

**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 ☐ No**SUBSTANTIAL
IMPROVEMENT:**☐ Yes ☐ No**WETLANDS:**☐ Yes ☐ No**MOST PERMITS EXPIRE SIX (6) MONTHS FROM ISSUE DATE****MINIMUM 24 HOURS NOTICE FOR INSPECTION****PROPERTY ADDRESS****COUNTY:** ☐ MCHENRY ☐ LAKE**PIN:****Township** ☐ GRANT ☐ BURTON ☐ 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 | <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: _____	
