



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

STORAGE TANK REMOVAL PERMIT REQUIREMENTS

The following is required for a complete permit submittal.

STORAGE TANK REMOVAL PERMIT APPLICATION.

2 COPIES OF THE CURRENT, STAMPED PLAT OF SURVEY. Show the location of all existing structures, property lines, easements and the location of the storage tank proposed for removal. Indicate the distance of the tank from the nearest building.

If the tank is on a commercial property:

PROVIDE A COPY OF THE APPROVED STATE OF ILLINOIS FIRE MARSHALL STORAGE TANK REMOVAL PERMIT.



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STORAGE TANK REMOVAL PERMIT
 APPLICATION #:

DATE: _____

For Storage Tank Removals

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
PROPERTY OWNER'S EMAIL ADDRESS:	
STORAGE TANK REMOVAL CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:

PROVIDE INFORMATION ON THE PROPOSED STORAGE TANK REMOVAL:

IS THE PROPERTY WHERE THE STORAGE TANK REMOVAL PROPOSED RESIDENTIAL OR COMMERCIAL?	_____
HOW MANY TANKS ARE PROPOSED FOR REMOVAL?	_____
WHAT MATERIAL IS IN THE TANK PROPOSED FOR REMOVAL?	_____
IS THE TANK ABOVE GROUND OR UNDERGROUND?	_____
WHAT IS THE CAPACITY OF THE TANK PROPOSED FOR REMOVAL?	_____

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:

STORAGE TANK REMOVAL PERMIT FEE:	\$ _____	OTHER:	\$ _____
TOTAL FEES: \$ _____			