



www.villageofislandlake.com

Village of Island Lake

Department of Building • Zoning • Code Compliance

3720 Greenleaf Avenue Island Lake, Illinois, 60042

Phone: 847-416-7861 Fax: 847-526-1534

Charles R. Amrich
Mayor

Wayne Schnell
Building Commissioner

Date _____ 20____

PERMIT APPLICATION

Address _____ Island Lake, Illinois. County _____

Property Owner _____ Phone _____ Email _____

Is this a Rental Property? Circle one YES NO If YES list tenant name & phone# _____

If a Homeowner's Association regulates your area – A letter of approval must be submitted before the permit can be processed.

Total cost of project \$ _____ Submit a copy of contract, plat of survey and manufacturer's specifications.

Describe the project: _____

DIMENSIONS: Width: _____ Length: _____ Height: _____ Total square feet: _____ SF

CONTRACTOR INFORMATION

Submit the names of the project contractors; they are required to be registered with the village.

The contractor must submit a •Contractor Registration Form •Certificate of Insurance and payment before the permit is issued.

Office Use	Contractor	Name of business	Address – City – State - Zip	Phone #
	GENERAL			
	ELECTRICAL			
	HVAC			
	PLUMBING			
	OTHER			

The undersigned, _____ hereby applies to the Village of Island Lake, Illinois for a permit to erect the structure or part thereof herein described, and if granted the permit applied for shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required by such Ordinances. No error or omission in either the plans or application, whether said plans or application have been approved by the Building Official or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the Ordinance of this Village relating thereto.

The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

Applicant signature _____ Date _____ 20____ Print name _____

Address _____ Phone# to call when permit is ready: _____

Occupancy may be denied if a project is not completed before the expiration date of the permit.

All inspections noted in the permit are required; call 24 hours in advance to schedule an inspection. A stop work order will be ordered if all inspections are not ordered and approved. A nonrefundable deposit for review may be required at time of application

Date Issued: _____ 20____

Permit Fee: \$ _____

Permit # _____

Inspection Fee: \$ _____

Total Fee \$ _____