

FORSYTH

Building and Inspections Division

Office use only

Permit No. _____

BUILDING Permit Application

Date ____ / ____ / ____

Site Address _____

Suite/Unit No. _____

Subdivision _____ Lot # _____

The Applicant is: ____ Owner ____ Contractor ____ Architect/Engineer

Property Name _____

Owner Address _____

City _____ State ____ Zip Code _____

Phone _____

Contractor Name _____

Address _____

City _____ State ____ Zip Code _____

Phone _____

Architect/ Name _____

Engineer Address _____

City _____ State ____ Zip Code _____

Phone _____ Registration No. _____

Class of ____ 1 New ____ 2 Addition ____ 3 Alteration/ Remodel

Work ____ 4 Maintenance/ Repair/ Replace

check only one

301 S. Route 51 P.O. Box 80

Forsyth, IL 62535

217-877-1653

Type of Structure

check one only

- Single Family Residential
- Single Family Connected to Single Family
- Residential Garage
- Two Family Residential
- Three-Four Family Residential
- Multiple-Family Residential
- Offices, Banks, Professional
- Stores, Restaurants, Warehouse
- Hotels, Motels
- Parking Garage
- Service Stations and Repair Garage
- Recreational, Amusement
- Other Non-housekeeping Shelter
- Industrial Buildings
- Public Works and Utilities Building
- Public Schools
- Private Schools
- Churches and Religious Buildings
- Hospitals and Institutional Building
- Other Non-Residential Building
- Fences, Signs, Antennas
- Other Non-Building Structures

Estimated Completion Date ____/____/____

Valuation (Not Including Land) \$ _____

Description of Work to be Done: _____

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate, that the work will be in conformance with the ordinance and code of the Village of Forsyth and with the Illinois Building Code, that I understand this is not a permit but only an application for a permit and work is not to start without a permit, that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans. The application hereby affirms that building any structure will not be built on or over any utilities easement.

Applicant's Signature

____/____/____
Date

DO NOT WRITE BELOW THIS LINE

No. Construction Occupancy Building Inspector: _____
Types Groups Area

Use Zone _____

1. Permit No. _____

No. of Stories _____

2. No. of Units _____

3. No. of Parking Spaces _____

Setbacks: Front _____ Rear _____ Side 1/ Garage _____ Side 2 _____

Sprinklers? ___yes ___no Building on Lowland ? ___yes ___no

Conditions of Issuance _____

Approvals Required to Issue a Certificate of Occupancy;

___ Building ___ Plumbing ___ Electrical ___ HVAC ___ Fire

Valuation \$ _____ Permit Fee \$ _____

Certificate of Occupancy Fee \$ _____ Sewer Tap Fee \$ _____

Water Tap Fee \$ _____ Plumbing Inspection Fee \$ _____

Code Review Fee \$ _____

Description: _____ Single Family _____ Commercial

specify number _____ Duplex _____ Industrial

of units _____ Condominium Or Townhouse

_____ Apartments

Permit Approved By _____ Date ____/____/____

SITE PLAN

REQUIREMENTS

1. Lot Size
2. House Size
3. Location on the lot
4. Where the driveway is located
5. Any easement locations
6. Indicate Drainage with wave lines

Draw Site Plan to Scale/or attach on separate page

Indicate Scale _____

Applicant acknowledges that the land maybe drained in the general course of the natural drainage and no change in the original ground surface of the lot within 10 feet of any lot line is allowed. Do not block drainage from the front to the back of the lot across the lot. Please indicate on site plan with wavy arrows the natural drainage. (See attached basic grading schemes)