



You can see your future from here

BUILDING & ZONING

DECK PERMIT APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

ADDRESS OF PROJECT (IF DIFFERENT FROM ABOVE:

PHONE: _____

RETAIL COST OF PROJECT: _____

PRIMARY MATERIAL BEING USED: _____

SIZE: _____

ATTACHED SITE PLAN WITH SETBACKS _____

PERMIT COST IS \$35.00

PLEASE ALLOW 24-48 HOURS AFTER SUBMISSION FOR PLAN REVIEW

APPOINTMENTS FOR FOOTING INSPECTIONS MUST BE MADE 24 HOURS IN ADVANCE

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

CALL JULIE LOCATE BEFORE DIGGING



G O D F R E Y

ILLINOIS

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SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

PERMIT # _____

COST OF PERMIT: _____

PAID: _____