

VILLAGE OF LAKE BARRINGTON

23860 N. OLD BARRINGTON ROAD • LAKE BARRINGTON, IL 60010

TEL (847) 381-6010, ext 105 • FAX (847) 381-8557

www.lakebarrington.org • building@lakebarrington.org

Date of Application _____

BUILDING PERMIT APPLICATION

OWNER

Job Address	
Name	
Address	
City/Zip	
Phone	Email:

Lot	Block	Unit
Sub'd.		
Tax No.		
Zoning		

CONTRACTOR

Name	
Address	
City	
Phone	Email:

NOTICE	
A certificate of occupancy and compliance must be issued prior to occupancy of all new structures, additions, and for change of use.	
CL#	Exp:

SUB-CONTRACTORS (see page 2 for additional list)

PLUMBER:	Address:	Phone:	CL#	Exp
ELECTRICIAN:	Address:	Phone:	CL#	Exp
HVAC:	Address:	Phone:	CL#	Exp

Description of Work:	Valuation:	
Square Footage:		
	Fees	
Plan Review Fees	Site Development (Engineering)	Fees
Building/Demolition/ Inspections	Occupancy	
Plumbing	Other	
Electrical	Performance bond (refundable)	
Heating/Air Conditioning	Road bond (refundable)	
Deck/Balcony/Patio	BALANCE DUE to VILLAGE:	
	Fire Department Fee (separate check)	

CONDITIONS OF PERMIT

<p><i>In consideration of this application and attached forms being made a part thereof and the issuance of permit, I will conform to the regulations set forth in the Village of Lake Barrington codes and ordinances.</i></p> <p><i>I also agree that all work performed under said permit will be in accordance with the plans and specifications which accompany this application, except for such changes as may be authorized or required by the Building Official.</i></p> <p style="text-align: center;">PERMIT VALID FOR _____ MONTHS FROM DATE OF ISSUE</p>	<p>Bond Fees \$ _____ Permit Fees \$ _____</p> <p>Water Tap-on \$ _____ Impact fees \$ _____</p> <p>Deposit amount \$ _____</p> <p>Date Paid: _____</p> <p>CC/CK# _____</p> <p>Paid by: _____</p>
<p>Signature of Owner or Authorized Agent:</p>	<p>Permit fees Paid Date: _____</p> <p>Check or Credit card #: _____</p> <p>Amount Paid \$ _____</p> <p>Paid by: Owner: _____</p> <p>General Contractor: _____</p> <p>Other: _____</p>
<p>Signature of Licensed Contractor:</p>	

A permit for the above work is hereby authorized

Date _____ Building Official _____ Permit No. _____ Rev 11/18/19

Address of Project: _____

SUB-CONTRACTORS:

Carpentry:	Address:	Phone:	CL# Exp:
Drywall:	Address:	Phone:	CL# Exp:
Concrete:	Address:	Phone:	CL# Exp:

Asphalt:	Address:	Phone:	CL# Exp:
Fire sprinkler:	Address:	Phone:	CL# Exp:
Fire alarm:	Address:	Phone:	CL# Exp:

Masonry:	Address:	Phone:	CL# Exp:
Septic:	Address:	Phone:	CL# Exp:
Well:	Address:	Phone:	CL# Exp:

Excavator:	Address:	Phone:	CL# Exp:
Underground utilities:	Address:	Phone:	CL# Exp:
Hardscapes:	Address:	Phone:	CL# Exp:

OTHERS SUB-CONTRACTORS:

Fence:	Address:	Phone:	CL# Exp:
Pool:	Address:	Phone:	CL# Exp:
Roofing:	Address:	Phone:	CL# Exp:

Signs:	Address:	Phone:	CL# Exp:
Other:	Address:	Phone:	CL# Exp:
Other:	Address:	Phone:	CL# Exp: