



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

REVISION APPLICATION REQUIREMENTS

The following is required for a complete revision submittal.

- REVISION APPLICATION.** The proposed revision should be valued under \$6,000 in cost. The revision shall NOT include any new work not already proposed in the original permit.
- 2 COPIES OF THE PERTINENT DRAWINGS (ARCHITECTURAL, PLAT OF SURVEY, GRADING PLAN, ETC.).** The areas proposed for revisions shall be clouded indicating the change.
- HOMEOWNER'S ASSOCIATION APPROVAL.** Required if you are proposing changes that effect a subsequent approval from your Homeowner's Association.



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REVISION APPLICATION #: _____
DATE: _____

For Revisions Proposed for a Construction Project Underway

The proposed revision should be valued under \$6,000 in cost. The revision shall NOT include any new work not already proposed in the original permit.

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 REVISION: _____

\$_____ 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:

PLAN REVISIONS:	\$ _____	ENGINEERING REVISION:	\$ _____
PLAN REVIEW (OVER 2 HRS):	\$ _____	OTHER:	\$ _____
TOTAL FEES: \$ _____			