



THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT
800 N. FIELD DRIVE, LAKE FOREST, IL 60045
PHONE: (847)810-3502/3503/3521 OR FAX: (847)615-4383
WWW.CITYOFLAKEFOREST.COM

INTERIOR DRAINTILE PERMIT REQUIREMENTS

The following is required for a complete permit submittal.

- RESIDENTIAL BUILDING PERMIT APPLICATION, ELECTRIC PERMIT APPLICATION AND PLUMBING PERMIT APPLICATION.** The plumbing and electric permits are only required if there is any change to or new plumbing or electric work.
- PLAN REVIEW FEE.** According to the current fee schedule.
- 2 COPIES OF DRAWINGS.** Plans shall include a floor plan of the basement that includes the proposed dRAINTILE work, the location of the sump pump and its means of discharge and existing or proposed electric.

Prior to issuance of the permit, the following information shall be up to date or submitted to the Community Development Department. This information is only required if there is any plumbing or electric work proposed.

- PLUMBER'S STATE OF ILLINOIS LICENSE.**
- PLUMBER'S LETTER OF INTENT.** This letter must be original.
- ELECTRICIAN'S LICENSE.**



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RESIDENTIAL BUILDING
PERMIT APPLICATION #: _____
DATE: _____

Includes Residential Additions, Alterations, Hardscape Work, Deck, Demolition of Structures, Sheds, Tennis Courts, Sports Courts, Siding, Windows, Interior Draintile, Foundation Repairs and Satellite Dishes

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
PROPERTY OWNER'S EMAIL ADDRESS:	
PROPERTY OWNER'S FAX:	
GENERAL CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
EMAIL ADDRESS:	CELL:

DESCRIBE THE PROPOSED PROJECT: _____

\$_____ is the fair market value of the project including all materials, trades, architectural and engineering fees.

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:

BUILDING PERMIT FEE:	\$ _____	PLAN REVISIONS:	\$ _____
PLAN REVIEW FEE:	\$ _____	BUILDING SCALE FEE:	\$ _____
PUBLIC PROPERTY BOND:	\$ _____	STOP WORK ORDER:	\$ _____
PERMIT RENEWAL BOND:	\$ _____	ENGINEERING REVISION:	\$ _____
DRAINAGE WAIVER FEE:	\$ _____	TREE FENCING FEE:	\$ _____
PLAN REVIEW (OVER 2 HRS):	\$ _____	OTHER:	\$ _____
TOTAL FEES: \$ _____			



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ELECTRIC PERMIT APPLICATION
 #: _____
 DATE: _____

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
PROPERTY OWNER'S EMAIL ADDRESS:	
ELECTRIC CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
LICENSE #:	ISSUED BY:

EXISTING ELECTRIC SERVICE:	_____ AMPS	___ OVERHEAD
	_____/_____ VOLTAGE	___ UNDERGROUND
PROPOSED ELECTRIC SERVICE:	_____ AMPS	___ OVERHEAD ___ UNDERGROUND
	_____/_____ VOLTAGE	___ TEMPORARY
QUANTITIES OF GENERAL WIRING:	_____ OUTLETS	_____ FIXTURES (INC. EXHAUST FANS)
		_____ SWITCHES
LOW VOLTAGE WIRING:	_____ CONTROL/SIGNAL	_____ VOICE/DATA/VIDEO _____ ALARM/SAFETY DEVICE
ELECTRIC HEATING: (600 V.A. AND LARGER)	_____ TOTAL K.V.A.	_____ TYPE OF HEATING UNIT
ELECTRIC MOTORS:	_____ MOTORS	_____ TOTAL COMBINED H.P.
		_____ H.P. OF LARGEST MOTOR
AIR CONDITIONING UNITS:	_____ NUMBER OF UNITS	_____ TOTAL K.V.A.
STANDBY GENERATOR:	_____ H. P. OF MOTOR	_____ OUTPUT IN K.V.A.
LANDSCAPE LIGHTING:	_____ OUTLETS	_____ FIXTURES

OTHER WORK: _____

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Signature of Property Owner: _____

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

Printed Name: _____ Contact Phone Number: _____

FOR OFFICE USE ONLY:

ELECTRIC PERMIT BASE FEE:	\$ _____	PER UNIT CHARGE:	\$ _____
ELECTRIC SERVICE FEE:	\$ _____	MOTORS:	\$ _____
TOTAL FEES: \$ _____			



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PLUMBING PERMIT APPLICATION #: _____

DATE: _____

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
PROPERTY OWNER'S EMAIL ADDRESS:	
PLUMBING CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
STATE OF ILLINOIS LICENSE #: 055-	

NUMBER OF NEW OR REPLACED PLUMBING FIXTURES

___ CLOTHES WASHER	___ HOSE BIB	___ SUMP PUMP	___ ICE MAKER	___ BATHTUB	___ SHOWER
___ SEWAGE EJECTOR	___ FLOOR DRAIN	___ DISPOSAL	___ DISHWASHER	___ BAR SINK	___ BOILER
___ WATER HEATER	___ TOILET (BIDET)	___ LAUNDRY TUB	___ LAVATORIES	___ SINK	___ TOTAL FIXTURES

SWIMMING POOL AND IRRIGATION SYSTEM INFORMATION:

___ # OF IRRIGATION SYSTEM HEADS	___ IS A RPZ VALVE PROPOSED?
___ ARE HEADS PROPOSED ON THE CITY RIGHT OF WAY?	___ POOL/SPA PIPING

SEWER AND WATER INFORMATION:

DESCRIBE THE EMERGENCY REPAIR: _____		
___ # OF FEET OF SANITARY SEWER	___ 1 1/2" TAP	___ 2" TAP
___ # OF FEET OF STORM SEWER	___ 1 1/2" METER	___ 2" METER
___ # OF FEET OF WATER SERVICE	___ OTHER TAP (SIZE)	___ OTHER METER (SIZE)
WILL WORK BE DONE ON CITY PROPERTY?	___ YES	___ NO

OTHER WORK: _____

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Signature of Property Owner: _____

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

Printed Name: _____ *Contact Phone Number:* _____

FOR OFFICE USE ONLY:

PLUMBING PERMIT FEE:	\$ _____	SANITARY SEWER FEE:	\$ _____
TAP FEE:	\$ _____	STORM SEWER FEE:	\$ _____
WATER SERVICE INSPECTION FEE:	\$ _____	METER FEE:	\$ _____
STREET OPENING FEE:	\$ _____	STREET OPENING BOND	\$ _____
SWIMMING POOL PIPING FEE:	\$ _____	WATER PLAN INV. FEE:	\$ _____
IRRIGATION SYSTEM:	\$ _____	RECORDING FEE FOR ROW:	\$ _____
SANITARY SEWER CONN. FEE:	\$ _____	STOP WORK ORDER:	\$ _____
TOTAL FEES: \$ _____			