



G O D F R E Y

ILLINOIS

You can see your future from here

BUILDING & ZONING

ACCESSORY STRUCTURE PERMIT

DATE: _____

NAME: _____

ADDRESS: _____

ADDRESS OF PROJECT (IF DIFFERENT FROM ABOVE):

PHONE: _____

SHED: _____

PATIO: _____

GARAGE: _____

SUNROOM: _____

SIZE: _____

TOTAL COST FOR PROJECT: _____

ATTACHED SITE PLAN/ PRIMARY MATERIAL LIST _____

SETBACKS FOR DETACHED STRUCTURES IN ALL ZONINGS:

5 FEET SIDE YARD; 7.5 FEET REAR YARD (FROM PROPERTY LINE)

SHEDS UNDER 200 SQUARE FEET DO NOT NEED A PERMIT, BUT STILL NEED TO MEET REQUIRED SETBACKS. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY ALL PROPERTY LINES TO ASSURE ALL SETBACKS ARE MET

CALL JULIE LOCATE BEFORE STARTING CONSTRUCTION



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I L L I N O I S

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SIGNATURE OF APPLICANT: _____

PLEASE ALLOW 24-48 HOURS AFTER SUBMISSION FOR PLAN REVIEW

APPOINTMENTS FOR FOOTING INSPECTIONS MUST BE MADE AT LEAST 24 HOURS
IN ADVANCE

IT IS THE OWNER'S RESPONSIBILITY TO VERIFY EXACT PROPERTY LINES DURING
CONSTRUCTION TO ASSURE SET BACK REQUIREMENTS ARE MET.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

PERMIT # _____

COST OF PERMIT: _____

PAID: _____