



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

RESIDENTIAL ADDITION OR ALTERATION PERMIT REQUIREMENTS

The following is required for a complete permit submittal.

- RESIDENTIAL BUILDING PERMIT, ELECTRIC PERMIT, HVAC PERMIT, PLUMBING PERMIT, ROOFING PERMIT AND GRADING WAIVER APPLICATION.** Submit only those applications that apply to this project.
- HOMEOWNER'S ASSOCIATION APPROVAL.** Required if your subdivision has an active homeowner's association and the proposed work requires their approval.
- PLAN REVIEW FEE.** According to the current fee schedule.
- 3 COPIES OF THE CURRENT PLAT OF SURVEY.** The plat shall show all existing and proposed conditions including structures, zoning setback lines, utility easements and utility services. **This is required for additions, new structures and hardscape work only.**
- 2 COPIES OF DETAILED WORKING DRAWINGS.** Plans shall be drawn at 1/4" scale, sections at 1/2" scale. Plans shall be stamped by a State of Illinois Registered Architect if structural changes are proposed.
- 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.
- BUILDING SCALE CALCULATION WORKSHEET.** For those projects that effect the building scale.
- TREE REMOVAL PERMIT APPLICATION.** For any tree removal work is proposed with this project.

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

- PLUMBER'S STATE OF ILLINOIS LICENSE.** In addition, a Lake Forest Plumber's Bond and a Certificate of Insurance (listing the City of Lake Forest as additional insured) is required ***IF*** any connections to the sanitary, storm or water services are proposed or work to the existing service is proposed in the public right-of-way.
- ELECTRICIAN'S LICENSE.**
- PLUMBER'S LETTER OF INTENT.** This letter must be original.
- HVAC CONTRACTOR'S LICENSE.** This license may NOT be a business license.
- ILLINOIS STATE ROOFING 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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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. 5/08

6.02 WAIVER FOR SITE GRADING PERMIT

The City of Lake Forest
Application for Waiver of the Site Grading Permit

Application is hereby made for a waiver of a site grading permit at the following described property:

ADDRESS: _____

PROJECT DESCRIPTION _____

CONTRACTOR: _____

CONTRACTOR'S PHONE: _____

Conditions:

A waiver of the Grading Permit **may be** approved by the City Surveyor and Engineer only on property previously improved with the principal use or structure; where the project consist only of minor additions to existing dwellings or structures, the construction of accessory buildings, tennis courts, swimming pools, or minor landscaping.

The waiver request shall include:

1. **Address or legal description** of the property.
2. **Description of the project.**
3. **Site plan of the project** including the dimensions(s) from the project to the nearest Lot Line(s), provisions for roof drainage (location and direction of discharge), and proposed grading limits.
4. **A statement signed by the property owner** agreeing to the following:

The applicant hereby certifies that he is the owner of the property described above, and certifies that to the best of his knowledge, the above described project will not disturb existing topography or will not create adverse drainage problems on adjacent property. The applicant further agrees to assume all responsibility for any drainage problems that may be caused directly or indirectly by any action involving the above described project and further absolves The City of Lake Forest of any responsibility for problems or actions that may result from the granting of the waiver of the Site Grading Permit requirements.

Signed _____ Date: _____
Property Owner

Printed Name of Signature Above Telephone Number

Waiver Granted _____ Date: _____
City Surveyor and Engineer