



THE CITY OF LAKE FOREST  
COMMUNITY DEVELOPMENT DEPARTMENT  
800 N. FIELD DRIVE, LAKE FOREST, IL 60045  
P: (847)810-3502 OR (847)810-3514 F: (847)615-4383  
WWW.CITYOFLAKEFOREST.COM

### FIRE PROTECTION PERMIT REQUIREMENTS

*The following is required for a complete permit submittal.*

**FIRE PROTECTION PERMIT APPLICATION.**

**3 COPIES OF DETAILED DRAWINGS.** Plans shall include all specifications for the proposed equipment.

The Fire Alarm Contractor must have an Illinois State Alarm Contractor's License.

The Fire Suppression Contractor must have: a NICET Level 3 Certification and a current License from the State of Illinois Office of the State Fire Marshall.

*If the proposed project includes a change to the fire sprinkler system and one has not been submitted previously, a technical submission form is required with this permit application.*

**1 COPY OF THE TECHNICAL SUBMISSION FORM COMPLETED.** This form MUST be stamped by a licensed design professional.

*If a new water service is proposed, a flush test will be required. Please provide the underground contractor's name, address and contact information with the fire sprinkler system permit submittal.*



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**FIRE PROTECTION PERMIT**  
**APPLICATION #:** \_\_\_\_\_  
  
**DATE:** \_\_\_\_\_

*Includes Fire Alarm, Suppression Systems, Hood and Duct Systems, Specialized Suppression System*

**One application shall be completed for each type of system**

<b>PROJECT ADDRESS:</b>	
<b>PROPERTY OWNER:</b>	<b>PHONE:</b>
<b>MAILING ADDRESS (IF DIFFERENT THAN ABOVE):</b>	
<b>PROPERTY OWNER'S EMAIL ADDRESS:</b>	
<b>FIRE SYSTEM CONTRACTOR:</b>	
<b>MAILING ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>LICENSE</b>	

**TYPE OF PROPOSED SYSTEM :**

<input type="checkbox"/> NEW	<input type="checkbox"/> MODIFICATIONS TO EXISTING	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> SUPPRESSION SYSTEM	<input type="checkbox"/> SPECIALIZED SUPPRESSION SYSTEM	<input type="checkbox"/> STAND PIPE RISER
			<input type="checkbox"/> HOOD AND DUCT SUPPRESSION SYSTEM
			<input type="checkbox"/> FIRE PUMP

**SQUARE FEET OF PROPOSED WORK:** \_\_\_\_\_

**OTHER WORK (INCLUDING HOT WORK):** \_\_\_\_\_

As Property Owner, I hereby agree and acknowledge that all work must be done in accordance with Codes adopted by The City of Lake Forest Code and must be consistent with the approved plans. As Owner, I declare that all information submitted in support of the requested permit is accurate. Falsification of any information will result in penalties as provided for in the Code. By signing this form, owner assumes responsibility for the accuracy of the information provided by the contractor.

*Signature of Property Owner:* \_\_\_\_\_

*Signature of Owner's Authorized Designee (must have Designee Form attached):* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_ *Contact Phone Number:* \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>FIRE ALARM PERMIT FEE:</b>	\$ _____	<b>HOOD AND DUCT SYSTEM:</b>	\$ _____
<b>FIRE SUPPRESSION PERMIT FEE:</b>	\$ _____	<b>STAND PIPE RISER:</b>	\$ _____
<b>UNDERGROUND FLUSH TEST:</b>	\$ _____	<b>FIRE PUMP TEST:</b>	\$ _____
<b>PER GALLON FOR FLUSH TEST:</b>	\$ _____	<b>PER GALLON FOR PUMP TEST:</b>	\$ _____
<b>GENERAL FEE (HOT WORK, ETC.):</b>	\$ _____	<b>SPECIALIZED SUPPRESSION SYSTEM PERMIT:</b>	\$ _____
<b>STOP WORK ORDER:</b>	\$ _____		
<b>TOTAL FEES: \$</b> _____			