

APPLICATION FOR BUILDING PERMIT

APPLICATION FOR CERTIFICATE OF COMPLAINE
CITY OF ATHENS, DEPARTMENT OF ZONING
PO BOX 268
ATHENS, ILLINOIS 62613

Permit #: _____
Date Issued: _____
Fee: _____
Approved By: _____

*Property Owner:

*Applicant (if different)

Name _____

Name _____

Address _____

Address _____

Phone #'s _____

Phone #'s _____

Legal description of property: _____

The total estimated cost of ALL the proposed construction will be \$ _____.

*The purpose of this building permit would be to:

_____ Build a new structure (continue to New Structure)

_____ Modify an existing structure (continue to Existing Structure)

NEW CONSTRUCTION

I want to construct:

_____ House

_____ Modular Home

_____ Garage

_____ Machine Shed

_____ Other _____

*The dimensions of each building will be (please include height):

House _____ Garage _____
Modular Home _____ Machine Shed _____
Other _____

*For a new home, modular:

_____ Frame or _____ Brick
_____ 1-story _____ 1 1/2-story _____ 2-story _____ bi-level _____ tri-level

Number of Bathrooms _____ Number of Bedrooms _____

Number of Fireplaces _____ Type of Fireplaces _____

Type of Heat _____ Central Air? Yes No

Square Footage of Basement or Lower Level _____

Is Basement FULL CRAWL SLAB

Is Basement FINISHED UNFINISHED

Is Garage ATTACHED DETACHED

A full set of plans is required for any new structure. Please attached to application

EXISTING STRUCTURE

I want to modify the following existing structure:

_____ House
_____ Garage
_____ Other (Please provide a description): _____

The dimensions of the modification are as follows (please include height):

_____ House

_____ Garage

_____ Other _____

Please provide a sketch of your property/parcel showing existing structures (if applicable) and proposed structure(s) with the dimensions of each structure. Please show measured setback/distances from a proposed structure(s) building line to each property line or center of road, representing minimum setback requirements are being met. Please show driveways and parking areas.

NORTH

WEST

EAST

SOUTH

This permit is issued up the express condition that the rules and regulations established by the City of Athens Zoning Ordinance shall be faithfully complied with: that water/sewer tap fees are paid upon issuance of building permit; that said improvements shall be located in accordance with that above descriptions; and that is permit covers only the construction described herein, and is subject to compliance and all laws, ordinances and regulations of the State of Illinois and Menard County relative to public health.

- *If a well and/or septic permit is required, no permit will be issued until such time that this office has been provided a copy of the well and/or septic permit. Please contact the Sangamon County Health Department to obtain a septic permit at:*

*2833 South Grand Avenue East, Springfield, Illinois 62703
(217)535-3145*

- *If a 911 address is required please contact the 911 Coordinator at (217)416-0204*

Signature of Property Owner

Date

Signature of Applicant

Date

NOTE: Building must be 40" from County Road right-of-way and 60" from the State Road right-of-way.

NOTE: All building/Structures that will have plumbing must include the name and state license number of the plumber: _____

NOTE: All Construction is subdivisions will attach a copy of the Architect Review Board Approval letter.

NOTE: Set Backs for Accessory Use Structures (Garages, Sheds, etc.) are as follows:

Front	20 Feet
Rear	20 Feet
Side	10 Feet
Corner	25 Feet, each side

Signature of Zoning Administrator

Date Issued

(Permit Application revised 06/2015)

There is a minimum fee of \$50.00 for all applications