



600 Harvest Gate  
Lake in the Hills, IL 60156

**VILLAGE OF LAKE IN THE HILLS  
SITE DEVELOPMENT PERMIT APPLICATION**

(847) 960-7440  
Fax: (847) 960-7445  
www.lith.org

Project Name: \_\_\_\_\_

Legal Description or Project location:  
\_\_\_\_\_  
\_\_\_\_\_

Acreage: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

If different from Owner:  
Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please attach five (5) copies of the following information in accordance with Section 49.05 of the Municipal Code:

- \_\_\_\_\_ Development Plan(s) which include topography
- \_\_\_\_\_ A description of the soil types on the site, location and any limitations
- \_\_\_\_\_ A description of the proposed use of the site
- \_\_\_\_\_ An erosion/sediment control plan, NPDES Permit
- \_\_\_\_\_ A description of the intended phasing of the project
- \_\_\_\_\_ A copy of the letter of credit or other improvement security covering this project
- \_\_\_\_\_ A copy of the Stormwater Management Permit for the property

I hereby certify that the information submitted herein is accurate and acknowledge that any land clearing, construction or development involving the movement of earth shall be in accordance with the plans approved upon issuance of this permit.

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please submit completed form and submittals along with a \$250.00 non-refundable filing fee.**

A Site Development Permit is hereby issued to \_\_\_\_\_ to work in accordance with development plan(s) prepared by \_\_\_\_\_ with revision date(s) of \_\_\_\_\_. Work may commence on \_\_\_\_\_  
**This permit expires 180 days from the commencement date.**

Village Engineer's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Community Development Approval: \_\_\_\_\_ Date: \_\_\_\_\_