



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	SUBSTANTIAL IMPROVEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	WETLANDS: <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMITS EXPIRE SIX (6) MONTHS FROM ISSUE DATE

APPLICATION FOR PERMIT

PROPERTY ADDRESS			
COUNTY: <input type="checkbox"/> MCHENRY <input type="checkbox"/> LAKE	PIN:		
TOWNSHIP: <input type="checkbox"/> GRANT <input type="checkbox"/> BURTON <input type="checkbox"/> ANTIOCH			
PROPERTY OWNER INFORMATION		CONTACT (IF NOT PROPERTY OWNER)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
PURPOSE OF PERMIT			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> CULVERT	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> PATIO/ WALKWAY/ STOOP
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> DECK	<input type="checkbox"/> GAZEBO/ PERGOLA	<input type="checkbox"/> SEAWALL
<input type="checkbox"/> ADDITION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> GRADING	<input type="checkbox"/> SWIMMING POOL: AG / IG
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> HVAC: AC UNIT/ FURNACE	<input type="checkbox"/> WATER/ SEWER SERVICE
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ELECTRICAL SERVICE	<input type="checkbox"/> IRRIGATION SYSTEM	<input type="checkbox"/> WINDOW/ DOOR
<input type="checkbox"/> ACCESSORY STRUCTURE (90 Days)	<input type="checkbox"/> FENCE	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> OTHER:
VALUATION: \$			

DESCRIPTION OF WORK	
SQUARE FOOTAGE OF PRINCIPAL STRUCTURE: _____ SF	SQUARE FOOTAGE OF ACCESSORY STRUCTURE OR PROJECT: _____ SF

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: _____ **DATE:** _____

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

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

MINIMUM 24 HOURS NOTICE FOR INSPECTION