

VILLAGE OF NORTH BARRINGTON
111 OLD BARRINGTON ROAD, NORTH BARRINGTON, IL 60010
PHONE: (847) 381-6000 FAX: (847) 381-3303

OFFICIAL USE ONLY

PERMIT NO: _____

PERMIT DATE: _____

PERMIT APPLICATION

REPAIR OR MODIFICATION OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

OWNER: **Name:** _____
 Address: _____
 Phone: Home: _____ **Cell:** _____
 Email: _____

PROJECT ADDRESS: _____

RESIDENCE INFORMATION:

_____	_____	_____	_____
# of Bedrooms	# of Dens/Studies	Basement	Shower or tub in basement

SEWAGE DISPOSAL SYSTEM

Existing

Proposed

Septic Tank Capacity	_____	_____
Seepage Field (lineal feet, basal area, etc.)	_____	_____
Aerator	_____	_____

Brief description of proposed repair: _____

SOIL DESCRIPTION:

_____	_____
Soil Type	Design percolation rate

min/inch

REQUIRED SEEPAGE AREA :

_____	or	_____
sq. ft/bedroom		gal/day/sq. ft. (wastewater loading rate)

VARIANCES FROM VILLAGE CODE (if any): _____

ENGINEER/CONTRACTOR

Name: _____
Registration No. _____
Address: _____
Phone No: _____
Email: _____

In consideration of this application and attached documents being made a part hereof, and the issuance of permit, I/we will conform to the regulations set forth in the applicable ordinance of the Village of North Barrington. I/we also agree that all work performed under said permit will be in accordance with the documents which accompany this application, except for such changes as may be directed in the permit issuance. I/we further state that the information provided herein is correct to the best of my/our knowledge.

Signature of Applicant

Date

THE FOLLOWING IS FOR THE USE OF THE HEALTH DEPARTMENT OF THE VILLAGE OF NORTH BARRINGTON

VILLAGE HEALTH & SANITATION FEES:

(These are "in addition" to any Lake County Fees)

Construction of sewage disposal system for newly constructed or enlarged homes or major repairs \$550.00 \$ _____

Minor repairs to an existing individual sewage disposal system not covered by the above (\$150.00) \$ _____

Hourly rate for review of revisions (\$100.00/per hr.) \$ _____

Witnessing fee for Percolation Test (\$125.00) \$ _____

Site Development Fee (\$350.00) \$ _____
(For new construction only)

Road Fee (\$500.00) \$ _____
(For public streets only)

Tree Permit (\$50.00) \$ _____

Bond Inspection Fee (\$200.00) \$ _____

TOTAL FEES: \$ _____
(Non-refundable)

REFUNDABLE BONDS:

(Acceptable: Check, Letter of Credit, or Insurance Permit Surety Bond)

Road Damage Bond (\$1,000.00) \$ _____
(Refundable after completion and approval)

Septic Performance Bond (\$2,000.00) \$ _____
(Refundable one year after completion and final approval)

Tree Preservation Bond (\$500.00) \$ _____
(Refundable one year after completion and final approval)

TOTAL BONDS: \$ _____
(Non-refundable)

This permit is granted upon the express condition that only such work as is defined on the documents forming a part hereof and described in this application may be effected, that no error or omission in either documents or application, whether said documents and application have been approved by the Health Officer or not, shall permit applicant to accomplish the work in any manner other than provided for in the ordinances of the Village of North Barrington, Lake County, Illinois.

Health Officer: Natalie Karney

Email: Nkarney@northbarrington.org

Phone: (815) 482-0865

Health Officer
Village of North Barrington

PERMIT DENIED

Date of Denial: _____

Reason(s) for Denial: _____

VARIANCE(S) GRANTED

Ordinance # _____

Date: _____

Specific Variance(s) Granted _____