



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

NEW MULTI-FAMILY DWELLING OR COMMERCIAL PERMIT REQUIREMENTS

The following is required for a complete permit submittal for each unit.

- NEW MULTI-FAMILY DWELLING OR COMMERCIAL BUILDING PERMIT, ELECTRIC PERMIT, HVAC PERMIT, PLUMBING PERMIT, ROOFING PERMIT AND GRADING PERMIT.**
- HOMEOWNER'S ASSOCIATION APPROVAL.** Required if your subdivision has an active association.
- PLAN REVIEW FEE.** According to the current fee schedule.
- 4 COPIES OF THE PROPOSED GRADING PLAN.** Plans shall be drawn at 1" = 20' and prepared and stamped by a State of Illinois Registered Professional Engineer.
- 3 COPIES OF DETAILED WORKING DRAWINGS.** Provide scaled drawings. Plans shall be stamped by a State of Illinois Registered Architect. All structural drawings must be stamped by a Structural Engineer.
- 1 COPY OF THE TECHNICAL SUBMISSION FORM COMPLETED.**
- BOARD OR COMMISSION REQUIRED INFORMATION.** If your project was reviewed by a Board or Commission, please review your Action Summary or Certificate of Appropriateness from the meeting and submit two copies of any of the required information indicated on that summary.
- TREE REMOVAL PERMIT APPLICATION.** For any tree removal work is proposed with this project.
- ZONING COMPLIANCE APPLICATION.** For Commercial Projects only.

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

- NORTH SHORE SANITARY DISTRICT (NSSD) APPROVAL.**
- PLUMBER'S STATE OF ILLINOIS LICENSE, LAKE FOREST PLUMBER'S BOND AND A CERTIFICATE OF INSURANCE** (listing the City of Lake Forest as additional insured).
- PLUMBER'S LETTER OF INTENT.** This letter must be original.
- ELECTRICIAN'S LICENSE.**
- ILLINOIS STATE ROOFING LICENSE.**
- HVAC CONTRACTOR'S LICENSE.** This license may NOT be a business license.

Please note: ALL fire protection permit applications and shop drawings for the project will be required for submittal, approval and issuance prior to any rough inspections. You may submit the appropriate permit application and shop drawings at the time of permit submittal if they are complete.



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MULTI FAMILY OR
COMMERCIAL NEW
CONSTRUCTION BUILDING
PERMIT APPLICATION
 #: _____
 DATE: _____

For New Multi Family Dwelling or Commercial Construction
Complete one form for each unit proposed

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

LOT _____, BLOCK _____, SUBDIVISION _____

MULTI FAMILY DWELLING

 COMMERCIAL CONSTRUCTION

WHAT IS THE TOTAL SQUARE FOOTAGE OF THE PROPOSED CONSTRUCTION? _____

IS AN ELEVATOR PROPOSED FOR THIS PROJECT? _____

IS THERE ANY HAZARDOUS MATERIAL STORAGE EXISTING OR PROPOSED ON SITE? _____

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

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:	\$ _____	PUBLIC PROPERTY BOND:	\$ _____
PLAN REVIEW FEE:	\$ _____	PERMIT RENEWAL BOND:	\$ _____
PLAN REVISIONS:	\$ _____	DRIVEWAY BOND:	\$ _____
BUILDING SCALE FEE:	\$ _____	DRIVEWAY PERMIT FEE:	\$ _____
LIFE SAFETY REVIEW:	\$ _____	TREE FENCING INSPECTION:	\$ _____
SANITARY SEWER CONN FEE:	\$ _____	WATER PLANT INVESTMENT FEE:	\$ _____
STOP WORK ORDER:	\$ _____	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: _____

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:

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



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HVAC PERMIT APPLICATION
 #:

 DATE: _____

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

TYPE OF UNIT:	NUMBER OF UNITS:	EQUIPMENT LOCATION:	EQUIPMENT INFORMATION:
AIR CONDITIONER	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ GEOTHERMAL ____ AMPS
AIR HANDLER	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ GEOTHERMAL ____ AMPS
BOILER	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ GEOTHERMAL ____ AMPS ____ /1000 BTUS ____ EFFICIENCY RATING
EXHAUST SYSTEM LARGER THAN 1 H.P.	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ AMPS
FURNACE	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ GEOTHERMAL ____ AMPS ____ /1000 BTUS ____ EFFICIENCY RATING
ROOFTOP COMBINATION	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ EFFICIENCY RATING ____ AMPS ____ /1000 BTUS
UNIT/WALL HEATER	____ NEW ____ REPLACEMENT		____ PHASE ____ VOLTS ____ EFFICIENCY RATING ____ AMPS ____ /1000 BTUS
DUCT WORK: ____ 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:	
HVAC PERMIT FEE: \$ _____	STOP WORK ORDER: \$ _____
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: \$ _____			



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ROOFING PERMIT APPLICATION
 #:

 DATE: _____

For Roofing Permit

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
PROPERTY OWNER'S EMAIL ADDRESS:	
ROOFING CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
STATE OF ILLINOIS ROOFING LICENSE NUMBER:	

AREAS PROPOSED FOR ROOFING WORK:

_____ Single Family Dwelling	_____ Duplex	_____ Commercial Building
_____ Multi Family Dwelling	_____ Addition Only	_____ Detached Structure
_____ Other (Describe):		

DESCRIPTION OF WORK:

_____ Complete Tear off and Reroof of Existing Building
_____ Reroof over existing roofing materials (2 total layers permitted by Code)
_____ Number of Squares of Roofing Material to be Applied
_____ Type of Material Proposed
\$_____ is the fair market value of the project including all materials, trades, architectural and engineering fees.

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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:

BUILDING PERMIT FEE:	\$ _____	OTHER:	\$ _____
STOP WORK ORDER:	\$ _____	TOTAL FEES: \$ _____	

LAKE FOREST CONSTRUCTION STANDARD REV. 1/08

SECTION 6.01 PERMIT APPLICATION FOR SITE GRADING

DATE _____

Application is hereby made for a permit to perform site grading on the premises located at (street address)

_____ LOT _____, BLOCK _____, _____ SUBDIVISION

Owned by _____

Plan prepared by (Name of Firm) _____

Address of Firm: _____

Telephone Number of Firm: (_____) _____

Name of Engineer: _____

Illinois Registration Number: _____

*The applicant understands and agrees that the required plan shall conform to all requirements of Article XI, Section 2-155 of the Lake Forest City Code. Furthermore, all work associated with this permit shall be done in such a way that existing drainage facilities, natural or man-made, are maintained at all times. **Four (4) copies** of the Grading Plan shall be submitted with this application to the Office of the City Surveyor and Engineer, accompanied by the fee prescribed.*

Printed Name of Signature: _____

Signature of Applicant: _____

Title of Applicant, i.e., Owner, Engineer, etc.: _____

Telephone Number of Applicant: (_____) _____

Address of Applicant: _____

For Office Use Only:

Fee:

Restoration Bond:

Permit/Drawing: