



87 N. Lake Ave.
847.223.8422

Permit Application

OFFICE USE ONLY

Project # _____
Zoning _____
BP App # _____
SD App # _____
Sew/Well App # _____

Property Information:

Address: _____

PIN: _____
Date: _____

Owner's Information:

Name: _____
Address (if different than property address listed above): _____
City: _____ State: _____ ZIP: _____
Phone: _____ Cell Phone: _____
FAX: _____ Email: _____

Primary Contact Information (not required if owner is the primary contact):

Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Cell Phone: _____
FAX: _____ Email: _____

Project Information:

Existing Use: _____
Description of Project: _____

Cost of Project: _____ Cost of Alterations: _____
Total Sq Footage of Project: _____ Total Disturbed Area (square feet): _____

Regarding this application and other supporting documents and issuance of permits/projects thereto, I/we hereby certify that I/we have provided Lake County with complete and accurate information relating to our proposal; I/we will conform to all Lake County and other applicable ordinances; I/we agree that all work performed under said permit/project will conform to the plans accompanying this application except for changes authorized by Lake County staff; and I/we acknowledge that approval of this permit/project only authorizes (indicate specific use) _____ use. I/we understand that submission of incomplete or inaccurate information may affect the validity of approvals issued.

Office Use Only

Applicant was provided:

- Fire Protection District Letter
- Home Owners Association Requirements

Permit Facility Project Manager

Signature of Owner or Authorized Agent

Contractor's Information: *(Provide information as applicable)*

Architect Name: _____

Address: _____

Phone: _____ Email: _____

Engineer Name: _____

Address: _____

Phone: _____ Email: _____

General Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Carpentry Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Electrical Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Heating Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Plumbing Contractor Name: _____

Address: _____

Phone: _____ Email: _____

License #: _____

Roofing Contractor Name: _____

Address: _____

Phone: _____ Email: _____

License #: _____

Septic System Designer Name: _____

Address: _____

Phone: _____ Email: _____

License #: _____

Well Contractor Name: _____

Address: _____

Phone: _____ Email: _____

License #: _____