



Permit Number: _____
 Issued Date: _____
 Final Inspection Date: _____
 JULIE Dig Number: _____

FENCE 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:

New Replace Move

Specify Type: _____

Specify Hight: _____

PLEASE NOTE: Chain link and Privacy fences are not allowed in front yards or front and side of corner lots.

Estimated starting date: _____

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.

*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 structures on premises? Yes No

If yes, describe type and location: _____

Site Plan of Property:
(Below)

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: _____
