please note that the Application Filing Fee is NON - REFUNDABLE**

Professional Services

A	Company	_____
R	Contact Name	_____
C	Address	_____
H	City/ State/ Zip	_____
I	Cell	_____
T	Fax	_____
E	E-Mail	_____
E	License #	_____
C	State Exp. Date	_____
T	<i>Date</i>	_____

E	Company	_____
N	Contact Name	_____
G	Address	_____
I	City/ State/ Zip	_____
N	Cell	_____
E	Fax	_____
E	E-Mail	_____
R	License #	_____
	State Exp. Date	_____
	<i>Date</i>	_____

Contractors

General

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Electrical

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Mechanical

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Plumber

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Sprinkler

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Concrete / Paving

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Excavator

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Roofer

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Sign

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

Other

Company _____
Contact Name _____
Address _____
City/ State/ Zip _____
Phone _____
Fax _____

**ALL CONTRACTORS MUST BE LICENSED THROUGH THE VILLAGE.
ALL OUTSTANDING DEBT OWED BY THE PROPERTY OWNER MUST BE PAID PRIOR
TO THE VILLAGE ISSUING A BUILDING PERMIT.**