

**VILLAGE OF ORLAND PARK**  
**DEMOLITION REQUIREMENTS**

**The Following Items Must be Completed / Include Supporting Documentation for Permit Issuance**

**REFERENCES PERMIT NO. \_\_\_\_\_ ISSUED \_\_\_\_\_**

- 1.  PLAT OF SURVEY REQUIRED.
- 2.  EROSION CONTROL SILT FENCES ARE REQUIRED TO PROTECT AREAS FROM SOIL DISTURBANCE.
- 3.  INSPECTION BY PLANNING ENGINEER IS REQUIRED PRIOR TO ISSUING PERMIT. (Utilities)
- 4.  EXISTING WATER SERVICES MUST BE DISCONNECTED AT THE MAIN. (PUBLIC WORKS INSPECTION REQUIRED).
- 5.  EXISTING SANITARY SEWER MUST BE DISCONNECTED AT THE MAIN. (PUBLIC WORKS INSPECTION REQUIRED).
- 6.  ALL SANITARY SEPTIC OR DRAINAGE SYSTEMS SHALL BE PUMPED AND SEALED IN AN APPROVED MANNER.
- 7.  EXISTING WELL(S) MUST BE CAPPED PER THE ILLINOIS DEPT. OF PUBLIC HEALTH BY CERTIFIED PERSONNEL.
- 8.  THE CONTRACTOR MUST NOTIFY THE PUBLIC WORKS DEPARTMENT SO THAT THEY CAN REMOVE THE EXISTING WATER METER BEFORE ANY DEMOLITION WORK IS DONE.
- 9.  THE CONTRACTOR MUST OBTAIN A RELEASE FROM UTILITIES (WATER, ELECTRIC, GAS, SEWER AND OTHER CONNECTIONS) STATING SERVICES HAVE BEEN REMOVED FOR DEMOLITION PURPOSES BEFORE A PERMIT CAN BE ISSUED (BUILDING CODE ORDINANCE #3243 SECTION 110.1).
- 10.  EXISTING TREE REMOVAL REQUIRES THE APPROPRIATE PERMIT OR MITIGATION PLAN. EXISTING SINGLE FAMILY HOME DEMOLITIONS REQUIRE A TREE REMOVAL PERMIT FOR REMOVAL OF HERITAGE TREES (24"+ CALIPER), PARKWAY TREES AND CONSERVATION EASEMENT TREES. ALL OTHER DEVELOPMENTS REQUIRE A BOARD APPROVED TREE MITIGATION PLAN. SNOW FENCING IS REQUIRED AROUND THE DRIP LINE OF ALL TREES TO BE PRESERVED (LAND DEVELOPMENT CODE ORDINANCE #2084 SECTION 6-305.1).
- 11.  PREMISES SHALL BE CLEARED OF HAZARDS BY THE REMOVAL OF ALL BUILDING MATERIALS AND UNSAFE CONDITIONS ON THE SITE. (VILLAGE CODE 5-1-13, ITEM #193 – SECTION 3303.6).
- 12.  RESTORATION OF ESTABLISHED GRADES WITH SATISFACTORY FOUNDATION FILL MATERIALS MUST COMPLY WITH THE BUILDING CODE (VILLAGE CODE 5-1-13, ITEM #17, SECTION 109.3.10 & SECTION 1803.3).
- 13.  INSPECTION REQUESTS MUST BE SUBMITTED FOR FINAL APPROVALS OF ALL DEMOLITION PERMITS (VILLAGE CODE 5-1-13, ITEM #17, SECTION 109.3.9).
- 14.  PERMIT FROM COOK COUNTY IS REQUIRED FOR ALL DEMOLITION. (Submit copy)
- 15.  ADDITIONAL COOK COUNTY OR STATE PERMITS MAY BE REQUIRED IN THE RIGHT OF WAY.
- 16.  IS ASBESTOS PRESENT? \_\_\_\_\_ No \_\_\_\_\_ Yes (If Yes, provide Asbestos Abatement Documentation from County)
- 17.  PEST ABATEMENT: The following requirements must be carried out by a State of Illinois Licensed Structural Pest Control Operator. A copy of the state license for the business and operator must be on file in the Village of Orland Park Health Division prior to service. A report detailing services to be performed and what chemicals (if any) are to be used must be submitted.  
Two (2) Part Abatement Approach:

**PART 1**

- 1. 30 days prior to demolition, interior should be baited for rodents and insects.
- 2. If cockroaches are found, building should be fumigated 24 hours prior to demolition.
- 3. Bait boxes should be set around the exterior of the building.

**PART 2**

- 1. 24 hours prior to demolition, exterior bait boxes to be moved to the exterior property lines (inside silt fencing).
- 2. The licensed Pest Control Operator is the only person allowed to remove and reposition the bait boxes.

Date Demolition to Begin: \_\_\_\_\_ Type of Structure \_\_\_\_\_

Address of Building to be demolished: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**I, the undersigned, agree that all above items will be completed to satisfy this permit's requirements.**

**Owner or Contractor Signature:** \_\_\_\_\_

THE BOARD OF COMMISSIONERS

JOHN H. STROGER, JR.

PRESIDENT

FARLEAN COLLINS	1st Dist.	PETER N. SILVESTRI	9th Dist.
ROBBIE L. STEELE	2nd Dist.	MIKE QUIGLEY	10th Dist.
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ROBERTO MALDONADO	8th Dist.	ALLAN C. CARR	16th Dist.
		HERBERT T. SCHUMANN, JR.	17th Dist.



BUREAU OF ADMINISTRATION  
DEPARTMENT OF ENVIRONMENTAL CONTROL

LOUIS DE ROSE  
ACTING DIRECTOR

69 West Washington • Suite 1900  
Chicago, Illinois 60602-3004  
TEL (312) 603-8200  
FAX (312) 603-9828

Effective: August 27, 2002

**Procedures for Demolition Permit Application only:**

An Application shall be completely and accurately filled out and submitted to the Department of Environmental Control. The following three items must accompany this application at the time of submittal:

1. A fee in compliance with Article X of the Cook County Environmental Control Ordinance,
2. A hand drawn site plan (A plat of survey would suffice), and
3. An Asbestos assessment report, by an IDPH licensed inspector.

**Procedures for Asbestos Removal Permit Application only:**

An application shall be completely and accurately filled out and submitted to the Department of Environmental Control. A fee in compliance with Article X of the Cook County Environmental Control Ordinance must accompany this application at the time of submittal.

Sincerely,

Rudolph Trejo Jr.

Manager of Industrial Services





# ORLAND PARK BUILDING DIVISION

14700 Ravinia Avenue • Orland Park, IL 60462 • Phone (708) 403-5300

NO. \_\_\_\_\_  
DO NOT WRITE IN THIS SPACE

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

## APPLICATION FOR BUILDING/OCCUPANCY PERMIT

**Building Use:**

- Residential
- Commercial
- Industrial
- Other \_\_\_\_\_

**Type of Construction:**

- New
- Remodel
- Occupancy
- Other \_\_\_\_\_

Valuation of Construction \$ \_\_\_\_\_

Total Square Feet \_\_\_\_\_ Located on Lot/Space \_\_\_\_\_ Subdivision \_\_\_\_\_

Address \_\_\_\_\_ Real Estate Tax Index No. \_\_\_\_\_

Owner/Tenant _____	Address _____	Phone _____
Architect _____	Address _____	Phone _____
General Contractor _____	Address _____	Phone _____
Excavator _____	Address _____	Phone _____
Brick Mason _____	Address _____	Phone _____
Carpenter _____	Address _____	Phone _____
Cement _____	Address _____	Phone _____
Dry Wall _____	Address _____	Phone _____
Electrician _____	Address _____	Phone _____
Heating _____	Address _____	Phone _____
Painting _____	Address _____	Phone _____
Plumber _____	Address _____	Phone _____
Sewer Builder _____	Address _____	Phone _____
Rofer _____	Address _____	Phone _____
Tiling _____	Address _____	Phone _____
Paving _____	Address _____	Phone _____
Insulator _____	Address _____	Phone _____
Fire Protection _____	Address _____	Phone _____
Landscaper _____	Address _____	Phone _____
Iron Worker _____	Address _____	Phone _____

PLAN REVIEW	\$ _____
BUILDING	\$ _____
ELECTRIC	\$ _____
PLUMBING	\$ _____
MECHANICAL	\$ _____
DRIVEWAY	\$ _____
SIDEWALK	\$ _____
ZONING PERMIT	\$ _____
CERTIFICATE OF OCCUPANCY	\$ _____
SCHOOL DISTRICT	\$ _____
LIBRARY	\$ _____
FEES BY AGREEMENT	\$ _____
PARK	\$ _____
ROAD EXACTION	\$ _____
FIRE DISTRICT	\$ _____
WATER CONNECTION	\$ _____
WATER METER	\$ _____
WATER FOR CONSTRUCTION	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

The undersigned hereby applies to the Building Division of the Village of Orland Park, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances.

**NOTE: SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Signature of owner or registered agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

RECEIPT HEREBY ACKNOWLEDGED. PERMITS AND PLANS CHECKED. PERMITS MAY BE ISSUED.

BY \_\_\_\_\_  
Building Official

**NOTE: Please Print Firmly Through All 4 Copies**



# ORLAND PARK

## BUILDING DIVISION

14700 Ravinia Ave., Orland Park, IL 60462  
(708) 403-5300

### APPLICATION FOR ELECTRICAL PERMIT

\_\_\_\_\_

TENANT NAME

---

ADDRESS OF INSTALLATION

---

PERSON, FIRM OR CORPORATION DOING WORK

---

ADDRESS

---

TOWN \_\_\_\_\_ / \_\_\_\_\_ PHONE \_\_\_\_\_

BLDG. SQUARE FOOTAGE	SERVICE	AMPS
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REGISTERED AT \_\_\_\_\_ REG. NO. \_\_\_\_\_

WIRING	FIXTURES		
<b>LIGHTING CIRCUITS AND OUTLETS</b>			
	2 WIRE	3 WIRE	4 WIRE
15 AMP CIRCUIT			
20 AMP CIRCUIT			
30 AMP CIRCUIT			
OUTLETS ON EXISTING CIRCUITS			
40 AMP CIRCUIT OR OVER			

POWER		
	NUMBER	TOTAL H.P.
AIR CONDITIONERS		
APPLIANCES		
MOTORS		
ELECTRIC HEAT		TOTAL K.W.
ALARMS	FIRE	BURGLAR

SERVICE REVISIONS, OTHER APPARATUS REPAIRS, ETC. AND REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read this application and state it is correct and agree to comply with the Electrical Code adopted by the Village of Orland Park.

Signed \_\_\_\_\_  
SUPERVISING ELECTRICIAN

ESTIMATED COST \$ \_\_\_\_\_

DATE \$ \_\_\_\_\_

FEE \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ELECTRICAL INSPECTOR



# ORLAND PARK BUILDING DIVISION

14700 Ravinia Avenue· Orland Park, IL 60462  
Phone (708) 403-5300· Fax (708) 403-6215

## APPLICATION FOR MECHANICAL PERMIT

Date \_\_\_\_\_

Job Address \_\_\_\_\_

TYPE OF EQUIPMENT	NUMBER	FEE
Air Condo Units - H.P. Ea.		
Refrigeration Units - H.P.		
Boilers - H.P. Ea.		
Forced Air Systems - B.T.U.		
Floor Furnaces - B.T.U.		
Wall Heaters - B.T.U.		
Unit Heaters - B.T.U.		
Air Handling		
<b>TOTAL FEE</b>		

MECHANICAL CONTRACTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

\_\_\_\_\_  
Signature of Contractor or his Authorized Representative Making Application

\_\_\_\_\_  
Signature of Mechanical Inspector



**ORLAND PARK DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION**

14700 Ravinia Avenue, Orland Park, IL 60462, Phone (708) 403-5300

GOLF CENTER  
OF THE WORLD

**APPLICATION FOR PLUMBING PERMIT**

JOB ADDRESS \_\_\_\_\_

ILLINOIS PLUMBERS  
LICENSE NO. \_\_\_\_\_ BUILDING USED AS \_\_\_\_\_

OWNER \_\_\_\_\_ ESTIMATED COST \_\_\_\_\_

TYPE	NUMBER	FEE
LAWN SPRINKLERS		
BATHTUBS		
LAVATORY		
WATER CLOSET		
SHOWERS		
URINAL		
SINKS		
LAUNDRY TRAY		
DISHWASHING MACHINE		
WASHING MACHINE		
FOUNTAIN (DRINKING)		
HOT WATER HEATER		
FLOOR DRAINS		
SUMP PUMP		
SEWAGE EJECTOR		
CATCH BASIN		
GREASE TRAP		
DRAIN TILE		
SPECIAL WASTES		
APPLIANCES		
	TOTAL FEE	

CONTRACTORS NAME, ADDRESS AND PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ORLAND PARK ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

DATE \_\_\_\_\_

Signature of Contractor or his  
Representative Making Application \_\_\_\_\_ PLUMBING INSPECTOR \_\_\_\_\_

WHITE-FILE COPY    CANARY-APPLICANT'S COPY    PINK-INSPECTOR'S COPY