



VILLAGE OF THIRD LAKE

87 N. LAKE AVENUE
THIRD LAKE, IL
60030

PHONE: 847.223.8422

FAX: 847.223.9356

PERMIT REQUIREMENTS FOR SWIMMING POOLS, HOT TUBS AND SPAS*

The following is a list of items required for submittal with all applications for Swimming Pools, Hot Tubs and Spas. Please return all of the following to the Village Hall at the above address. Please include a daytime phone number on the application. You will be notified when the permit is ready to be issued.

1. Completed Building Permit Application. Application must be signed, dated and include the total value of the project.
2. Provide 2 copies of Plat of Survey which must be up-to-date, to scale, and legible with legal description of property.
3. Provide 2 copies of Plot Plan showing the location of the pool in relationship with setbacks and other structures on the property as required by Village Zoning Ordinances. This may be shown on the property survey.
4. Provide 2 copies of specifications of the proposed pool, hot tub or spa.
5. Submit plans indicating trees of greater than 8" in diameter scheduled for removal, their proposed replacement, and the delineation of tree preservation areas. If no trees are to be removed, such must be stated on plot plans.
6. Completed Contractor's List. Per Village ordinance, all plumbing and roofing contractors must be licensed by the Village. A business license application and \$20.00 license fee must be submitted to the Village before a permit will be issued. **It is the resident's responsibility to contact JULIE 48 hours (2 working days) before digging. 1.800.892.1023.**
7. A \$60.00 non-refundable deposit for zoning review is due at the time application is received by the Village. Permit applications cannot be processed until this fee is paid. Please make checks payable to the Village of Third Lake. There will be an additional permit fee payable upon issuance of building permit.

* If the property is serviced with a well and/or septic field, approval from the Lake County Health Department will be required. 847.377.8020.



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 changed 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:
<input type="checkbox"/> Fire Protection District Letter
<input type="checkbox"/> 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 #: _____