



**Building Application and Permit**

FOR OFFICE USE ONLY:			
PR	LG/CFD	ENG	HOA <input type="checkbox"/>
Date reviewed:			
Permit No.:			
Date Issued:			
Township:			
Sec:	T:	N	R:
PIN No.:			
Zoning:			

**APPLICANT: Complete all fields marked with an asterisk (\*), as well as complete contractor information. The appropriate application fee (\$200.00/New Residence, \$100.00/Addition, or \$50.00/Other projects) is due at time of application submittal. Once approved for issuance, the permit must be picked up within 30 days of notification of approval or the permit application file shall be destroyed and the deposit forfeited.**

*Property Owner(s) Name:	
*Property Owner(s) Present Address:	
*Property Owner(s) Phone Number:	Cell or Alt. Phone Number:
Legal description of property for which this permit application is requested (attach separately if no subdivision name or lot number):	
*Lot #:	*Subdivision: (Lake County)
*Legal Address:	RFD, *Street Name: , Long Grove, IL 600

<b>*Application is hereby made for permission to construct, alter, or install structures or facilities as checked or described below:</b>	
New Single Family Residence	<input type="checkbox"/>
New Commercial Building	<input type="checkbox"/>
Other:	<input type="checkbox"/>
<b>*Additions/Alterations to Existing Building:</b>	
Exterior Addition	<input type="checkbox"/>
Interior Alterations	<input type="checkbox"/>
Garage	<input type="checkbox"/>
Exterior Deck	<input type="checkbox"/>
Patio/Flatwork	<input type="checkbox"/>
Storage Shed	<input type="checkbox"/>
Inground Swimming Pool	<input type="checkbox"/>
Lawn Irrigation	<input type="checkbox"/>
Reroof	<input type="checkbox"/>
Exterior Siding	<input type="checkbox"/>
Driveway	<input type="checkbox"/>
Septic System	<input type="checkbox"/>
Demolition	<input type="checkbox"/>
Other:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY:	
Lot Area:	square feet
Floor Area:	square feet
Volume:	cubic feet
Building Height:	Stories:
Basement:	Bedrooms:
Garage:	
Electrical Service:	amps
Water Supply:	
Connection to existing main or well:	
LC Health Dept. ISD#	
LC Public Works Sewer Permit #	
K-Plus Engineering Permit #	
Tree Removal Permit #	
<b>Notes:</b>	

FEES AND SECURITY DEPOSITS:	
Application Fee \$50/ 100/ 200	.00
Plan Examination	.00
General Building	.00
Electric	.00
HVAC	.00
Plumbing	.00
Septic/Sanitary	.00
Code Book	.00
Conservancy Signs ( )	.00
Inground Swimming Pool	.00
Lawn Irrigation	.00
Driveway	.00
Patio/Flatwork	.00
Reroof	.00
Other:	.00
<b>Sub-total General Fees</b>	<b>\$ 0.00</b>
K-Plus Eng. Min. Review	.00
K-Plus Eng. Ext. Review	.00
Other(Gen):	.00
<b>Total General Fees</b>	<b>\$ 0.00</b>
Security Deposit (II)	.00
Impact Fee (I) – L.G.O.S.	.00
Impact Fee (I) – L.G.Pk. Dist.	.00
Other:	.00
<b>Total Fees</b>	<b>\$ 0.00</b>
Less Deposit	-.00
<b>Balance Due</b>	<b>\$ 0.00</b>

<b>*Valuation of Construction: \$</b>
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<b>General Contractor Company Name:</b>	Phone:
Contact Person Name:	Phone:
Address:	FAX #:
<b>Architect/Engineer Name:</b>	Phone:
Address:	
<b>Plumbing Contractor Name:</b>	Phone:
Address:	State License #:
<b>Electrical Contractor Name:</b>	Phone:
Address:	
<b>Roofing Contractor Name:</b>	Phone:
Address:	State License #:

