

**VILLAGE OF FOX LAKE**

66 THILLEN DR.

FOX LAKE, IL 60020

Email: permit@foxlake.org

Phone: (847) 587-3176

APPLICATION FOR PERMIT**FOR OFFICE USE ONLY****PERMIT:****ZONING:****FLOODPLAIN:** Yes**SUBSTANTIAL IMPROVEMENT:** Es No**WETLANDS:** Yes No

MOST PERMITS EXPIRE SIX (6) MONTHS FROM ISSUE DATE

MINIMUM 24 HOURS NOTICE FOR INSPECTION

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	
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	<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:	Email: _____		
ELECTRICAL:			
NAME:	TELEPHONE NUMBER: _____		
ADDRESS:	Email: _____		
MECHANICAL:			
NAME:	TELEPHONE NUMBER: _____		
ADDRESS:	Email: _____		
PLUMBING:			
NAME:	TELEPHONE NUMBER: _____		
ADDRESS:			
ROOFING:			
NAME:	TELEPHONE NUMBER: _____		
ADDRESS:			

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.

The Village of Fox Lake is not responsible for coordinating or reviewing Homeowners Association (HOA) requirements. This permit is not intended to replace any of said requirements. Be sure to check with your HOA where applicable.

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: _____			