

# VILLAGE OF SOUTH HOLLAND BUILDING PERMIT APPLICATION

16220 WAUSAU AVE, SOUTH HOLLAND, IL 60473 708-210-2915 FX :708-210-2959

email: BUILDINGANDCODE@SOUTHHOLLAND.ORG

**FOR OFFICE USE:**

Date Received: \_\_\_\_\_ PERMIT # \_\_\_\_\_

Approved by: \_\_\_\_\_ REPORT # \_\_\_\_\_

## ABOVE GROUND SWIMMING POOL PERMIT APPLICATION

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_ South Holland, IL 60473

Prop Index Number: \_\_\_\_\_ (Leave blank if not available.)

Owner's address if different than project: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_ Owner's Cell #: \_\_\_\_\_

Total Cost of Project \$ \_\_\_\_\_

Is property vacant? Yes / No

Is this or will this be a rental property Yes / No

**DESCRIPTION OF PROJECT:**

Please review our pool requirements prior to submitting for a permit

A COPY OF THE PLAT OF SURVEY IS REQUIRED SHOWING MEASURED LOCATION OF PROPOSED POOL & WIDTH.  
PLEASE COMPLETE THE POOL SUBMITTAL CHECK LIST AND SUBMIT WITH THE APPLICATION

Will a dumpster be used? Y / N If Yes: Name of dumpster company: \_\_\_\_\_

**CONTRACTOR INFORMATION:** All contractors must be registered with South Holland.

If owner is doing their own work, indicate "OWNER" for Contractor and owner to complete/sign a letter of intent.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Note: Permit fees are non-refundable. Cancellations are to be submitted in writing.

*As the Applicant for this permit I expressly agree to conform to all applicable ordinances, rules and regulations of the Village of South Holland.*

Signature \_\_\_\_\_

Contact phone number \_\_\_\_\_

Print Name Clearly \_\_\_\_\_

Contact email address required \_\_\_\_\_

**FOR OFFICE USE ONLY**

CLOSED DATE \_\_\_\_\_ BY: \_\_\_\_\_

ADMIN

INSPECTION