



Riverdale Fire-Rescue Department

725 West 138th Street · Riverdale, IL 60827
(708) 849-1798 · Fax: (708) 849-0892

www.villageofriverdale.org

PERMIT APPLICATION

Permit #	_____
Date	_____
Filing Fee	_____
Received By	_____

Property Information

Address: _____ Pin # _____

Occupancy Type: Residential Commercial Industrial Other _____

Zoning District _____ Conditional Use Granted Yes N/A Date Granted _____

Intended Use _____ Variance Granted Yes N/A Date Granted _____

*** Please place a check in the box below for whomever is the Primary Contact**

Applicant Primary Contact <input type="checkbox"/>	Owner Primary Contact <input type="checkbox"/>
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Name _____

Address _____

City/ State/ Zip: _____

Phone _____

Fax _____

Signature _____

Date _____

Name _____

Address _____

City/ State/ Zip: _____

Phone _____

Fax _____

Signature _____

Date _____

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.**

Description of Work/ Construction (attach plans & specs): _____

**** 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 \$ _____

Net Due office use only

\$ _____

Mechanical

Est. Cost \$ _____

Water

Est. Cost \$ _____

Plumbing

Est. Cost \$ _____

Other

Est. Cost \$ _____

Approved By: _____ Date _____

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

Professional Services

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

E	Company	_____
N	Contact Name	_____
N	Address	_____
G	City/ State/ Zip	_____
I	Cell	_____
N	Fax	_____
E	E-Mail	_____
E	License #	_____
R	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 _____