



City of Markham

Building & Housing Department

16313 Kedzie Parkway • Markham, Illinois 60428
 Phone (708) 331.4905 Ext. 314 • Fax: (708) 331.9250
 Email: housing@cityofmarkham.net

Permit #	_____
Water Balance	_____
Liens/Tickets	_____
Grass/Board-Up	_____
Property File	_____
Received By	_____

BUILDING PERMIT APPLICATION

Property Address: _____ **PIN #** _____

Occupancy Type: Residential Commercial Industrial Other _____
No. and Street

Owner Information

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 Fax _____
 E-Mail _____
 Signature _____ Date: _____

Contractor Information

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 Fax _____
 E-Mail _____
 Signature _____ Date: _____

Who is the contact person for work being done? Owner Contractor (check one that applies)

ALL OUTSTANDING DEBT OWED BY PROPERTY OWNER MUST BE PAID PRIOR TO OBTAINING A PERMIT.

Construction Type	Type of Improvement			
<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 Hazard Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family Educational <input type="checkbox"/> Day Care <input type="checkbox"/> Grade School	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"/> Pool <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 Fences, Flatwork, Concrete, Asphalt, Pavers, Sheds, etc.

Basic Description of Work/Construction to be Done: _____

ATTACH DRAWINGS, PLANS & SPECIFICATIONS INDICATING WORK TO BE DONE.
ALL PERMITS MUST INCLUDE A SCOPE OF WORK OR COPY OF SIGNED CONTRACT.

****All Permits MUST be picked up within 10 business days after notification of approval.**
****All Construction Estimates Shall Include Cost of Materials and Labor.**

General Est. Cost \$ _____	Site Work Est. Cost \$ _____
Electrical Est. Cost \$ _____	Sewer Est. Cost \$ _____
Mechanical Est. Cost \$ _____	Roof Est. Cost \$ _____
Plumbing Est. Cost \$ _____	Other Est. Cost \$ _____

Total Estimated Cost of Construction
\$ _____

Permit Fee	Office Use Only
\$ _____	
Review/Inspection Fee \$ _____	
Approved By: _____	Date: _____

Professional Services

**A
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C
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E
C
T** Company _____
Contact Name _____
Address _____
City/State/Zip _____
Cell _____
Fax _____
License # _____
State Exp. Date _____

**E
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E
R** Company _____
Contact Name _____
Address _____
City/State/Zip _____
Cell _____
Fax _____
License # _____
State Exp. Date _____

Contractors

General

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Concrete/Paving

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Electrical

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Excavator

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Mechanical

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Roofer

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Plumber

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Sign

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Sprinkler

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

Other

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____

ALL CONTRACTORS MUST BE LICENSED THROUGH THE CITY OF MARKHAM.

ALL OUTSTANDING DEBT OWED BY THE PROPERTY OWNER MUST BE PAID PRIOR TO THE CITY OF MARKHAM ISSUING A BUILDING PERMIT.