



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: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WETLANDS: <input type="checkbox"/> YES <input type="checkbox"/> NO	

PERMIT EXPIRES IN SIX (6) MONTHS

APPLICATION FOR PERMIT

PROPERTY ADDRESS	
COUNTY: <input type="checkbox"/> MC HENRY <input type="checkbox"/> LAKE	PIN:
PROPERTY OWNER INFORMATION	CONTACT (IF NOT PROPERTY OWNER)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
EMAIL:	EMAIL:
PURPOSE OF PERMIT	
<input type="checkbox"/> ELECTRICAL SERVICE UPGRADE: _____ AMPS	<input type="checkbox"/> SIDING
<input type="checkbox"/> HVAC, A/C REPLACEMENT: _____ SEER RATING	<input type="checkbox"/> SEWER/ WATER SERVICE REPAIR ROAD CUT REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HVAC, FURNACE REPLACEMENT: _____ EFF%	<input type="checkbox"/> WATER HEATER REPLACEMENT <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC- TYPE: _____
<input type="checkbox"/> ROOFING (TEAR OFF/ RE-ROOF)	<input type="checkbox"/> WINDOW/ DOOR REPLACEMENT NO: _____
VALUATION: \$	<i>Valuation must reflect full construction costs of material and labor (even if material and labor are donated)</i>
DESCRIPTION OF WORK: _____	

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	\$	S/W	\$
ELECTRICAL	\$	OTHER	\$
MECHANICAL	\$		
PLUMBING	\$		
FEE TOTAL	\$		

PERMIT APPROVAL	FOR OFFICE USE
SIGNATURE: _____	DATE: _____
TITLE: _____	
NOTES: _____	

MINIMUM 24 HOURS NOTICE FOR INSPECTION