



# ORLAND PARK

## Development Services Department

14700 Ravinia Avenue · Orland Park, Illinois 60462 · Phone (708) 403-5300 · Fax (708) 403-6215

Website [www.orlandpark.org](http://www.orlandpark.org) · Email [developmentervices@orlandpark.org](mailto:developmentervices@orlandpark.org)

### INSPECTION REQUEST FORM

**INSPECTION REQUESTS CAN NOT BE TAKEN OVER THE PHONE. INSPECTION REQUESTS CAN NOT BE TAKEN FOR SAME DAY INSPECTIONS. INSPECTION REQUESTS MUST BE SUBMITTED NO LATER THAN 4PM TO SCHEDULE FOR THE NEXT BUSINESS DAY. INSPECTION REQUESTS SUBMITTED ON A FRIDAY AFTER 4PM, SATURDAY OR SUNDAY WILL BE SCHEDULED FOR THE FOLLOWING TUESDAY.**

Permit Number:
Job Address:
Requested Date for Inspection:
Business/Tenant Name:
General Contractor:
Contractor Phone Number:
Email for Job Site (Required):

INSPECTION GROUPS FOR OCCUPANCY
<input type="checkbox"/> <b>COMMERCIAL FINAL INSPECTIONS</b> Building Mechanical Electrical Plumbing Fire District Accessibility Energy (Building/Electrical/Mechanical/Plumbing) <input type="checkbox"/> Health, if applicable <input type="checkbox"/> Sign, if applicable <input type="checkbox"/> Exterior, if applicable
<input type="checkbox"/> <b>COMMERCIAL NO-WORK FINAL INSPECTIONS</b> Building Mechanical Electrical Plumbing Fire District <input type="checkbox"/> Health, if applicable
<input type="checkbox"/> <b>RESIDENTIAL FINAL INSPECTIONS</b> Building Mechanical Electrical Plumbing

FIRE DISTRICT INSPECTIONS
<b>(ROUGH AND FINAL INSPECTIONS ARE REQUIRED FOR COMMERCIAL, INDUSTRIAL AND MULTI-FAMILY BUILDINGS)</b>
Call the appropriate Fire District to Schedule: Orland Park: (708)349-0074 Mokena: (708)479-5371 Palos Park: (708)448-0369

INDIVIDUAL INSPECTIONS	
<b>BUILDING INSPECTIONS</b> <input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Insulation <input type="checkbox"/> Accessibility Final <input type="checkbox"/> Exterior Building Final <input type="checkbox"/> Sign Final <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Other: _____	<b>ELECTRICAL INSPECTIONS</b> <input type="checkbox"/> Under Ground <input type="checkbox"/> Low Voltage <input type="checkbox"/> Above Ceiling <input type="checkbox"/> Sign Final <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Other: _____ <small>*Separate Form Required for Service Request</small>
<b>MECHANICAL INSPECTIONS</b> <input type="checkbox"/> Above Ceiling <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Other: _____	<b>PLUMBING INSPECTIONS</b> <input type="checkbox"/> Underground <input type="checkbox"/> Drain Tile <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Other: _____
<b>HOOD/DUCT INSPECTIONS</b> <input type="checkbox"/> Light Test & Rough <input type="checkbox"/> Final Select Time (For Hood/Duct ONLY): <input type="checkbox"/> 8-9 am <input type="checkbox"/> 9-10 am <input type="checkbox"/> 10-11 am <input type="checkbox"/> 11-12 <input type="checkbox"/> 1-2 pm <input type="checkbox"/> 2-3 pm <input type="checkbox"/> 3-4 pm	<b>SEWER/WATER/SUMP INSPECTIONS</b> <input type="checkbox"/> Emergency Sewer <input type="checkbox"/> Sewer <input type="checkbox"/> Water <input type="checkbox"/> Sump Select Time (For Emergency ONLY): <input type="checkbox"/> 8-9 am <input type="checkbox"/> 9-10 am <input type="checkbox"/> 10-11 am <input type="checkbox"/> 11-12 <input type="checkbox"/> 1-2 pm <input type="checkbox"/> 2-3 pm <input type="checkbox"/> 3-4 pm
<b>ENERGY INSPECTIONS</b> <input type="checkbox"/> Foundation Wall Insulation <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	<b>CONCRETE INSPECTIONS</b> <input type="checkbox"/> Footing <input type="checkbox"/> Crawl Space/Basement Floor <input type="checkbox"/> Stairs/Stoops <input type="checkbox"/> Public/Private Walk <input type="checkbox"/> Garage <input type="checkbox"/> Deck Holes <input type="checkbox"/> In Ground Pool Bonding <input type="checkbox"/> Other: _____ Select Time (For Concrete ONLY): <input type="checkbox"/> 8-9 am <input type="checkbox"/> 9-10 am <input type="checkbox"/> 10-11 am <input type="checkbox"/> 11-12 <input type="checkbox"/> 1-2 pm <input type="checkbox"/> 2-3 pm <input type="checkbox"/> 3-4 pm
<b>PLANNING &amp; ENGINEERING</b> <input type="checkbox"/> Planning Rough <input type="checkbox"/> Planning Final <input type="checkbox"/> Landscape Final <input type="checkbox"/> Engineering Final	
<b>ENVIRONMENTAL HEALTH</b> Name of Food Service:  Phone: <input type="checkbox"/> Preliminary <input type="checkbox"/> Final	