



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

HARD SURFACE 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: _____

Own ☐ Rent ☐ 00-00-000-000

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:

Purpose of Hard Surface: _____

Replace ☐ Add New ☐

If you checked replace. What are you taking out? _____

Driveway Replacement Yes ☐ No ☐ Front Entrance ☐ Rear Entrance ☐Type of Hard Surface being added: Concrete ☐ 4 inches White Rock ☐ Black Top ☐

Other: _____

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

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 hard surfaces 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: _____

Check List for Demolition

Name: _____

Address (Demolition Site): _____

Property Owner Address: _____

Phone: _____

Date: _____

Permit Fee: _____

Site Plan: _____

Demolition to be completed by: _____

Property Owner / Cash Bond Amount: _____

Demolition Contractor

Name: _____

Address: _____

Phone: _____

License #: _____

Bond Amount: _____

Utility Disconnect:

Electricity

Gas

Water

Sewer

Inspection by _____

Demolition Request Approved – Date _____

Final Inspection – Date _____

Refund of Property Owner Cash Bond – Date _____