



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

TEMPORARY CONSTRUCTION TRAILER PERMIT REQUIREMENTS

The following is required for a complete permit submittal.

- MULTI FAMILY/COMMERCIAL BUILDING PERMIT APPLICATION.** If electric is proposed for the trailer, please include an electric permit.

- 2 COPIES OF THE CURRENT, STAMPED PLAT OF SURVEY.** Show the location of all existing structures, property lines, easements and the proposed location for the temporary construction trailer. Include the proposed setback from the property lines, any information on the electric source (if proposed) and the time frame in which the trailer will be on site.

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

- ELECTRICIAN'S LICENSE.** If electric work is proposed.



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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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**MULTI FAMILY DWELLING OR
 COMMERCIAL BUILDING
 PERMIT APPLICATION #:** _____

DATE: _____

Includes Multi Family or Commercial Additions, Alterations, Demolition of Structures, Siding, Windows, Foundation Repairs and Storage Tank Installations

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

DESCRIBE THE PROPOSED PROJECT: _____

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.

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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:	\$ _____	PLAN REVISIONS:	\$ _____
PLAN REVIEW FEE:	\$ _____	LIFE SAFETY REVIEW:	\$ _____
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: \$ _____			