

# G O D F R E Y



## ILLINOIS

### ACCESSORY STRUCTURE PERMIT APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

TYPE OF STRUCTURE: \_\_\_\_\_

SIZE: \_\_\_\_\_

TOTAL COST FOR PROJECT: \_\_\_\_\_

ELECTRICAL COST (IF APPLICABLE): \_\_\_\_\_

ELECTRICIAN NAME/ LICENSE #: \_\_\_\_\_

PLUMBING COST (IF APPLICABLE): \_\_\_\_\_

PLUMBER NAME/ LICENSE #: \_\_\_\_\_

ATTACHED SITE PLAN WITH SETBACKS \_\_\_\_\_

ATTACH MEP PLANS ALONG WITH MATERIAL LIST \_\_\_\_\_

IS THIS PROPERTY OVERSEEN BY A HOME OWNER'S ASSOCIATION (HOA)? Y\_\_\_\_\_ N\_\_\_\_\_

IF YES, WILL APPROVAL BY THE HOA BE REQUIRED FOR THIS PROJECT? Y\_\_\_\_\_ N\_\_\_\_\_

*Please attach approval letter to this application if needed.*

PLEASE ALLOW 48 HOURS AFTER SUBMISSION FOR PLAN REVIEW. APPOINTMENTS FOR INSPECTIONS MUST BE MADE 24 HOURS IN ADVANCE. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY ALL PROPERTY LINES AND UTILITIES PRIOR TO CONSTRUCTION TO ASSURE ALL REQUIRED SETBACKS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE SCHEDULE.

**\*CALL JULIE LOCATE AT 800-892-0123 PRIOR TO DIGGING\***

SIGNATURE OF APPLICANT: \_\_\_\_\_

*I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.*

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