



DATE STAMP

SITE WORK PERMIT APPLICATION

PROJECT #: _____

APPLICATION/PERMIT #: _____

PROJECT INFORMATION

Project Name: _____

Business Name (if applicable): _____

Address: _____ Lot/Suite #: _____

City: _____ State: _____ Zip Code: _____

Subdivision: _____

Circle One: *Residential* *Commercial* *Right-of-Way*

Is any of the proposed work located off the subject site?	Yes	No
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H.O.A. Approval Attached?	Yes	No
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APPLICANT INFORMATION: ALL FIELDS REQUIRED, EXCEPT *

Circle One: *Owner* *Agent*

Company Name: _____ Contact Name: _____

Address: _____ Lot/Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: () *Fax #: ()

Email: _____ *Cell #: _____

OWNER INFORMATION (if different than applicant): ALL FIELDS REQUIRED, EXCEPT *

Company Name: _____ Contact Name: _____

Address: _____ Lot/Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: () *Fax #: ()

Email: _____ *Cell #: _____

CONTRACTOR INFORMATION (if different than applicant): ALL FIELDS REQUIRED, EXCEPT *

Company Name: _____ Contact Name: _____

Address: _____ Lot/Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: () *Fax #: ()

Email: _____ *Cell #: _____

TYPE OF IMPROVEMENT / APPLICANT REQUEST (check all that apply):

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Storm/Sewer Pump | <input type="checkbox"/> Grading | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Concrete Curb |
| <input type="checkbox"/> Erosion Control | <input type="checkbox"/> Water | <input type="checkbox"/> Other: _____ | |

If Required:	Present Use of Building:
	Proposed Use of Building:

Water Meter Required?	YES	NO	If so, Water Meter Application is required
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BRIEF DESCRIPTION OF WORK: REQUIRED



SITE WORK PERMIT APPLICATION

City of Rolling Meadows - Community Development

CONTRACTOR INFORMATION (if required):

Company Name: _____ Contact Name: _____
 Address: _____ Lot/Suite #: _____
 City: _____ State: _____ Zip Code: _____
 Telephone #: () Fax #: ()
 Email: _____ Cell #: _____

CONTRACTOR INFORMATION (if required):

Company Name: _____ Contact Name: _____
 Address: _____ Lot/Suite #: _____
 City: _____ State: _____ Zip Code: _____
 Telephone #: () Fax #: ()
 Email: _____ Cell #: ()

DESIGN PROFESSIONAL INFORMATION (if different than applicant):

Last Name: _____ First Name: _____
 Address: _____ Lot/Suite #: _____
 City: _____ State: _____ Zip Code: _____
 Telephone #: () Fax #: ()
 Email: _____ Cell #: ()
 License # (required): _____

I, _____ (please print), declare that I have reviewed and/or designed the documents associated with this application, and therefore, take responsibility for the design work on behalf of a registered design firm. In addition, I certify that the information contained on the attached plans and specifications, and other attached documentation is true to the best of my knowledge, and accurately depicts the subject site on the date these documents were prepared.

Signature: _____ Date: _____

If a Grading Waiver is being requested, a Grading Waiver Application should accompany this application

REQUIRED SUBMITTAL STATEMENT (Applicant)

I, _____ (please print), certify that the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge. I also recognize that as the permit applicant, all fees and requirements associated with the review and future approval of the work described herein are my responsibility.

Signature: _____ Date: _____