

800 Field Drive • Lake Forest, IL 60045 Phone 847.234.2600 x2 • Fax 847.615.4383 www.cityoflakeforest.com

Street Obstruction 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. 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 $8\frac{1}{2} \times 11$ or 11×17 , 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:

STREET OBSTRUCTION PERMIT APPLICATION.						
 CURRENT STAMPED PLAT OF SURVEY. Show the location of all existing structures, property lines, easements and the proposed area of public property that will be obstructed. Include a written description of the purpose of the obstruction, The dates for the obstruction The times of the obstruction. Please note: if the work requiring the street obstruction requires a separate permit, all of those requirements shall be met as a part of this permit.						
Prior to issuance of the permit , the following information shall be up to date or submitted to the Community Development Department:						
STREET OBSTRUCTION BOND AND CERTIFICATE OF INSURANCE (listing The City of Lake Forest as additional insured).						



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Permit #

FOR OFFICE USE ONLY

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 A	Email Address						
BUILDING TYPE (Please check applicable box)								
☐ 1 – 2 Family Dwelling ☐ Multi Family	☐ Comr	mercial	Bldg. Sq. Footage					
SCOPE OF WORK (Please check all that apply))							
SUB.	ior Lighting e/Screen/Wa ge Piping erator C Irrigation Sy bing Hot Tub/Spa	Lighting Shed/Accessory Structure Sign/Temporary Sign Solar Panels Storage Tank Removal Storm Sewer Street Obstruction igation System Water Service Water Tap/Water Meter						
Does the property have a Homeowner or Condominium Association? YES NO								
Enter the fair market value of the project including all m	naterials, labo	or and profession	onal 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 Designe	ee Form attache	ed)						
Printed Name	rinted Name Contact Phone Number							



PLEASE PROVIDE A DETAILED DESCRIPTION OF PROPOSED PROJECT										
Electrical Project Information										
Existing Service	☐ Overhead ☐ Overhead	Undergrou		AMPS						
Proposed Service	_	Undergrou	ina	AMPS						
Total Quantities of	Outlets	Fixtures _		Switches						
		AC/Mechanical Projec								
☐ Air Conditioner	•	acement of Existing	No. of Units							
Furnace	•	acement of Existing	No. of Units							
☐ Rooftop Unit	•	acement of Existing	No. of Units							
Unit Wall Heater		acement of Existing	No. of Units							
☐ Duct Work	∐ Othe	er Work								
		Plumbing Project Info								
·	placed Plumbing Fixtures		Gas Piping							
	eet of Sanitary			Water						
☐ 1 ½" Tap	☐ 1 ½" Me		•	2" Meter						
Size of Other Tap										
	Heads	RPZ	'	Work in City Right of	Way					
Describe Emergency	Repair Work									
		Roofing Project Info								
☐ Tear-off and Rei	roof	☐ Reroof ov		of (2 total layers perm	itted by Code	e)				
Is any hot work (torch	hing) proposed?	☐ Yes	☐ No							
Number of Squares	of Roofing Material Applie	ed								
Existing Material			ed Material –							
	Fenc	e / Wall / Pillar Proje	ct Information	n						
□ New Fence	☐ Repla	cement of Existing Fen	ce	☐ Electric	gate					
Fence Length	Fence He	ight	Material Typ	oe						
Wall Length	Wall Heig	ht	Material Typ	pe						
Pillar Quantity	Pillar Heig	ght	Material Typ	pe						
Windows / Doors										
Existing Window Mat	terial	Propos	sed Window Ma	aterial						
Total No. of Window	Total No. of Window(s) / Door(s) Size/Material/Other Changes?									
Please indicate cladding type, grille pattern and type (i.e. removable, simulated [recommended], etc.)										
Siding / Exterior Materials										
Existing Siding Mate	rial	Propo	sed Siding Ma	terial						
Size/Material/Other (Changes?	☐ 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		