

VILLAGE OF NORTH BARRINGTON
111 OLD BARRINGTON ROAD
NORTH BARRINGTON, ILLINOIS 60010
(847) 381-6000 Fax (847) 381-3303

OFFICIAL USE ONLY
PERMIT # _____
PERMIT DATE _____

**APPLICATION FOR PERMIT
FOR
REPAIR OR MODIFICATION OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

OWNER _____
Name _____ Telephone # _____
Street Address _____

ADDRESS OF PROJECT _____
Street Address _____

RESIDENCE INFORMATION _____
of bedrooms # of dens or studies (yes or no) basement (yes or no) shower or tub in basement

SEWAGE DISPOSAL SYSTEM	<u>Existing</u>	<u>Proposed</u>
Septic tank capacity, gallons	_____	_____
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 _____ sq. ft./bedroom or _____ gal/day/sq.ft. (wastewater loading rate)

VARIANCES FROM VILLAGE CODE (if any) _____

ENGINEER

_____ Name _____ Registration No. _____

_____ Address _____ Telephone No. _____

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 ordinances 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 _____

Health Officer:
Natalie Karney
Land Technology
(815) 363-9200

h&sapp
revised 06/2006

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

PERMIT ISSUED

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 (\$50.00 to \$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 Impact Fee (\$500.00) \$ _____
(for "Village" roads only)

Tree Permit (\$50.00) \$ _____

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 after completion and approval)

TOTAL BONDS: \$ _____
(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
Village of North Barrington

PERMIT DENIED

Date of Denial _____

Reason(s) for Denial _____

VARIANCE(S) GRANTED

Ordinance # _____ Date _____

Specific Variance(s) Granted _____
