



DEMOLITION AND NEW MULTI FAMILY OR COMMERCIAL PERMIT REQUIREMENTS

The following is required for a complete permit submittal.

- COMMERCIAL BUILDING PERMIT (FOR DEMOLITION), PLUMBING DISCONNECTION PERMIT, NEW MULTI FAMILY OR COMMERCIAL BUILDING PERMIT, ELECTRIC PERMIT, HVAC PERMIT, PLUMBING PERMIT, ROOFING PERMIT AND GRADING PERMIT.**
- PLAN REVIEW FEE.** According to the current fee schedule.
- 4 COPIES OF THE PROPOSED GRADING PLAN.** Plans shall be drawn at 1"=20' and prepared and stamped by a State of Illinois Registered Professional Engineer.
- 3 COPIES OF DETAILED WORKING DRAWINGS.** Plans shall be drawn at ¼" scale, sections at 1/2" scale. Plans shall be stamped by a State of Illinois Registered Architect.
- ONE COPY OF A REPORT DETERMINING IF THERE IS ASBESTOS IN THE RESIDENCE.** If there is asbestos that requires remediation, staff will give further instruction when the remediation shall occur.
- 1 COPY OF THE TECHNICAL SUBMISSION FORM.**
- BOARD OR COMMISSION REQUIRED INFORMATION.** 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. In addition, submit one copy of the Demolition Tax Rebate – Statement of Intent.
- 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:

- NORTH SHORE SANITARY DISTRICT (NSSD) APPROVAL.** The City will provide you with a letter to submit with your NSSD application to confirm the existence of an existing sanitary sewer service.
- PLUMBER'S STATE OF ILLINOIS LICENSE, LAKE FOREST PLUMBER'S BOND AND A CERTIFICATE OF INSURANCE** (listing the City of Lake Forest as additional insured).
- ELECTRICIAN'S LICENSE.**
- ILLINOIS STATE ROOFING LICENSE.**
- HVAC CONTRACTOR'S LICENSE.** This license may NOT be a business license.
- LETTER FROM COMED.** Confirming the termination of the electric service.
- LETTER FROM THE GAS COMPANY.** Confirming the termination of the gas service.

Please note: all fire system permit applications and shop drawings for the project will be required for submittal, approval and issuance prior to any rough inspections.

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

DATE: _____

**THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT**
800 N. FIELD DRIVE, LAKE FOREST, IL 60045
P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
WWW.CITYOFLAKEFOREST.COM



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:		
PROPERTY OWNER'S FAX:		
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.

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:	\$ _____	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: \$ _____			

**SEWER/WATER DISCONNECTION
PERMIT APPLICATION #:**

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT
 800 N. FIELD DRIVE, LAKE FOREST, IL 60045
 P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
 WWW.CITYOFLAKEFOREST.COM



For Sewer and Water Disconnections related to Demolition of Structures

PROJECT ADDRESS:		
PROPERTY OWNER:		PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):		
PROPERTY OWNER'S EMAIL ADDRESS:		
PLUMBING CONTRACTOR:		
MAILING ADDRESS:		
PHONE:		FAX:
ILLINOIS STATE LICENSE NUMBER:		CELL:

CHECK ALL THAT APPLY:

<input type="checkbox"/>	DISCONNECT THE SANITARY SEWER SERVICE
<input type="checkbox"/>	DISCONNECT THE STORM SEWER SERVICE
<input type="checkbox"/>	DISCONNECT THE WATER SERVICE

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:

STREET OPENING PERMIT FEE:	\$ _____	STREET OPENING BOND:	\$ _____
STOP WORK ORDER:	\$ _____	OTHER FEE:	\$ _____
TOTAL FEES: \$ _____			

**MULTI FAMILY OR COMMERCIAL
NEW CONSTRUCTION BUILDING
PERMIT APPLICATION**

#: _____
DATE: _____

**THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT**
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P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
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*For New Multi Family Dwelling or Commercial Construction
Complete one form for each unit proposed*

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

LOT _____, BLOCK _____, SUBDIVISION _____

MULTI FAMILY DWELLING **COMMERCIAL CONSTRUCTION**

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 (excluding the cost of the land).

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:	\$ _____	PUBLIC PROPERTY BOND:	\$ _____
PLAN REVIEW FEE:	\$ _____	PERMIT RENEWAL BOND:	\$ _____
PLAN REVISIONS:	\$ _____	DRIVEWAY BOND:	\$ _____
BUILDING SCALE FEE:	\$ _____	DRIVEWAY PERMIT FEE:	\$ _____
LIFE SAFETY REVIEW:	\$ _____	TREE FENCING INSPECTION:	\$ _____
SANITARY SEWER CONN FEE:	\$ _____	WATER PLANT INVESTMENT FEE:	\$ _____
STOP WORK ORDER:	\$ _____	OTHER:	\$ _____
TOTAL FEES: \$ _____			

ELECTRIC PERMIT APPLICATION

#: _____

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT
 800 N. FIELD DRIVE, LAKE FOREST, IL 60045
 P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
 WWW.CITYOFLAKEFOREST.COM



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. <div style="text-align: center; border-top: 1px solid black; width: 80%; margin: 0 auto;">TYPE OF HEATING UNIT</div>
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:	\$ _____	MOTORS:	\$ _____
ELECTRIC SERVICE FEE:	\$ _____	STOP WORK ORDER:	\$ _____
TOTAL FEES: \$ _____			

HVAC PERMIT APPLICATION #:

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT
 800 N. FIELD DRIVE, LAKE FOREST, IL 60045
 P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
 WWW.CITYOFLAKEFOREST.COM



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: \$ _____	

PLUMBING PERMIT APPLICATION #:

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT
800 N. FIELD DRIVE, LAKE FOREST, IL 60045
P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
WWW.CITYOFLAKEFOREST.COM



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 #:	

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: _____

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:

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: \$ _____			

ROOFING PERMIT APPLICATION #:

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT
800 N. FIELD DRIVE, LAKE FOREST, IL 60045
P: (847)810-3511 OR (847)810-3502, F: (847)615-4383
WWW.CITYOFLAKEFOREST.COM



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	_____ Detached Garage	_____ Other: _____

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.

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:	\$ _____	OTHER:	\$ _____
STOP WORK ORDER:	\$ _____	TOTAL FEES: \$ _____	

LAKE FOREST CONSTRUCTION STANDARD REV. 1/08

SECTION 6.01 PERMIT APPLICATION FOR SITE GRADING

DATE _____

Application is hereby made for a permit to perform site grading on the premises located at (street address)

_____ LOT _____, BLOCK _____, _____ SUBDIVISION

Owned by _____

Plan prepared by (Name of Firm) _____

Address of Firm: _____

Telephone Number of Firm: (_____) _____

Name of Engineer: _____

Illinois Registration Number: _____

The applicant understands and agrees that the required plan shall conform to all requirements of Article XI, Section 2-155 of the Lake Forest City Code. Furthermore, all work associated with this permit shall be done in such a way that existing drainage facilities, natural or man-made, are maintained at all times. Four (4) copies of the Grading Plan shall be submitted with this application to the Office of the City Surveyor and Engineer, accompanied by the fee prescribed.

Printed Name of Signature: _____

Signature of Applicant: _____

Title of Applicant, i.e., Owner, Engineer, etc.: _____

Telephone Number of Applicant: (_____) _____

Address of Applicant: _____

For Office Use Only:		
Fee:	Restoration Bond:	Permit/Drawing:



THE CITY OF LAKE FOREST
DEMOLITION TAX REBATE -- STATEMENT OF INTENT

IDENTIFY THE PROPERTY

Property Owner: _____

Property Address: _____

PIN Number(s) of Property (required if #1 below is checked) _____

City of Lake Forest Demolition Permit Number: _____

CHECK OFF THE APPROPRIATE STATEMENT AND ATTACH ANY AND ALL NECESSARY INFORMATION AS PROVIDED BELOW:

_____ 1. Applicant has been the record title or beneficial interest owner and occupant of the property for three years prior to the issuance of a demolition permit ("Pre-Permit Period"), and Applicant intends to remain owner and occupant for three years following the date a certificate of occupancy for a new single-family home on such property is issued ("Post-Permit Period"). For Applicant to obtain a rebate under this section, Applicant must:

- a. Pay the demolition tax at the time of issuance of a demolition permit;
- b. Complete this Statement of Intent for Rebate at the time of paying the demolition tax;
- c. Attach title documents establishing Applicant's ownership and occupancy during the Pre-Permit Period; and
- d. Following the Post-Permit Period but no later than 48 months after the issuance of a certificate of occupancy for the new single-family home on the property, (i) deliver title documents establishing Applicant's ownership and occupancy of the property for the entire Post-Permit Period, (ii) deliver a completed "Request for Demolition Tax Rebate" form, which request shall include a copy of this Statement of Intent as filed at the time of demolition, and (iii) evidence of payment of the demolition tax (e.g., cancelled check, City receipt).

Applicant shall attach all necessary information to be entitled to a rebate. Verification of ownership and occupancy may include a copy of the recorded deed for the property, a driver's license or voter registration card for the periods in question, or other documentation that the City Manager or the Manager's designee may determine is satisfactory evidence of ownership or occupancy.

_____ 2. Applicant does not meet the "Pre-Permit Period" requirements and/or does not intend to meet the "Post-Permit Period" requirements and is not eligible for a rebate

FAILURE TO FILE FOR A DEMOLITION TAX REBATE WITHIN 48 MONTHS AFTER THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY SHALL BE DEEMED A WAIVER OF ALL CLAIMS FOR SUCH REBATE.

Date: _____

Signature of Property Owner

For office use only	<u>ROUTE COPY TO FINANCE</u>
____ 50% Acct. # 311-0000-227-59-00	Hold for possible Post-Permit Period Rebate (#1 above)
50% Acct. # 248-0000-227-59-00	
____ 50% Acct.# 311-0000-318-07-00	Process as revenue (#2 above)
50% Acct.# 248-0000-318-07-00	

TECHNICAL SUBMISSION FORM

#: _____

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT

800 N. FIELD DRIVE, LAKE FOREST, IL 60045
P: (847)810-3514 OR (847)810-3511, F: (847)615-4383
WWW.CITYOFLAKEFOREST.COM



For Automatic Fire Sprinkler Systems

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
TENANT:	PHONE:
DESIGN PROFESSIONAL:	
MAILING ADDRESS:	
PHONE:	EMAIL ADDRESS:
SIGNATURE AND SEAL OF DESIGN PROFESSIONAL	DATE

Applicable Codes:

NFPA 13 _____ ed. NFPA 14 _____ ed. Building Code: _____

NFPA 13R _____ ed. NFPA 20 _____ ed. Local Amendments Applied: _____

NFPA 13D _____ ed. NFPA 72 _____ ed. Other: _____

Water Flow Test:

Date: _____ Witness: _____

Location: _____ Source: _____

Static pressure: _____ Seasonal or local Adjustment: _____

Residual Pressure: _____ Water Quality Investigation (MIC or other): _____

Flow: _____ gpm Results: _____

Size of Water Supply: _____ Is it the same as the Domestic? _____

Building Information:

Building Height: _____ Square Feet of Building Footprint: _____

Number of Stories: _____ Floor to Floor Height: _____

TECHNICAL SUBMISSION FORM

#: _____

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT

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Material Information:

Risers: _____ Type of Pipe which can be used: _____

Cross Main: _____ Type of Fittings which can be used: _____

Bulk Main: _____ Are Backflow Device(s) Required? _____

Branch Lines: _____ How many backflow device(s) are required? _____

Fire Department Connection:

Type: _____ Location: _____

Fire Pump and Controller:

Type of Drive: _____ Size: _____ at _____ psi

Voltage: _____ Location of service: _____

Generator Required? _____

Water Storage Tank:

Water Storage Tank Required? _____ Location of Tank: _____

Size of Tank: _____ Type of Tank: _____

Standpipes:

Number Required: _____ Location(s): _____

Class: _____ Type: _____

Top Most Outlet Flow: _____ Most Remote Flow: _____

Total Flow: _____ Required Valves: _____ 1 1/2" _____ 2 1/2" _____ Combo

TECHNICAL SUBMISSION FORM

#: _____

DATE: _____

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Please use additional copies of this page as necessary to provide all of the information regarding the different types of systems proposed for this project:

<p>Area #1 --- Type of System: _____</p> <p>Description of Use of Area or Hazard: _____</p> <p>_____</p> <p>Hazard Classification: _____</p> <p>Commodity: _____</p> <p>Design Criteria: _____ gpm over _____ square feet</p> <p>Area per sprinkler: _____ Standpipe Flow: _____</p> <p><i>Other Water Flow:</i></p> <p>Hose: _____ gpm Outside Hydrants: _____ Special: _____ gpm</p> <p>In rack or special sprinklers: _____ gpm Total Flow Required: _____</p> <p>Is a fire pump required? _____ gpm at _____ psi</p>
<p>Area #2 --- Type of System: _____</p> <p>Description of Use of Area or Hazard: _____</p> <p>_____</p> <p>Hazard Classification: _____</p> <p>Commodity: _____</p> <p>Design Criteria: _____ gpm over _____ square feet</p> <p>Area per sprinkler: _____ Standpipe Flow: _____</p> <p><i>Other Water Flow:</i></p> <p>Hose: _____ gpm Outside Hydrants: _____ Special: _____ gpm</p> <p>In rack or special sprinklers: _____ gpm Total Flow Required: _____</p> <p>Is a fire pump required? _____ gpm at _____ psi</p>
<p>Area #3 --- Type of System: _____</p> <p>Description of Use of Area or Hazard: _____</p> <p>_____</p> <p>Hazard Classification: _____</p> <p>Commodity: _____</p> <p>Design Criteria: _____ gpm over _____ square feet</p> <p>Area per sprinkler: _____ Standpipe Flow: _____</p> <p><i>Other Water Flow:</i></p> <p>Hose: _____ gpm Outside Hydrants: _____ Special: _____ gpm</p> <p>In rack or special sprinklers: _____ gpm Total Flow Required: _____</p> <p>Is a fire pump required? _____ gpm at _____ psi</p>

TECHNICAL SUBMISSION FORM

#: _____

DATE: _____

THE CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT DEPARTMENT

800 N. FIELD DRIVE, LAKE FOREST, IL 60045

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Please use additional copies of this page as necessary to provide all of the information regarding the different types of systems proposed for this project:

<p>Storage Area #1 --- Type of System: _____</p> <p>Description of Use of Area or Hazard: _____</p> <hr/> <p><u>Type of Storage and Maximum Height:</u> Pallet: _____ Bulk: _____ Shelf: _____ Bin Box: _____ Rack: _____ Minimum Aisles Width: _____ Maximum Rack Depth: _____ Commodity Classification: _____ Encapsulated: _____</p> <p><u>Rack Type:</u> Single Row: _____ Double Row: _____ Multiple Row: _____ Other: _____</p> <p><u>Flue Spaces:</u> Is longitudinal required? _____ Size: _____ Is transverse required? _____ Size: _____ Ceiling Design Criteria: _____ gpm over _____ square feet Area per sprinkler: _____ Standpipe Flow: _____</p> <p><u>Other Water Flow:</u> Hose: _____ gpm Outside Hydrants: _____ Special: _____ gpm In rack or special sprinklers: _____ gpm Total Flow Required: _____ Is a fire pump required? _____ gpm at _____ psi</p> <p>In rack or special sprinklers: _____ gpm Number of levels: _____ Location: _____ Type: _____ Temperature Rating: _____ Orifice size: _____ Required Accommodations for Building Structure: _____</p>
<p>Storage Area #2 --- Type of System: _____</p> <p>Description of Use of Area or Hazard: _____</p> <hr/> <p><u>Type of Storage and Maximum Height:</u> Pallet: _____ Bulk: _____ Shelf: _____ Bin Box: _____ Rack: _____ Minimum Aisles Width: _____ Maximum Rack Depth: _____ Commodity Classification: _____ Encapsulated: _____</p> <p><u>Rack Type:</u> Single Row: _____ Double Row: _____ Multiple Row: _____ Other: _____</p> <p><u>Flue Spaces:</u> Is longitudinal required? _____ Size: _____ Is transverse required? _____ Size: _____ Ceiling Design Criteria: _____ gpm over _____ square feet Area per sprinkler: _____ Standpipe Flow: _____</p> <p><u>Other Water Flow:</u> Hose: _____ gpm Outside Hydrants: _____ Special: _____ gpm In rack or special sprinklers: _____ gpm Total Flow Required: _____ Is a fire pump required? _____ gpm at _____ psi</p> <p>In rack or special sprinklers: _____ gpm Number of levels: _____ Location: _____ Type: _____ Temperature Rating: _____ Orifice size: _____ Required Accommodations for Building Structure: _____</p>