

BUILDING PERMIT APPLICATION FORM

Permit Number (Office Use Only): _____

Inspection Date: (Office Use Only): _____

Permit Issued (Office Use Only): _____

Julie Dig Number: _____

CITY OF WEST PEORIA
2506 West Rohmann Avenue
West Peoria, Illinois 61604
Phone: (309) 674-1993 / Facsimile: (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, Homeowner must authorize this application.

RESIDENT'S NAME

Full Name(s): _____

Phone Number: _____ Application Date: _____

HOMEOWNER'S NAME

Full Name(s): _____

Address: _____ Phone Number: _____

Other Phone: _____ Application Date: _____

GENERAL CONTRACTOR NAME

1. Full Name(s): _____

Address: _____ Phone Number: _____

Other Phone: _____ Facsimile: _____

2. Full Name(s): _____

Address: _____ Phone Number: _____

Other Phone: _____ Facsimile: _____

I PROPOSE TO BUILD:

Primary Structure Accessory Structure Carport Fence Other

(Specify Type): _____

Electrical: Yes No

**Date of Inspection: _____ Present zoning of Property: _____

Estimated starting date: _____

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: _____ Printed name: _____
Signature Date

Applicant: _____ Printed name: _____
Signature Date

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

Received by: _____

Date: _____

Fee Collected: _____

Inspector #1: _____
Signature Date

Title: _____
Position

Inspector #2: _____
Signature Date

Title: _____
Position

Zoning Department: _____
Signature Date

PERMIT APPROVED: Yes No

Comments:

Site Plan of property:
(Below)
