

G O D F R E Y



I L L I N O I S

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 & CERTIFICATE # ISSUED THROUGH THE VILLAGE OF GODFREY #:

***PLEASE CONTACT THE BUILDING AND ZONING DEPARTMENT IF YOU NEED TO REGISTER**

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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