



800 Field Drive • Lake Forest, IL 60045  
Phone 847.234.2600 x2 • Fax 847.615.4383  
[www.cityoflakeforest.com](http://www.cityoflakeforest.com)

## Satellite Checklist

Community Development Department

### **Notice to Building Permit Applicants**

All applicants are encouraged to submit permit applications and construction documents online via the City's web portal at [www.bsaonline.com](http://www.bsaonline.com). City Staff is available to assist you in the registration and application process.

Submitting applications and construction documents digitally will allow the City to serve our customers more efficiently. Design professionals can provide digital plans for submittal, if necessary, City Staff will assist in obtaining digital plans from design professionals. For smaller projects, plans printed on 8½ x 11 or 11 x 17, staff is available to scan documents as necessary to convert them to a digital format.

City staff reviews all plans electronically. The final approved construction plans and documents will be made available on the City's web portal. Or, upon request, a copy can be emailed to the property owner or applicant. Property owners are responsible for providing a copy of the approved plans and documents to others who may need them. Upon request, the City will print a copy of the approved plans in an 11x17 format.

*To expedite reviews, please submit all of the following information:*

- BUILDING PERMIT APPLICATION.**
- CURRENT, STAMPED PLAT OF SURVEY.** Please include the location of the proposed satellite dish.



800 Field Drive • Lake Forest, IL 60045  
 Phone 847.234.2600 # 2 • Fax 847.615.4383  
[www.cityoflakeforest.com](http://www.cityoflakeforest.com)

**FOR OFFICE USE ONLY**  
 Permit # \_\_\_\_\_

# Building Permit Application

Community Development Department

**PROJECT ADDRESS** *(Please print)*

**OWNER INFORMATION** *(Please print)*

Owner(s) of Record \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**BUILDING TYPE** *(Please check applicable box)*

1 – 2 Family Dwelling    
  Multi Family    
  Commercial    
 Bldg. Sq. Footage \_\_\_\_\_

**SCOPE OF WORK** *(Please check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New Construction<br>LOT # _____<br>SUB. _____ | <input type="checkbox"/> Elevator                          | <input type="checkbox"/> Sanitary Sewer            |
| <input type="checkbox"/> Addition                                      | <input type="checkbox"/> Exterior Lighting                 | <input type="checkbox"/> Shed/Accessory Structure  |
| <input type="checkbox"/> Alteration                                    | <input type="checkbox"/> Fence/Screen/Wall/Pillar          | <input type="checkbox"/> Sign/Temporary Sign       |
| <input type="checkbox"/> Chimney/Tuckpointing                          | <input type="checkbox"/> Garage                            | <input type="checkbox"/> Solar Panels              |
| <input type="checkbox"/> Contractor Change                             | <input type="checkbox"/> Gas Piping                        | <input type="checkbox"/> Storage Tank Removal      |
| <input type="checkbox"/> Curb Crossing                                 | <input type="checkbox"/> Generator                         | <input type="checkbox"/> Storm Sewer               |
| <input type="checkbox"/> Deck/Patio/Stoop                              | <input type="checkbox"/> HVAC                              | <input type="checkbox"/> Street Obstruction        |
| <input type="checkbox"/> Demolition                                    | <input type="checkbox"/> Lawn Irrigation System            | <input type="checkbox"/> Water Service             |
| <input type="checkbox"/> Driveway                                      | <input type="checkbox"/> Plumbing                          | <input type="checkbox"/> Water Tap/Water Meter     |
| <input type="checkbox"/> Electrical                                    | <input type="checkbox"/> Pool/Hot Tub/Spa                  | <input type="checkbox"/> Window/Doors              |
|  | <input type="checkbox"/> Revision to Approved Permit/Plans | <input type="checkbox"/> Siding/Exterior Materials |
|  | <input type="checkbox"/> Roof                              | <input type="checkbox"/> Other _____               |

Does the property have a Homeowner or Condominium Association?     YES     NO

Enter the fair market value of the project including all materials, labor and professional fees    \$ \_\_\_\_\_

**SIGNATURE OF PROPERTY OWNER**

As Property Owner, I hereby agree and acknowledge that all work must be completed in accordance with applicable Codes, regulations and the approved plans. I have reviewed all documents submitted in support of the permit application and affirm that they are complete and accurate to the best of my knowledge. I acknowledge that falsification of information submitted may result in voiding of the permit and fines and penalties as provided for in The City of Lake Forest Code.

Signature of Property Owner \_\_\_\_\_

Signature of Owner's Authorized Designee (must have Designee Form attached) \_\_\_\_\_

Printed Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_



**PLEASE PROVIDE A DETAILED DESCRIPTION OF PROPOSED PROJECT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Electrical Project Information**

Existing Service  Overhead  Underground AMPS \_\_\_\_\_  
 Proposed Service  Overhead  Underground AMPS \_\_\_\_\_  
 Total Quantities of Outlets \_\_\_\_\_ Fixtures \_\_\_\_\_ Switches \_\_\_\_\_

**HVAC/Mechanical Project Information**

Air Conditioner  New Unit  Replacement of Existing No. of Units \_\_\_\_\_  
 Furnace  New Unit  Replacement of Existing No. of Units \_\_\_\_\_  
 Rooftop Unit  New Unit  Replacement of Existing No. of Units \_\_\_\_\_  
 Unit Wall Heater  New Unit  Replacement of Existing No. of Units \_\_\_\_\_  
 Duct Work  Other Work \_\_\_\_\_

**Plumbing Project Information**

Total No. of New/Replaced Plumbing Fixtures \_\_\_\_\_  Gas Piping  
 Total No. of Lineal Feet of Sanitary \_\_\_\_\_ Storm \_\_\_\_\_ Water \_\_\_\_\_  
 1 1/2" Tap  1 1/2" Meter  2" Tap  2" Meter  
 Size of Other Tap \_\_\_\_\_ Size of Other Meter \_\_\_\_\_  
 Total No. of Irrigation Heads \_\_\_\_\_  RPZ  Work in City Right of Way  
 Describe Emergency Repair Work \_\_\_\_\_

**Roofing Project Information**

Tear-off and Reroof  Reroof over existing roof (2 total layers permitted by Code)  
 Is any hot work (torching) proposed?  Yes  No  
 Number of Squares of Roofing Material Applied \_\_\_\_\_  
 Existing Material \_\_\_\_\_ Proposed Material \_\_\_\_\_

**Fence / Wall / Pillar Project Information**

New Fence  Replacement of Existing Fence  Electric gate  
 Fence Length \_\_\_\_\_ Fence Height \_\_\_\_\_ Material Type \_\_\_\_\_  
 Wall Length \_\_\_\_\_ Wall Height \_\_\_\_\_ Material Type \_\_\_\_\_  
 Pillar Quantity \_\_\_\_\_ Pillar Height \_\_\_\_\_ Material Type \_\_\_\_\_

**Windows / Doors**

Existing Window Material \_\_\_\_\_ Proposed Window Material \_\_\_\_\_  
 Total No. of Window(s) / Door(s) \_\_\_\_\_ Size/Material/Other Changes?  Yes  No  
 Please indicate cladding type, grille pattern and type (i.e. removable, simulated [recommended], etc.)  
 \_\_\_\_\_

**Siding / Exterior Materials**

Existing Siding Material \_\_\_\_\_ Proposed Siding Material \_\_\_\_\_  
 Size/Material/Other Changes?  Yes  No

Please describe any changes in the **Description of Project** section at top of page



**GENERAL CONTRACTOR**

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

**ELECTRICAL CONTRACTOR**

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

**LICENSE #**

**ISSUED BY**

**HVAC / MECHANICAL CONTRACTOR**

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

**LICENSE #**

**ISSUED BY**

**PLUMBING CONTRACTOR**

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

**LICENSE #** O55 -

**ISSUED BY** STATE OF ILLINOIS

**ROOFING CONTRACTOR**

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL

**LICENSE #**

**ISSUED BY STATE OF ILLINOIS**

**ARCHITECT**

NAME / COMPANY NAME

COMPANY ADDRESS

Suite/Apt #

CITY

STATE

ZIP

CONTACT PHONE

EMAIL