

BUSINESS BUILDING PERMIT APPLICATION FORM

Julie Dig Number: _____

Final Inspection Date: _____

Permit Issued (Office Use Only): _____

CITY OF WEST PEORIA

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Fax: (309) 674-6010

ALL FEES ARE

NON-REFUNDABLE

This application will not be accepted unless all required information is completed.

PROJECT LOCATION:

Address: _____ Tax Identification: _____

00-00-000-000

Own Rent If Applicant rents the location, Owner must authorize this application.

BUSINESS NAME

Full Name(s): _____

Phone Number: _____ Application Date: _____

BUSINESS OWNER'S NAME

Full Name(s): _____

Address: _____

Phone Number: _____ Other Phone: _____

GENERAL CONTRACTOR NAME

1. Full Name(s): _____

Address: _____

Phone Number: _____ Other Phone: _____ Fax: _____

2. Full Name(s): _____

Address: _____

Phone Number: _____ Other Phone: _____ Fax: _____

I PROPOSE TO BUILD:

Primary Structure Accessory Structure Carport Fence Other

(If Other Specify Type): _____

Electrical: Yes No Date of Inspection: _____ Estimated starting date: _____

Present zoning of Property: _____

Property Lot Size: _____ ft by _____ ft

Size of Primary Structure: _____ ft by _____ ft

Size of Accessory Structure #1: _____ ft by _____ ft

Size of Accessory Structure #2: _____ ft by _____ ft

Is this property a corner lot: Yes No

Submit the following items with this application:

1. A plat of the property, if applicable.
2. A site plan of the property.
3. The legal description.
4. The appropriate fee.

Note: Upon approval of permit:” JULIE” must be notified before any work can be done at 1-800-892-0123

Submit a site plan of the property:

1. Location and dimensions of all buildings, including accessory structures such as detached garages/storage sheds and attachments such as porches, decks, and patios with pertinent setback lines.
2. Distance from property lines to existing property structures, including distance from the accessory structure and other structures.
3. Dimensions of property.

Are there other structures on premises? Yes No

If yes, describe type and location: _____

All permits expire Six (6) months from date/time permit is issued.

Note: Other permits may be required after first inspection.

You must call West Peoria Zoning Department for final inspection date.

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Homeowner: _____
Signature Date

Print name: _____

Applicant: _____
Signature Date

Print name: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____ Check #: _____

Inspector #1: _____ Title: _____
Signature Date Position

Inspector #2: _____ Title: _____
Signature Date Position

Zoning Department: _____
Signature Date

PERMIT APPROVED: Yes No

PERMIT NUMBER: _____

Comments: _____

Site Plan of property:
(Below)
