



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](http://WWW.CITYOFLAKEFOREST.COM)

**SANITARY, STORM AND/OR WATER SERVICE PERMIT REQUIREMENTS**

*The following is required for a complete permit submittal.*

- PLUMBING PERMIT APPLICATION.**
- 3 COPIES OF THE CURRENT, STAMPED PLAT OF SURVEY.** Show the location of all existing structures, property lines, easements and the existing sanitary, storm and/or water services. Indicate the proposed changes or repairs to the sanitary, storm and/or water services.

*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.
- PLUMBER'S LETTER OF INTENT.** This letter must be original.



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**PLUMBING PERMIT APPLICATION #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

**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 <b>EMERGENCY REPAIR:</b> _____		
___ # 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)
<b>WILL WORK BE DONE ON CITY PROPERTY?</b>	___ <b>YES</b>	___ <b>No</b>

**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:**

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