



One Olde Half Day Road
 Lincolnshire, IL 60069
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 www.village.lincolnshire.il.us



BUILDING PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT

OFFICE USE ONLY

Permit #: _____ **M C I F**

PROJECT INFORMATION

Property Address: _____ Lot/Suite #: _____

Project/ Business Name: _____

Applicant Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Email: _____ Cell: () _____

RESIDENTIAL PROJECT TYPE (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Electrical Repair/ Alteration | <input type="checkbox"/> Plumbing Repair/ Alteration |
| <input type="checkbox"/> HVAC Repair/ Alteration | <input type="checkbox"/> Deck/ Patio/ Stoop |
| <input type="checkbox"/> Fence/ Screen | <input type="checkbox"/> Pool/ Hot tub/ Spa |
| <input type="checkbox"/> Lawn Irrigation System | <input type="checkbox"/> Other: |

NON-RESIDENTIAL PROJECT TYPE (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> New Office Building | <input type="checkbox"/> Office Building Alteration |
| <input type="checkbox"/> New Office/Warehouse Bldg. | <input type="checkbox"/> Office/Warehouse Alteration |
| <input type="checkbox"/> New Commercial Building | <input type="checkbox"/> Commercial Building Alteration |
| <input type="checkbox"/> Electrical Repair/Alteration | <input type="checkbox"/> Fire Alarm/Sprinkler System |
| <input type="checkbox"/> Plumbing Repair/Alteration | <input type="checkbox"/> Other: |

DESCRIPTION OF WORK:

Will the proposed improvements require the modification, addition or alteration to any of the specific systems listed below? If so, please check, and provide cost/ quantity.

<input type="checkbox"/> HVAC: _____ #Units	<input type="checkbox"/> Electric Service: _____ Amps
<input type="checkbox"/> Plumbing: _____ #Fixtures	_____ #circuits
_____ # of bedrooms	_____ # of full bathrooms
	_____ # of half bathrooms

(4a) Electrical Cost	\$ _____	Total Area of Improvement:	_____ sq. ft.
(4b) Plumbing Cost	\$ _____	Building Height:	_____ ft.
(4c) HVAC Cost	\$ _____		
(4d) Balance Cost	\$ _____		
TOTAL COST*	\$ _____		

*Must include the value of Footing and Foundation, irrespective of issuance of a separate permit. Exclude land cost and site improvements. Total should equal sum of 4a, 4b, 4c, and 4d.

CONTACT INFORMATION

TENANT INFORMATION: *(if applicable)*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Owner Information: *(If different than then applicant info)*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

SUBMITTAL STATEMENT

I, _____, certify that the information contained in this application, attached plans, and specifications, and other attached documentation is true to the best of my knowledge. I also recognize that as the permit applicant, all fees and requirements associated with the review and future approval of the work described herein are my responsibility.

Signature: _____ Date: _____

Additional Contractor Information

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

Contractor Information: *Type of contractor:*

Name: _____ Company: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____ Cell: () _____

IMPERVIOUS SURFACE CALCULATION SHEET

The Village of Lincolnshire regulates the amount of impervious surfaces covering single-family residential lots. Impervious Surface is defined as “any man-made area that alters the natural surface course for, or does not allow for, the natural rate of absorption or retention of storm water. Such areas may include, but are not limited by reason of exclusion from the following list of examples; roofs, parking and driveway areas, graveled areas, sidewalks and bike paths, paved recreational areas, swimming pools, porches, decks and patios” (Section 6-2-2 of the Lincolnshire Village Code).

Please complete the following calculations to determine the total impervious surface area for the property.

IMPERVIOUS SURFACE TYPE	IMPERVIOUS SURFACE AREA (SQ. FT.)	
	Existing	Proposed (New)
Building Footprint (including garage)		
Driveway		
Walks		
Decks		
Porches		
Patios		
Swimming Pools		
Detached storage Structure (shed)		
Gazebo		
Recreational Structure		
Other (list)		
TOTAL	(a) sq. ft.	(b) sq. ft.

IMPERVIOUS SURFACE RATIO:

(a+b) ÷ = %

Total Impervious Surfaces Lot Area (sq. ft.) Impervious Surface Ratio

ARCHITECT/DESIGN PROFESSIONAL INFORMATION (if required by Building Official)

Name: _____ Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Cell: () _____ License#: _____

I, _____, declare that I have reviewed and/or designed the documents associated with this application, and therefore, take responsibility for the design work on behalf of a registered design firm. In addition, I certify that the information contained on the attached plans and specifications, and other attached documentation is true to the best of my knowledge, and accurately depicts the subject site on the date these documents were prepared.

Signature: _____ Date: _____