VILLAGE OF FOX LAKE
66 THILLEN DR.
FOX LAKE, IL 60020
Phone: (847) 587-3176
Fax: (847) 587-3980

FOR OFFICE USE ONLY		
PERMIT:		ZONING:
FLOODPLAIN: ☐Yes ☐No	SUBSTANTIAL IMPROVEMENT: ☐Yes ☐No	WETLANDS: ☐Yes ☐No

PERMIT EXPIRES IN SIX (6) MONTHS

APPLICATION FOR PERMIT

PROPERTY ADDRESS	
COUNTY: ☐ MCHENRY ☐ LAKE	PIN:
PROPERTY OWNER INFORMATION	**CONTACT (IF NOT PROPERTY OWNER)**
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
EMAIL:	EMAIL:

PURPOSE OF PERMIT

❑ **COMMERCIAL**	❑ CULVERT	❑ FOUNDATION	❑ PATIO/ WALKWAY/ STOOP
❑ **RESIDENTIAL**	❑ DECK	❑ GAZEBO/ PERGOLA	❑ SEAWALL
❑ ADDITION	❑ DEMOLITION	❑ GRADING	❑ SWIMMING POOL: AG / IG
❑ ALTERATION	❑ DRIVEWAY	❑ HVAC: AC UNIT/ FURNACE	❑ WATER/ SEWER SERVICE
❑ NEW CONSTRUCTION	❑ ELECTRICAL SERVICE	❑ IRRIGATION SYSTEM	❑ WINDOW/ DOOR
❑ ACCESSORY STRUCTURE	❑ FENCE	❑ PARKING LOT	❑ OTHER:

VALUATION: $ *Valuation must reflect full construction costs of material and labor (even if material and labor are donated)*

DESCRIPTION OF WORK

SQUARE FOOTAGE OF PRINCIPAL STRUCTURE:		SF
SQUARE FOOTAGE OF GARAGE/ ACCESSORY STRUCTURE:		SF
SQUARE FOOTAGE OF DECK/ COVERED PORCH/ PATIO:		SF
SERVICE UPGRADE:		Amps
FURNACE UPGRADE:		Eff %
A/C UPGRADE:		SEER Rating

DEFINE USE OF LEVELS BELOW GRADE:
☐ UNFINISHED ☐ FINISHED ☐ CRAWLSPACE ☐ SLAB ON-GRADE

FIXTURE COUNT

WATER CLOSET (WC):		HOSE BIBB (HB):	
LAVATORY (L):		MOP SINK (MS):	
SHOWER (SH):		MISC.	
BATHTUB:		GAS OPENINGS:	
DISHWASHER (DW):		FLOOR DRAINS:	
CLOTHES WASHER (CW)		SUMP / EJECTOR PUMP :	
LAUNDRY TUB (LT):		LAWN / FIRE SPRINKLER RPZ:	

TRUSSES: FLOOR TRUSSES: ☐YES ☐NO ROOF TRUSSES: ☐YES ☐NO STAMPED TRUSS CERTIFICATES: ☐YES ☐NO

DESCRIPTION OF SITE WORK

SQUARE FOOTAGE OF PROPOSED IMPERVIOUS AREA FOR THIS PROJECT (AREAS OF ANY GRAVEL/PAVEMENT/BUILDINGS/ETC.)		SF
SQUARE FOOTAGE OF PROPOSED DISTURBANCE AREA (WHERE BUILDINGS/DRIVEWAYS, ETC. ARE LOCATED, PLUS ANY AREA THAT THE SOILS AND/OR VEGETATION IS GRADED / REMOVED.		SF

ADDITIONAL STRUCTURE TO BE INSTALLED (SEAWALLS, RETAINING WALLS, ETC.): ☐YES ☐NO

EXCAVATED MATERIAL TO BE KEPT ON SITE: ☐YES ☐NO

CONTRACTOR INFORMATION

GENERAL CONTRACTOR:	
NAME:	TELEPHONE NUMBER:
ADDRESS:	
ELECTRICAL:	
NAME:	TELEPHONE NUMBER:
ADDRESS:	
MECHANICAL:	
NAME:	TELEPHONE NUMBER:
ADDRESS:	
PLUMBING:	
NAME:	TELEPHONE NUMBER:
ADDRESS:	LICENSE NUMBER:
ROOFING:	
NAME:	TELEPHONE NUMBER:
ADDRESS:	LICENSE NUMBER:

ADDITIONAL CONTRACTORS SHALL BE PROVIDED ON SEPARATE PAGE, WHERE APPLICABLE

The undersigned applies to the Village of Fox Lake, Illinois for a permit and if granted shall comply with all requirements of Village Ordinances relating thereto and pay the fees required by such Ordinances. No error or omission in either the plans or application, whether said plans or application have been approved by the Building Official or not, shall permit the applicant to construct the work in any manner other than that provided for in the ordinance of the Village relating thereto. The applicant of this permit agrees to pay all plan review plus outside review fees whether they receive a permit or not. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of the applicant's knowledge.

SIGNATURE OF OWNER/AGENT: _____

PHONE NUMBER: _____ **DATE:** _____

PERMIT FEES			FOR OFFICE USE
BUILDING	$	PLUMB REV	$
ELECTRICAL	$	ENG	$
MECHANICAL	$	S/W	$
PLUMBING	$	ESCROW	$
WDO	$	IMPACT	$
PLAN REVIEW	$	OTHER:	$
FEE TOTAL	$		

PERMIT APPROVAL FOR OFFICE USE

SIGNATURE: _____ **DATE:** _____

TITLE: _____

NOTES: _____

_____

MINIMUM 24 HOURS NOTICE FOR INSPECTION