



800 Field Drive • Lake Forest, IL 60045
Phone 847.810.3503 • 847.810.3521 • Fax 847.615.4383
www.cityoflakeforest.com

Exterior Lighting Checklist

Community Development Department

To expedite reviews, please submit all of the following information:

- PERMIT APPLICATION.**
- HOMEOWNER'S ASSOCIATION APPROVAL.** Required if your subdivision has an active Homeowner's Association.
- 2 COPIES OF THE CURRENT, STAMPED PLAT OF SURVEY.**
 - Show the location of all the proposed exterior lighting.
 - Include all of the requirements as noted on the Residential Exterior Lighting Guidelines.
- 2 COPIES OF THE FIXTURE CUT SHEETS.**

Prior to issuance of the permit, the following information shall be up to date or submitted to the Community Development Department:

- ELECTRICIAN'S LICENSE.**



800 Field Drive • Lake Forest, IL 60045
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FOR OFFICE USE ONLY
 Permit # _____

Building Permit Application

Community Development Department

PROJECT ADDRESS

OWNER INFORMATION *(Please print)*

Owner(s) of Record	
Address	
City / State	Zip Code
Phone Number	Email Address

BUILDING TYPE *(Please check applicable box)*

<input type="checkbox"/> 1 – 2 Family Dwelling	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Commercial	Bldg. Sq. Footage _____
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SCOPE OF WORK *(Please check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> New Construction
LOT # _____
SUB. _____
<input type="checkbox"/> Addition
<input type="checkbox"/> Alteration
<input type="checkbox"/> Chimney/Tuckpointing
<input type="checkbox"/> Contractor Change
<input type="checkbox"/> Curb Crossing
<input type="checkbox"/> Deck/Patio/Stoop
<input type="checkbox"/> Demolition
<input type="checkbox"/> Driveway
<input type="checkbox"/> Electrical | <input type="checkbox"/> Elevator
<input type="checkbox"/> Exterior Lighting
<input type="checkbox"/> Fence/Screen/Wall/Pillar
<input type="checkbox"/> Garage
<input type="checkbox"/> Gas Piping
<input type="checkbox"/> Generator
<input type="checkbox"/> HVAC
<input type="checkbox"/> Lawn Irrigation System
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Pool/Hot Tub/Spa
<input type="checkbox"/> Revision to Approved Permit/Plans
<input type="checkbox"/> Roof | <input type="checkbox"/> Sanitary Sewer
<input type="checkbox"/> Shed/Accessory Structure
<input type="checkbox"/> Sign/Temporary Sign
<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Storage Tank Removal
<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Street Obstruction
<input type="checkbox"/> Water Service
<input type="checkbox"/> Water Tap/Water Meter
<input type="checkbox"/> Window/Doors
<input type="checkbox"/> Siding/Exterior Materials
<input type="checkbox"/> Other _____ |
|---|---|--|

Does the property have a Homeowner or Condominium Association? YES NO

Enter the fair market value of the project including all materials, labor and professional fees \$ _____

SIGNATURE OF PROPERTY OWNER

As Property Owner, I hereby agree and acknowledge that all work must be completed in accordance with applicable Codes, regulations and the approved plans. I have reviewed all documents submitted in support of the permit application and affirm that they are complete and accurate to the best of my knowledge. I acknowledge that falsification of information submitted may result in voiding of the permit and fines and penalties as provided for in The City of Lake Forest Code.

Signature of Property Owner _____

Signature of Owner's Authorized Designee (must have Designee Form attached) _____

Printed Name _____ Contact Phone Number _____



PLEASE PROVIDE A DETAILED DESCRIPTION OF PROPOSED PROJECT

Electrical Project Information

Existing Service Overhead Underground AMPS _____
 Proposed Service Overhead Underground AMPS _____
 Total Quantities of Outlets _____ Fixtures _____ Switches _____

HVAC/Mechanical Project Information

Air Conditioner New Unit Replacement of Existing No. of Units _____
 Furnace New Unit Replacement of Existing No. of Units _____
 Rooftop Unit New Unit Replacement of Existing No. of Units _____
 Unit Wall Heater New Unit Replacement of Existing No. of Units _____
 Duct Work Other Work _____

Plumbing Project Information

Total No. of New/Replaced Plumbing Fixtures _____ Gas Piping
 Total No. of Lineal Feet of Sanitary _____ Storm _____ Water _____
 1 1/2" Tap 1 1/2" Meter 2" Tap 2" Meter
 Size of Other Tap _____ Size of Other Meter _____
 Total No. of Irrigation Heads _____ RPZ Work in City Right of Way
 Describe Emergency Repair Work _____

Roofing Project Information

Tear-off and Reroof Reroof over existing roof (2 total layers permitted by Code)
 Is any hot work (torching) proposed? Yes No
 Number of Squares of Roofing Material Applied _____
 Existing Material _____ Proposed Material _____

Fence / Wall / Pillar Project Information

New Fence Replacement of Existing Fence Electric gate
 Fence Length _____ Fence Height _____ Material Type _____
 Wall Length _____ Wall Height _____ Material Type _____
 Pillar Quantity _____ Pillar Height _____ Material Type _____

Windows / Doors

Existing Window Material _____ Proposed Window Material _____
 Total No. of Window(s) / Door(s) _____ Size/Material/Other Changes? Yes No
 Please indicate cladding type, grille pattern and type (i.e. removable, simulated [recommended], etc.)

Siding / Exterior Materials

Existing Siding Material _____ Proposed Siding Material _____
 Size/Material/Other Changes? Yes No

Please describe any changes in the **Description of Project** section at top of page



GENERAL CONTRACTOR

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

ELECTRICAL CONTRACTOR

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

LICENSE #

ISSUED BY

HVAC / MECHANICAL CONTRACTOR

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

LICENSE #

ISSUED BY

PLUMBING CONTRACTOR

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

LICENSE # O55 -

ISSUED BY STATE OF ILLINOIS

ROOFING CONTRACTOR

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

LICENSE #

ISSUED BY **STATE OF ILLINOIS**

ARCHITECT

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL