

	Application# M C F		Permit#	
	VILLAGE OF LINCOLNSHIRE <i>Building Permit Application</i>			DATE STAMP (For Village Use Only)
Project Address				Date / /
Project /Bus. Name				Lot/Suite #
Applicant Name				
Address				
City		State	Zip	
Phone		Fax	Cell	
Email				
Type of Improvement				
Residential	Single Family		Multi-Family	
	New Construction		Demolition	
	Addition		Remodel	
	Electrical Repair/ Alteration		Plumbing Repair/ Alteration	
	HVAC Repair/ Alteration		Deck/ Patio/ Stoop	
	Fence/ Screen		Pool/ Hot tub/ Spa	
	Lawn Irrigation System		Other:	
Non-Residential	New Office Building		Office Building Alteration	
	New Office/Warehouse Bldg.		Office/Warehouse Alteration	
	New Commercial Building		Commercial Building Alteration	
	Monument/Pole/Wall		Signs- Permanent	Temporary
	Electrical Repair/Alteration		Plumbing Repair/Alteration	
	Fire Alarm/Sprinkler System		Other:	
Brief Description of Work				
Is tree removal/protection required? Yes No				
Construction Information				
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.				
HVAC	#Units	Electric Service	Amps	# of Circuits
Plumbing	#Fixtures			
4a. Electrical Cost	\$	4b. Plumbing Cost	\$	
4c. HVAC Cost	\$	4d. Balance Cost	\$	
Total Cost *				
*Include the value of the Footing and Foundation, irrespective of a separate permit issuance. Exclude land cost and site improvements. Should be equal to sum of 4a,4b,4c, and 4d				
Total Area of Improvement (Square Feet)		Building Height		

**Additional Contact Information
(Enter All That Apply)**

Tenant	Name			
	Address			
	City		State	Zip
	Phone		Fax	Cell
	Email			

Owner	Name			
	Address			
	City		State	Zip
	Phone		Fax	Cell
	Email			

General Contractor				
	Address			
	City		State	Zip
	Phone		Fax	Cell
	Email			

Electrical Contractor				
	Address			
	City		State	Zip
	Phone		Fax	Cell
	Email			

Plumbing Contractor				
	Address			
	City		State	Zip
	Phone		Fax	Cell
	Email			

Mechanical/ Other				
	Address			
	City		State	Zip
	Phone		Fax	Cell
	Email			

Design Professional Information

Firm	Name			
Address	City	State	Zip	
Phone	Fax	Cell	Lic. #	

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 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: _____

Impervious Surface Calculation Worksheet (For Single Family Residential Lots Only)

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:

LOT AREA (a) _____ sq. ft.

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)		
TOTAL	(b) _____ sq. ft.	(c) _____ sq. ft.

IMPERVIOUS SURFACE RATIO:

$$\begin{array}{rcl}
 \text{(b+c)} \underline{\hspace{2cm}} & \div & \text{(a)} \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \% \\
 \text{Total Impervious Surfaces} & & \text{Lot Area} & & \text{Impervious Surface Ratio}
 \end{array}$$

Submittal Statement (Applicant)

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: _____

For Office Use Only

Application Date:	Received By:	
Permit Date:	Issued By:	
Documents Received With Application	Reviewers	
Plans	Building	Forestry
Survey	Planning	B&F Tech.
License	Engineering	LRFPD
Contract	WJE	LGFPD
Cut-Sheets	FSC	Thompson
HOA approval		

VILLAGE OF LINCOLNSHIRE

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