

Please PRINT clearly

PROPERTY LOCATION INFORMATION

LOCATION _____ PARCEL I.D. NO. _____
(NUMBER) (STREET) (THIS CAN BE FOUND ON YOUR TAX BILL)

BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

LEGAL _____ LOT SIZE _____ BY _____
(SUBDIVISION, BLOCK, LOT NUMBER) (WIDTH) (DEPTH)

PROPERTY OWNER INFORMATION

NAME _____ PHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT INFORMATION

NAME _____ PHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROPERTY INTEREST OF APPLICANT OWNER LESSEE PURCHASER CONTRACTOR OTHER _____

TYPE OF OWNERSHIP PRIVATE (INDIVIDUAL, PARTNERSHIP, CORPORATION, NON-PROFIT ORGANIZATION, ETC.) PUBLIC (FEDERAL, STATE, OR LOCAL GOVERNMENT)

<p>TYPE OF IMPROVEMENT</p> <p><input type="checkbox"/> NEW BUILDING</p> <p><input type="checkbox"/> ADDITION (If Residential, enter number of new housing units added, if any, in PROPOSED USE section.)</p> <p><input type="checkbox"/> ALTERATION (See note for ADDITION)</p> <p><input type="checkbox"/> REPAIR, REPLACEMENT</p> <p><input type="checkbox"/> DEMOLITION</p> <p><input type="checkbox"/> MOBILE HOME PLACEMENT</p> <p><input type="checkbox"/> MOVING (Relocation)</p> <p><input type="checkbox"/> FOUNDATION ONLY</p>	<p>PROPOSED USE For "Demolition" list most recent use</p>	
	<p>Residential</p> <p><input type="checkbox"/> One Family</p> <p><input type="checkbox"/> Two or more Family <i>Enter number of units</i> _____</p> <p><input type="checkbox"/> Garage _____</p> <p><input type="checkbox"/> Carport</p> <p><input type="checkbox"/> Storage Shed</p> <p><input type="checkbox"/> Other - Specify _____</p> <p>_____</p> <p>_____</p>	<p>Non-Residential</p> <p><input type="checkbox"/> Assembly (Church, Restaurant, etc.)</p> <p><input type="checkbox"/> Business (Office, clinic, etc.)</p> <p><input type="checkbox"/> Educational (Grades 1-12, Day Care)</p> <p><input type="checkbox"/> Factory & Industrial</p> <p><input type="checkbox"/> High Hazard</p> <p><input type="checkbox"/> Institutional (Hospital, Group Home)</p> <p><input type="checkbox"/> Mercantile (Retail Sales, etc.)</p> <p><input type="checkbox"/> Storage</p> <p><input type="checkbox"/> Utility, Miscellaneous</p>

Cost of improvement _____	<p>FOR OTHER THAN 1 & 2 Family Residential - DESCRIBE</p> <p>In detail the proposed use of buildings, i.e., food processing plant, machine shop, school, office building, etc.. If use of existing building is being changed, enter the proposed use.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Electrical _____	
Plumbing _____	
HVAC _____	
Other (Elevator, etc.) _____	
TOTAL COST OF IMPROVEMENT-> _____	

I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner of record to make this application as his authorized agent and I agree to conform to all applicable Federal, State and Local laws. Under penalty of perjury, I hereby certify that applicant (and owner) have fully paid all taxes and all the other debts owed to the Village of East Alton as of the date of this application. In addition, if a permit for work described in this application is issued, I certify that the Code Official or the Code Official's authorized representative shall have authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

 SIGNATURE OF APPLICANT

 DATE

CONTRACTOR INFORMATION

TYPE	NAME	ADDRESS, CITY, STATE, ZIP	PHONE
GENERAL CONTRACTOR	_____ LIC. NO.:		
ARCHITECT/ ENGINEER	_____ LIC. NO.:		
ELECTRICAL			
PLUMBING	_____ LIC. NO.:		
MECHANICAL			
ROOFING	_____ LIC. NO.:		
OTHER	_____ LIC. NO.:		

BUILDING CONSTRUCTION INFORMATION

EXTERIOR BEARING WALLS (check all applicable)	INTERIOR BEARING PARTITIONS (check all applicable)	Are any structural assemblies fabricated off-site? <input type="checkbox"/> YES <input type="checkbox"/> NO SCOPE OF WORK - Explain in detail what work will be done, i.e., trusses, pre-form panels, etc.
<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify): _____ _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify): _____ _____	_____ _____ _____ _____ _____ _____ _____

DEMOLITION & RENOVATION PROJECTS

The Illinois Environmental Protection Agency (IEPA) requires that building owners and contractors notify the IEPA a minimum of ten (10) working days prior to demolition or renovation activities. I hereby certify that I have received and read the United States Environmental Protection Agency (USEPA) handout entitled; "Common Questions on the Asbestos NESHAP", and that I will file the ten day NOTIFICATION OF DEMOLITION AND RENOVATION with the IEPA if applicable. I understand that the USEPA handout may not describe all of the IEPA requirements, and I agree to conform to all applicable federal, state and local laws. The IEPA may be contacted at (217) 785-2011.

SIGNATURE OF APPLICANT

DATE

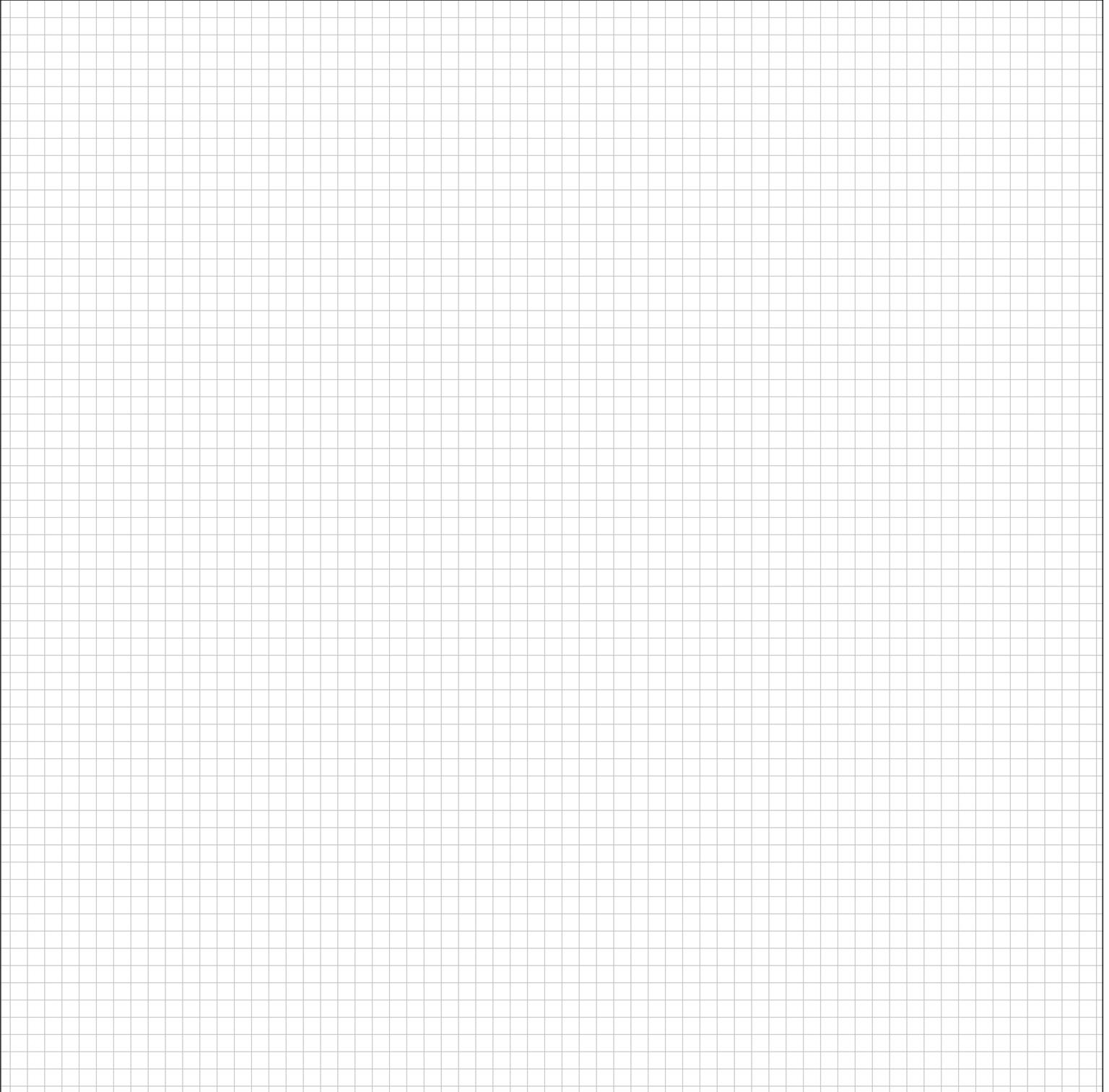
SITE PLAN

A site plan must be attached or drawn below at a scale large enough for clarity showing the following information:

- 1 - Location and dimensions of lots, buildings, driveways and off-street parking places.
- 2 - Distance between: All buildings and front, side and rear lot lines; Principal and accessory buildings; Principal building and principal and accessory buildings on adjacent lots.
- 3 - Locations of: Signs, easements, underground utilities, septic tanks, water wells, etc.
- 4 - Any additional information that may be reasonably required by the Zoning Administrator and applicable sections of the Zoning and Building Codes.



NORTH



DO NOT WRITE ON THIS PAGE

*****OFFICE USE ONLY*****

Zoning District _____ Date _____ Init _____ Zoning Application No. _____

PLAN REVIEW RECORD

DATE TO REVIEWER	DATE TO REVIEW BY	PLAN REVIEW SECTION	APPROVED	DATE	DENIED	DATE
		ZONING				
		FLOOD PLAIN				
		PLAN REVIEW				
		ELECTRICAL				
		PLUMBING				
		MECHANICAL				
		FIRE SAFETY				
		PUBLIC WORKS				
		STORM WATER				

ADDITIONAL PERMITS REQUIRED/OTHER JURISDICTIONS

VALIDATION

PERMIT OR APPROVAL	CHECK	DATE OBTAINED	NUMBER	BY
BOILER	<input type="checkbox"/>			
EXCAVATION PERMIT	<input type="checkbox"/>			
CURB/SIDEWALK CUT	<input type="checkbox"/>			
SEWER	<input type="checkbox"/>			
WRECKING (EPA)	<input type="checkbox"/>			
OTHER:	<input type="checkbox"/>			
OTHER:	<input type="checkbox"/>			
OTHER:	<input type="checkbox"/>			

BUILDING PERMIT #: _____

APPLICATION DATE & INITIALS: . . . _____

VALUATION: _____

DATE ISSUED: _____

START: _____ EXPIRE: _____

PLAN REVIEW FEE: _____

PLUMBING PERMIT FEE: _____

BUILDING PERMIT FEE: _____

CERTIFICATE OF OCCUPANCY FEE: _____

PENALTY FEES: _____

OTHER FEES: _____

TOTAL FEES DUE: _____

AMOUNT PAID: \$ _____

REC'D BY: _____ **CK #** _____

VARIANCE/SPECIAL PERMIT INFORMATION

VARIANCE OR SPECIAL PERMIT #: _____

DATE GRANTED: _____

SPECIAL INSTRUCTIONS: _____

The plans and specifications submitted with this application are in conformity with the Zone District and Building Code requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate Village official. Failure to comply with the above shall constitute a violation of the provisions of the Village of East Alton Zoning and/or Building Codes which may be cause for revocation of the permit and subject the applicant and/or owner to fines.

Permit issued this _____ day of _____, _____

Signature of Building Official

VALIDATION - NOT VALID UNLESS STAMPED