



# Lake County

Health Department and  
Community Health Center

## SOIL AND SITE EVALUATION FORM

CENTRAL PERMIT FACILITY  
500 W WINCHESTER ROAD  
LIBERTYVILLE, IL 60048  
847.377.8020  
FAX 847.984.5622

NEW CONSTRUCTION

REPLACEMENT

PROPERTY ALTERATION

PERMIT #: \_\_\_\_\_

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

SUBDIVISION \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

APPLICANT: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LOT OWNER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DRIVING DIRECTIONS TO PARCEL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXCAVATOR'S NAME \_\_\_\_\_ PHONE#: \_\_\_\_\_

OFFICE USE ONLY \_\_\_\_\_