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## BUILDING PERMIT APPLICATION

**OFFICE USE ONLY**

Permit #:

PROJECT INFORMATION					
Property Address (including lot / suite #):					
Project / Business Name:					
Applicant Name:					
Company:					
Email:					
Address:					
City:		State:		Zip Code:	
Phone:		Cell:		Fax:	
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 Building		<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					
<i>Will the proposed improvements require modification, addition, or alteration to any of the specific systems listed below? If so, please indicate and provide cost/quantity.</i>					
<input type="checkbox"/>	HVAC	# of Units:	<input type="checkbox"/>	Electric Service:	Amps
<input type="checkbox"/>	Plumbing	# of Fixtures:			# Circuits
# of Bedrooms			# of Full Bathrooms		# of Half Bathrooms
(4a) <b>Electrical Cost</b>	\$		Total Area of Improvement		sq. ft.
(4b) <b>Plumbing Cost</b>	\$		Building Height		ft.
(4c) <b>HVAC Cost</b>	\$		*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.		
(4d) <b>Balance Cost</b>	\$				
<b>TOTAL COST*</b>	\$				

**Building Permit Application – Village of Lincolnshire, IL – Community & Economic Development**

CONTACT INFORMATION		
<b>Tenant Information (if applicable)</b>		
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Owner Information (if different than applicant)</b>		
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

**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: \_\_\_\_\_

**Building Permit Application – Village of Lincolnshire, IL – Community & Economic Development**

ADDITIONAL CONTRACTOR INFORMATION		
<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

<b>Contractor Information</b>	<b>Type of Contractor:</b>	
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

**Building Permit Application – Village of Lincolnshire, IL – Community & Economic Development**

**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	
Building Footprint (including garage)				
Driveway				
Walks				
Decks				
Porches				
Patios				
Swimming Pools				
Detached Storage Structure (shed)				
Gazebo				
Recreational Structure				
Other (list)				
<b>TOTAL</b>	<b>(a)</b>	<b>sq. ft.</b>	<b>(b)</b>	<b>sq. ft.</b>

**IMPERVIOUS SURFACE RATIO**

$$\begin{array}{c}
 (a + b) \\
 \hline
 \text{Total Impervious Surface}
 \end{array}
 \div
 \begin{array}{c}
 \hline
 \text{Lot Area (sq. ft.)}
 \end{array}
 =
 \begin{array}{c}
 \hline
 \text{Impervious Surface Ratio}
 \end{array}
 \%$$

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

Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
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: \_\_\_\_\_