

SITE DEVELOPMENT PERMIT APPLICATION/REQUIREMENTS

Application date: _____

Permit number: _____

State of Illinois) SS
County of Lake)

Date issued: _____

Health Department ISD# _____

By: _____

_____, being duly sworn upon their oath, in making application for a permit from the Department of Building & Zoning, Deposits and Says:

Application is hereby made for permission to erect, construct, alter or install structures or facilities as checked or described below:

Project Description: New Addition Other _____

Project Address: _____

Subdivision: _____ Lot: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Contractor's Name: _____ Phone: _____

Mailing Address: _____

State License Number: _____

Give written description of the following:

1. Appropriate starting date: _____
2. Area of Subject Property (Sq. Ft. or Acres): _____
Total area disturbed _____
3. Number of cubic yards of fill/excavation: _____
4. Depth of fill/excavation: _____
5. Type of fill: _____
6. Total area filled/excavated (Sq. Ft. or Acres): _____

EXPIRATION DATE: Two years after Date of Issuance of Permit.

In consideration of this application, and the issuance of a permit, I/we will conform to the regulations set forth in the Lake Villa Building and Zoning Ordinances and other applicable ordinances, and that I/we will use the site only for _____ use.

Signature of Owner or Authorized Agent