



## COMMUNITY DEVELOPMENT PERMIT SUPPLEMENTAL DOCUMENTS CHECKLIST

*\*Please Note: Permits cannot be processed without all the necessary documentation. Incomplete permit applications will either be denied at the front counter, or will be placed on hold until all information is received, prolonging the permit approval process. It is the applicant's responsibility to submit all necessary supplemental documents and information for the submitted permit.*

### **DEMOLITION OF IN-GROUND POOL/SPA:** (ALL listed are REQUIRED, unless not applicable)

- Building Permit Application, all information needs to be complete.
- Plat of Survey indicating the location of pool/spa with measurements.
- Permit Addendum – Demolition of In-Ground Pool, signed.
- Letter of approval from the homeowner's association, when applicable.
- Contractor's Registration with bond, for those not already *licensed* and *bonded* with the Village.
- Detailed plan on demolition and site plan of proposed restoration, design with elevation.
- Call J.U.L.I.E. 1-800-892-0123

I attest that I have submitted all information as required above regarding the permit applied for at:

\_\_\_\_\_ Glendale Heights, IL 60139

\_\_\_\_\_ Name (Printed)

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



VILLAGE OF GLENDALE HEIGHTS  
 300 Civic Center Plaza  
 Glendale Heights, Illinois 60139  
 Community Development Department  
 (630) 260-6030

**BUILDING PERMIT APPLICATION**  
 (Please Print CLEARLY)

DO NOT WRITE IN THIS SPACE

Permit No.: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Permit Expires: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Initial Deposit: \_\_\_\_\_

Construction: \_\_\_\_\_  
 Fire Protection: \_\_\_\_\_  
 Site Improvement: \_\_\_\_\_  
 Sewer Connection: \_\_\_\_\_  
 Water Connection: \_\_\_\_\_  
 Water Meter: \_\_\_\_\_  
 Penalty: \_\_\_\_\_

Building Deposit: \_\_\_\_\_  
 Engineering Deposit: \_\_\_\_\_

Permit Fee: \_\_\_\_\_  
 Required Deposit: \_\_\_\_\_  
**TOTAL FEE:** \_\_\_\_\_

DATE: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_ GLENDALE HEIGHTS, IL 60139  
 APPLICANT NAME: \_\_\_\_\_  
 APPLICANT ADDRESS: \_\_\_\_\_  
 APPLICANT PHONE NUMBER: \_\_\_\_\_  
 APPLICANT EMAIL ADDRESS: \_\_\_\_\_  
 IS THIS A:  SINGLE FAMILY  DUPLEX  TOWNHOUSE  MULTI-FAMILY  
 EST. CONST. COST: \$ \_\_\_\_\_ HOMEOWNERS ASSOC.  YES  NO

**CHECK ONE:**

- |                                      |                                  |                                   |   |                                |
|--------------------------------------|----------------------------------|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> NEW CONST.  | <input type="checkbox"/> ROOFING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> PATIO          | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> ADDITION    | <input type="checkbox"/> SIDING  | <input type="checkbox"/> HVAC     | <input type="checkbox"/> SIDEWALK       | <input type="checkbox"/> SHED  |
| <input type="checkbox"/> REMODEL     | <input type="checkbox"/> WINDOWS | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> DRIVEWAY       | <input type="checkbox"/> DECK  |
| <input type="checkbox"/> DEMOLITION  | <input type="checkbox"/> DOORS   |                                   | <input type="checkbox"/> DRIVEWAY APRON |                                |
| <input type="checkbox"/> OTHER _____ |                                  |                                   | <input type="checkbox"/> OTHER PAVEMENT |                                |

SCOPE OF WORK/DESCRIPTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*ATTACH PLANS, DIAGRAMS, PHOTOS AND ADDITIONAL NARRATIVE AS REQUIRED**

Name	Address	Phone Number
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OWNER: _____	_____	_____
OCCUPANT: _____	_____	_____
ARCHITECT: _____	_____	_____
ENGINEER: _____	_____	_____
GEN. CONT.: _____	_____	_____
PLUMBING: _____	_____	_____
ELECTRIC: _____	_____	_____
OTHER: _____	_____	_____
OTHER: _____	_____	_____

SHEET ATTACHED WITH ADDITIONAL CONTRACTORS

This application must be signed by the Owner of the property or his/her duly authorized agent. UNDER PENALTIES OF INTENTIONAL MISREPRESENTATION AND/ OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct such improvements in compliance with all regulation of applicable codes of the Village of Glendale Heights. Issuance of the permit herein applied for and approval of all supporting plans and documents in connection therewith shall not be construed to permit any construction on said premises or use thereof in violation of any applicable codes or regulations of the Village of Glendale Heights or to excuse the owner of his/her successors in title from complying therewith. Applicant further agrees to pay the cost incurred by the Village for review of all supporting plans and documents by the Administrative Staff, Village Engineer, Village Attorney, and any outside consultants as may be required to fulfill the provisions of Village Ordinances. This permit may be revoked at any time upon determination that a violation exists.

NAME/TITLE (Print) \_\_\_\_\_

DIR. OF COMM. DEVELOPMENT: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_



A PROUD & PROGRESSIVE  
VILLAGE FOR ALL PEOPLE

# Community Development Department

300 Civic Center Plaza, Glendale Heights, Illinois 60139

Main: 630-260-6030, FAX: 630-260-1317

Email: [permits@glendaleheights.org](mailto:permits@glendaleheights.org)

## CONTRACTOR REGISTRATION APPLICATION

### REGISTRATION INFORMATION

REGISTRATION TYPE:  NEW REGISTRATION  RENEW REGISTRATION

TRADE(S):  ASPHALT  CARPENTRY  CONCRETE  ELECTRIC  FENCE  
 FIRE PROTECTION  GENERAL CONTRACTOR  HVAC / MECHANICAL  
 LANDSCAPE  PLUMBING  ROOFING  SIGN  SOLAR  UTILITY  
 WINDOW  OTHER / SPECIALTY \_\_\_\_\_

### COMPANY AND APPLICANT INFORMATION

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT ROLE:  OWNER  EMPLOYEE  AGENT

EMAIL: \_\_\_\_\_

### ADDITIONAL APPLICATION REQUIREMENTS

1. Provide a \$20,000 surety bond for every contractor registration application. \*Plumbing exempt.
2. Payment of fee. Contractors = \$75.
3. For Plumbers, Roofers and Fire Protection contractors, provide a copy of active and up-to-date State of Illinois license. For Electricians, provide a copy of active and up-to-date license issued by approved municipal corporation.
4. The above listed contractors shall have registration fee waived.

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*I do hereby attest that the information provided is true and accurate to the best of my knowledge.*

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**PERMIT ADDENDUM:  
DEMOLITION OF IN-GROUND POOL**

PERMIT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Permit approval is subject to the following conditions:**

1. Remove pool deck and pool walls down to 36 inches below grade
2. Completely break up pool floor (simply cracking the floor is **not** acceptable)
3. Disconnect and terminate all electric, plumbing, gas and all utilities at point of origin

**Village inspection prior to backfilling**

4. Backfill with sand, stone, or clean clay fill

*Concrete from on-site demolition may be used if broken into pieces 3" or smaller*

*Imported material shall be either Uncontaminated Soil Fill (USFO) or Clean Construction or Demolition Debris (CCDD)*

5. Fill material must be placed and compacted in lifts not to exceed 12 inches unless self-compacting fill is used (sand, pea gravel, or equivalent).
6. Restore with minimum 4 inches of topsoil and seed plus straw matting (to establish erosion control)

**Village final inspection of grading and erosion control**

**I hereby certify that I have read and understand all of the above regulations, and I agree to comply with all of the regulations contained herein.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

rev 05/2020