



Permit Number: \_\_\_\_\_  
Issued Date: \_\_\_\_\_  
Final Inspection Date: \_\_\_\_\_  
JULIE Dig Number: \_\_\_\_\_

## **RESIDENTIAL BUILDING PERMIT APPLICATION**

**ALL FEES ARE NON-REFUNDABLE**

**This application will not be accepted unless all required information is completed.**

### **PROJECT LOCATION**

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

Tax Identification: \_\_\_\_\_ Present zoning of Property: \_\_\_\_\_

00-00-000-000

Own ☐ Rent ☐

**If Applicant rents the location, Homeowner must authorize this application.**

### **RESIDENT'S NAME**

Full Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

### **HOMEOWNER'S NAME**

Full Name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Application Date: \_\_\_\_\_

### **GENERAL CONTRACTOR NAME**

1. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I PROPOSE TO:**Primary Structure ☐Accessory Structure ☐Carport ☐Other ☐

If Other, please specify: \_\_\_\_\_

Electrical: Yes ☐No ☐

Estimated starting date: \_\_\_\_\_ Project Cost: \_\_\_\_\_

Property Lot Size: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Size of Primary Structure: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Size of Accessory Structure #1: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Size of Accessory Structure #2: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Is this property a corner lot: Yes ☐No ☐

Submit the following items with this application:

1. A plat of the property, if applicable.
2. A site plan of the property\*.
3. The legal description.
4. The appropriate fee.

5.

\*Site plan must include:

1. Location and dimensions of all buildings, including accessory structures such as detached garages/storage sheds and attachments such as porches, decks, and patios with pertinent setback lines.
2. Distance from property lines to existing property structures, including distance from the accessory structure and other structures.
3. Dimensions of property.

Are there other hard surfaces on premises? Yes ☐No ☐

If yes, describe type and location: \_\_\_\_\_

**Site Plan of Property:**  
**(Below)**

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**NOTE: Upon approval of permit:” JULIE” must be notified before any work can be done at 811**  
**This is a onetime only permit and all permits expire Six (6) months from date/time permit is issued.**

**Other permits may be required after first inspection**

**You must call West Peoria Zoning Department for final inspection!**

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

HOMEOWNER: \_\_\_\_\_  
Signature Date

Print name: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
Signature Date

Print name: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Collected: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_

Inspection #1: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature Date Position

Inspection #2: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature Date Position

Zoning Department: \_\_\_\_\_  
Signature Date

PERMIT APPROVED: Yes ☐ No ☐ PERMIT NUMBER: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_