



LakeCounty
 Central Permit Facility
 500 W. Winchester Road Unit #101
 Libertyville, IL 60048-1331
 PHONE: (847) 377-2600 FAX: (847) 984-5854

Permit Application

OFFICE USE ONLY

Zoning _____
 BP App # _____
 SD App # _____
 HD App # _____
 PW 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*

Notary Signature and Seal (if applicable)

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 #: _____

** The applicant's signature serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Illinois Private Sewage Disposal Licensing Act.*