



**ORLAND  
PARK**

DEVELOPMENT SERVICES DEPARTMENT  
14700 RAVINIA AVENUE  
ORLAND PARK, ILLINOIS 60462  
708-403-5300  
[www.orlandpark.org](http://www.orlandpark.org)

**APPLICATION FOR ELEVATOR/ESCALATOR PERMIT**

Install/repair: \_\_\_\_\_ Elevators \_\_\_\_\_ Escalators \_\_\_\_\_ Wheel Chair Lifts \_\_\_\_\_ Dumbwaiters

at the following address: \_\_\_\_\_

**Owner Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Contractor Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Manufacturer Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cost of Installation/Repair \$ \_\_\_\_\_ Contractor's State of IL License # \_\_\_\_\_

**Permit Fee**      **\$260.00 per unit**      **TOTAL FEES \$** \_\_\_\_\_  
(Includes plan review & one inspection fee)

**Application Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Printed Name of Owner or Agent**

\_\_\_\_\_  
**Address**

**\* 3 copies of plan must accompany  
permit application**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email**