



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

OWNER AUTHORIZED
DESIGNEE FORM FOR PERMIT
APPLICATION #:

DATE: _____

I, _____ verify that I am the owner of the property addressed as _____. I hereby authorize the following contractors to apply for permits on my behalf and to otherwise represent me for the purpose of completing work associated with Permit# _____.

GENERAL CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
ELECTRIC CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
HVAC CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
PLUMBING CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
OTHER:	
MAILING ADDRESS:	
PHONE:	FAX:

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: _____

Printed Name: _____ Contact Phone Number: _____

Email Address: _____