



LakeCounty  
 Central Permit Facility  
 500 W. Winchester Road Unit #101  
 Libertyville, IL 60048-1331  
 PHONE: (847) 377-2600 FAX: (847) 984-5854  
 EMAIL: lcp permits@lakecountyil.gov

# APPLICATION Temporary Use

Date: \_\_\_\_\_

## Property Information:

PIN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

Permit # \_\_\_\_\_

Zoning \_\_\_\_\_

## Owner's Information:

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

Address (If different than property address listed above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

## Primary Contact Information (not required if owner is the primary contact):

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

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

## Temporary Use Information:

Existing Use: \_\_\_\_\_

Description of Temporary Use: \_\_\_\_\_

Any Temporary Structure: Yes  No

Any Liquor Served: Yes  No  Type of Liquor License (circle one): A B C D

**Regarding this application and other supporting documents and issuance of permits thereto, I/we hereby certify that I/we have provided Lake County with complete and accurate information relating to our proposal; I/we will conform to all Lake County and other applicable requirements, conditions and restrictions; I/we agree that all work performed under said permit will conform to the plans accompanying this application except for changed authorized by Lake County staff; and I/we acknowledge that approval of this permit only authorizes (indicate specific temporary use) \_\_\_\_\_ use. I/We understand that submission of incomplete or inaccurate information may affect the validity of approvals issued.**

\_\_\_\_\_  
 Project Manager

\_\_\_\_\_  
 Signature of Owner or Authorized Agent