



City of ROLLING MEADOWS

Community Development

3600 Kirchoff Road
Rolling Meadows, IL 60008
Ph: 847-506-6030 Fax: 847-483-0365
www.cityrm.org

EXPRESS PERMIT APPLICATION - RESIDENTIAL

This Application is to be used for residential projects only.
Please use the Building Permit Application for all non-residential project submittals.

OFFICE USE ONLY

Project #: _____ Permit #: _____ Application Date: _____

PROJECT INFORMATION

Owner Name: _____

Property Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Email: _____

Furnace Air Conditioner New Replacement
Location of a/c unit Rear yard Side yard *(Dimensions from lot line)*

Siding Door(s) Window(s) _____ U-Factor Roofing Tear off Second Layer
 Stoop - Service Walk - Patio (stoops must be supported & site plan required) **Material Type** _____
 Driveway New Replace Overlay Concrete Asphalt
_____ *Width at street* _____ *Width at Property line*
_____ *Base material* _____ *Base thickness* _____ *Material thickness*

Plumbing Water Heater Gas Electric
 Water Service / Main Repair
 Sewer Repair / Replacement _____ *Diameter* _____ *Length (feet)*
 Sewer Cleanout

Electrical (*Description of work*) _____

MUST BE PROVIDED FOR ALL PERMITS

Total Construction Cost: _____

CONTACT INFORMATION - GENERAL / PLUMBING / ELECTRICAL CONTRACTOR INFORMATION

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Email: _____

License/ Registration # : _____

ROOFING CONTRACTOR INFORMATION:

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ License/ Registration # : _____

Roofing contractors are required by State Law to affix their License Number to all contracts and bids. The roofer's license number must also be affixed to all business vehicles. Ice and water shield required from eave's edge to at least 24 inches inside exterior wall line of the building. (IRC 905.2.7.1)

Community Development must be notified at least 24 hour in advance of each inspection at (847)506-6030 between 8:00am and 4:00pm. Dumpsters must be placed on private property.

APPLICANT SUBMITTAL STATEMENT - (Must be completed for all roofing permits)

I, _____, certify that the contractor identified above is the same contractor that will be doing the work on the site. I also understand that if a different contractor is found to be completing the roofing work without first getting written approval from the City, I will be subject to the full forfeiture of the required \$3,000 bond, as well as the revocation of my contractor license for the remainder of the calendar year and the entire following year. I also certify that the information contained in this application, attached plans and specifications, and other attached documentation is true. I further recognize that as Permit Applicant, all fees and requirements associated with the review and the future approval of the work described herein are my responsibility.

Name (Print): _____

Signature: _____ Date: _____

In lieu of contractor's signature(s), a copy of the company's proposal must be submitted with this application.

**** All permit applications must be submitted with the required paperwork, a copy of the proposal, contract or scope of work and the Illinois Consumer Rights form. ****

Having submitted plans and specifications, I hereby apply to the Community Development Division of the City of Rolling Meadows, Illinois for a permit. If this permit is granted, I will comply with all ordinances relating to the permit and pay all required fees. I will submit the work to the required inspections. No error or omission in either application or plans, whether said application or plans have been approved by the Community Development Division or not, shall permit or relieve me or the contractor from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

PERMIT FEES (office use only)	
Building Permit	\$
Plan Examination	\$
Electrical Permit	\$
Plumbing Permit	\$
Mechanical Permit	\$
Driveway Permit	\$
Residential HVAC	\$
Other	\$
Cash Bond Refundable	\$
Work w/o Permit	\$
Administration Fee	\$
Total Fees	\$

Signature of Applicant:

Name of Application (Print):

Date:

Conditions of Permit Approval:

All materials and equipment must be installed per the manufactures specifications.

Permit Approved By: _____

Date: _____