



# Express Building Permit Application

15440 SOUTH CENTRAL AVENUE, OAK FOREST, ILLINOIS 60452-2195

708.444.4818 ▪ FAX 708.687.1179 ▪ WWW.OAK-FOREST.ORG

APPLICATIONS AND SUPPORTING DOCUMENTATION MAY BE EMAILED TO:

[mpeters@oak-forest.org](mailto:mpeters@oak-forest.org) OR [clarson@oak-forest.org](mailto:clarson@oak-forest.org)

PERMIT #:		EXPIRATION DATE:	
<b>REQUIREMENTS: [1] PLAT OF SURVEY INDICATING:</b> The proposed structure/ repair and the distance from each lot line and adjacent structures (not necessary for roof permit). <b>[2] COPY OF SIGNED CONTRACT.</b>			
OWNER'S NAME		PHONE	
APPLICANT'S NAME		PHONE	
JOBSITE ADDRESS		PIN# 28- _____ -0000	
APPLICANT'S EMAIL ADDRESS			
TYPE OF BUILDING: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial			
PROJECT DESCRIPTION:			CONSTRUCTION VALUATION \$ _____
<b>CONTRACTOR INFORMATION: NOTE – All trades &amp; subcontractors <u>must be registered by the City</u> prior to issuance of this permit.</b>			
CONTRACTOR NAME		CONTACT PERSON	
ADDRESS		CITY	ZIP
PHONE	FAX	EMAIL	
DUMPSTER COMPANY		OFC PHONE	

*I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked. I also understand that all work shall be completed in compliance with the City of Oak Forest Codes and Ordinances and the statutes of the State of Illinois.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Reviewed and approved by:

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CALL JULIE BEFORE YOU DIG**  
**DIAL: 811 or go to**  
**www.illinois1call.com**

### REQUIRED FEES - OFFICE USE ONLY

Building Permit Fee \_\_\_\_\_  
 Inspection Fee \_\_\_\_\_  
 Plan Review Fee \_\_\_\_\_  
 Retainer \_\_\_\_\_  
 TOTAL FEES: \_\_\_\_\_

PERMIT PAYMENT: CK# \_\_\_\_\_ Cash / CC  
 AMOUNT PD: \_\_\_\_\_ DATE PD: \_\_\_\_\_

RETAINER AMOUNT (if applicable): \_\_\_\_\_  
 DATE PD: \_\_\_\_\_ CK# \_\_\_\_\_ Cash

### REQUIRED INSPECTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CALL 708-444-4818 TO SCHEDULE INSPECTIONS**  
**24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS**  
**\$60 FOR FAILED/ MISSED INSPECTIONS**