



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
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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 **\$220.00 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 _____