

DEVELOPMENT SERVICES DEPARTMENT 14700 RAVINIA AVENUE ORLAND PARK, ILLINOIS 60462

708-403-5300 FAX 708-403-6215

www.orlandpark.org

EMAIL: developmentservices@orlandpark.org

PERMIT#_____

Application for Fire Protection Permit

Date: Tenant Name: Address: Contact Person: Phone #:	Cost of Work: \$
Address: Contact Person:	
Contact Person:	Suite #
Dhono # .	Square Feet
rnone # .	Mobile #:
E-mail Address:	1
es the building have a Sprin es the building have a Fire <i>F</i>	· · · · · · · · · · · · · · · · · · ·
EASE CHECK ONE:	
Kitchen Hood/Duct S	
Kitchen Fire Suppres	
Hazardous Materials	☐ F. M. 200
Rack System	
orage and Industrial Occupa	· · · · · · · · · · · · · · · · · · ·
orage and Industrial Occupa MIS (Hazardous Materials Inv	· · · · · · · · · · · · · · · · · · ·
orage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name:	· · · · · · · · · · · · · · · · · · ·
orage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name:	rentory Statement)? Yes No C
orage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name:	rentory Statement)? Yes No City:
oplicant certifies that all information e work for which this permit is issu	City: E-Mail: n given is correct and that all Ordinances will be complied with ued.
corage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name: Address: State: Zip Code: Phone: oplicant certifies that all information	City: E-Mail: n given is correct and that all Ordinances will be complied with ued.
corage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name: Address: State: Zip Code: Phone: oplicant certifies that all information work for which this permit is issue	City: E-Mail: n given is correct and that all Ordinances will be complied with led. rized Representative Signature of Fire Inspector
orage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name: Address: State: Zip Code: Phone: pplicant certifies that all information work for which this permit is issue	City: E-Mail: n given is correct and that all Ordinances will be complied with led. rized Representative Signature of Fire Inspector (Fees Completed by Village)
orage and Industrial Occupa MIS (Hazardous Materials Inv Contractor's Name: Address: State: Zip Code: Phone: plicant certifies that all information work for which this permit is issuented name of Contractor or Author	City: E-Mail: n given is correct and that all Ordinances will be complied with led. rized Representative Signature of Fire Inspector (Fees Completed by Village)
orage and Industrial Occupa IIS (Hazardous Materials Inv Contractor's Name: Address: State: Zip Code: Phone: Olicant certifies that all information work for which this permit is issue	City: E-Mail: n given is correct and that all Ordinances will be complied will be detailed.