



THE CITY OF LAKE FOREST  
COMMUNITY DEVELOPMENT DEPARTMENT  
800 N. FIELD DRIVE, LAKE FOREST, IL 60045  
P: (847)810-3502 OR (847)810-3514 F: (847)615-4383  
WWW.CITYOFLAKEFOREST.COM

### FIRE PROTECTION PERMIT REQUIREMENTS

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

**FIRE PROTECTION PERMIT APPLICATION.**

**3 COPIES OF DETAILED DRAWINGS.** Plans shall include all specifications for the proposed equipment.

The Fire Alarm Contractor must have an Illinois State Alarm Contractor's License.

The Fire Suppression Contractor must have: a NICET Level 3 Certification and a current License from the State of Illinois Office of the State Fire Marshall.

*If the proposed project includes a change to the fire sprinkler system and one has not been submitted previously, a technical submission form is required with this permit application.*

**1 COPY OF THE TECHNICAL SUBMISSION FORM COMPLETED.** This form MUST be stamped by a licensed design professional.

*If a new water service is proposed, a flush test will be required. Please provide the underground contractor's name, address and contact information with the fire sprinkler system permit submittal.*



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**FIRE PROTECTION PERMIT APPLICATION #:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

*Includes Fire Alarm, Suppression Systems, Hood and Duct Systems, Specialized Suppression System*

**One application shall be completed for each type of system**

<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>FIRE SYSTEM CONTRACTOR:</b>	
<b>MAILING ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>LICENSE</b>	

**TYPE OF PROPOSED SYSTEM :**

<input type="checkbox"/> NEW	<input type="checkbox"/> MODIFICATIONS TO EXISTING	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> SUPPRESSION SYSTEM	<input type="checkbox"/> SPECIALIZED SUPPRESSION SYSTEM	<input type="checkbox"/> STAND PIPE RISER
			<input type="checkbox"/> HOOD AND DUCT SUPPRESSION SYSTEM
			<input type="checkbox"/> FIRE PUMP

**SQUARE FEET OF PROPOSED WORK:** \_\_\_\_\_

**OTHER WORK (INCLUDING HOT 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>FIRE ALARM PERMIT FEE:</b>	\$ _____	<b>HOOD AND DUCT SYSTEM:</b>	\$ _____
<b>FIRE SUPPRESSION PERMIT FEE:</b>	\$ _____	<b>STAND PIPE RISER:</b>	\$ _____
<b>UNDERGROUND FLUSH TEST:</b>	\$ _____	<b>FIRE PUMP TEST:</b>	\$ _____
<b>PER GALLON FOR FLUSH TEST:</b>	\$ _____	<b>PER GALLON FOR PUMP TEST:</b>	\$ _____
<b>GENERAL FEE (HOT WORK, ETC.):</b>	\$ _____	<b>SPECIALIZED SUPPRESSION SYSTEM PERMIT:</b>	\$ _____
<b>STOP WORK ORDER:</b>	\$ _____		
<b>TOTAL FEES: \$ _____</b>			



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**TECHNICAL SUBMISSION**  
**FORM**  
 #: \_\_\_\_\_  
 DATE: \_\_\_\_\_

*For Automatic Fire Sprinkler Systems*

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

<b>Applicable Codes:</b>		
NFPA 13 _____ ed.	NFPA 14 _____ ed.	Building Code: _____
NFPA 13R _____ ed.	NFPA 20 _____ ed.	Local Amendments Applied: _____
NFPA 13D _____ ed.	NFPA 72 _____ ed.	Other: _____

<b>Water Flow Test:</b>	
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? _____
<b>Building Information:</b>	
Building Height: _____	Square Feet of Building Footprint: _____
Number of Stories: _____	Floor to Floor Height: _____



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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 ½" \_\_\_\_\_ 2 ½" \_\_\_\_\_ Combo



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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><b>Area #1 --- Type of System:</b> _____</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><b>Area #2 --- Type of System:</b> _____</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><b>Area #3 --- Type of System:</b> _____</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>



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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:

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