



BUILDING AND HOUSING DEPARTMENT

16313 Kedzie Parkway, Markham, IL. 60428 • Phone: (708) 331-4905 ext. 314 • Fax: (708) 331-9250

BUILDING PERMIT APPLICATION

Revised 2/20/2020

FOR CITY USE ONLY

DATE RECEIVED:	FILE NUMBER	LIENS/TICKETS/GRASS CUTTING: \$
WATER BALANCE: \$	REVIEW/INSPECTION FEE: \$	TOTAL PERMIT FEE: \$

*** ALL PERMITS MUST BE SECURED BEFORE START OF ANY WORK ***

DATE:		
PROPERTY TYPE (Check Appropriate Box)		
RESIDENTIAL:	COMMERCIAL:	NEW CONSTRUCTION:
WORK TO BE COMPLETED BY (CHECK APPROPRIATE BOX)		
CONTRACTOR :	HOMEOWNER:	LANDLORD:
REQUIREMENTS		

- Proof of Ownership (Deed, Title Statement)
- All outstanding balances owed on property must be paid in full (ie. Water Balance, Tickets)
- Homeowner/Landlord: Must provide a copy of the homeowner's insurance (Declaration Page)
- Homeowner: Must live in property at least 6 months and be primary residence.
- Contractors: Must be licensed and bonded with the City of Markham
- Contractors: A scope of work, signed proposal/contract, drawings/plans (if applicable) and plat of survey must be submitted with application.

PROPERTY INFORMATION		
ADDRESS OF PROJECT:		PIN #:
OWNER INFORMATION		
OWNER NAME:		
OWNER ADDRESS (IF DIFFERENT - NO P.O. BOX):		
CITY:	STATE:	ZIP CODE:
OWNER PHONE #:	EMAIL:	
CONTRACTOR INFORMATION (IF APPLICABLE)		
NAME OF CONTRACTOR/COMPANY:		
CONTRACTOR PHONE #	EMAIL/FAX #	

PERMIT TYPE (Check All That Applies) *Landlord Prohibited from Completing **Landlord and Homeowner Prohibited from Completing		
Drywall <input type="checkbox"/> Security Door <input type="checkbox"/> Floors <input type="checkbox"/> Siding <input type="checkbox"/> Soffits/Fascia <input type="checkbox"/> Gutters <input type="checkbox"/> Windows <input type="checkbox"/>		
Minor Roofing (UP TO A 4X4 SECTION) <input type="checkbox"/> Re-Roofing* <input type="checkbox"/> Garage Door <input type="checkbox"/> Fence <input type="checkbox"/>		
Driveway/Sidewalk (Less than 50%) <input type="checkbox"/> Driveway/Sidewalk (New/Replacement)* <input type="checkbox"/>		
Shed (Only Up to 120 sq. ft permitted) <input type="checkbox"/> Deck/Balcony/Porch (Repair Only) <input type="checkbox"/> Garage (Repair Only) <input type="checkbox"/>		
Garage (New/Replacement)* <input type="checkbox"/> Fence (Storage Yard)** <input type="checkbox"/> Parking Lot** <input type="checkbox"/>		
Deck/Balcony/Porch (New/Replacement)* <input type="checkbox"/> Demolition Must provide Cook County Permit)** <input type="checkbox"/> Solar Lights <input type="checkbox"/>		
Room Addition** <input type="checkbox"/> New Construction** <input type="checkbox"/> Fire/Rehab Construction** <input type="checkbox"/> Other <input type="checkbox"/>		

IF OTHER, WRITE A BRIEF SUMMARY OF WORK TO BE COMPLETED	COST OF CONSTRUCTION: \$
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CONTRACTOR	COMPANY NAME	ADDRESS	PHONE #/EMAIL
GENERAL			
ELECTRICAL (COPY OF ELECTRICAL LICENSE FROM TESTING ILLINOIS MUNICIPALITY)			
PLUMBING (COPY OF STATE OF ILLINOIS LICENSE REQUIRED)			
CONCRETE			
PAVEMENT/ASPHALT			
ROOFER (COPY OF STATE OF ILLINOIS LICENSE REQUIRED)			
SEWER			
HVAC			
DEMOLITION			
EXCAVATION			
OTHER			

I, (Print Name) _____, affirm that the information that I have entered in the above column is what I propose to complete at the address listed above. I understand that failure to report any additional or change of work/contractor can result in immediate work stoppage, permit being revoked and issuance of citations and/or being banned from performing any future work within the City of Markham. I understand that if the job has been cancelled, delayed or stopped for any reason, that the City of Markham is not responsible for issuance of any refunds, reimbursements or any form of compensation.

Authorized Signature: _____ **Date:** _____