



Health Department and
Community Health Center
Environmental Health Services
www.co.lake.il.us/health/ehs

INSTRUCTIONS FOR COMPLETING PROPERTY ALTERATION/ADDITION REQUEST FORMS

On properties serviced by an Individual Sewage Disposal system or private water well, construction should not be undertaken without the prior written approval from the Lake County Health Department and the governing building department.

Please contact the sanitarian in your area for assistance in obtaining the necessary information.

Plans are reviewed on a first come/first served basis and may require up to 15 working days to complete.

Lake County Health Department staff will review your property alteration request when the following information is submitted along with this completed request form and the appropriate fee:

- 1) Provide the Individual Sewage Disposal (ISD) permit number or furnish a drawing of the existing seepage field signed by a Lake County licensed septic contractor/designer or registered engineer experienced in septic systems.
- 2) Submit **THREE COPIES** of a plat of survey or scaled lot drawing, showing all **existing** building structures, water wells, driveways, parking areas, etc. located on the property, as well as all components of the septic system. **The plans must be drawn to scale and the scale used must be indicated, i.e. 1:10, 1:20, 1:30.**
- 3) Submit **THREE COPIES** of architectural floor plans of the house, existing and proposed, if working within the current foundation footprint. **NOTE: A change in total number of bedrooms or bathrooms may require a modification or replacement of the septic system to meet current code requirements.**
- 4) If the proposed property alteration extends beyond the present foundation footprint, the proposed addition must be shown on the required scaled drawing.
- 5) If necessary, be prepared to locate and plot all wells and septic systems on adjacent properties.
- 6) Additional bedrooms or bathrooms will require a soil evaluation, unless current soil information is on file.

Only when the required information has been fully and accurately submitted can this department determine if your existing property meets the applicable requirements, and grant approval for your property alteration request.

An office review may be possible when the submitted information is accurately provided and the septic system meets current code requirements.



LakeCounty
 Health Department
 and Community Health Center
 www.co.lake.il.us/health

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118 S. Main Street
 Wauconda, IL 60084
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APPLICATION FOR PROPERTY ALTERATION/ADDITION

PERMIT (A/P) # _____ **DATE RECEIVED** _____

PROPERTY INFORMATION

P.I.N. _____
Street Address _____
Subdivision-Lot # _____
Township _____

APPLICANT

Name _____
Address _____
Phone _____

PROPERTY OWNER/MAILING ADDRESS

Name _____
Address _____
Phone _____

PROPOSED ALTERATION

