

Application for
Building Permit

Warren County Building
and Zoning Department

100 W. Broadway
Monmouth IL 61462
PHONE: 309-734-8592 OPT #1
FAX: 309-734-7406
Email:warrencountyzoning@outlook.com
Mark Shallenberger

DATE _____

PROPERTY INFORMATION

Street Address: _____

Legal Description: Section _____ Township: _____

Lot: _____ Block: _____ Addn/Subdv: _____

OWNER INFORMATION

Name: _____ Business Name: _____

Address: _____ City: _____

CONTRACTOR INFORMATION

General Contractor: _____ Phone: _____

USE INFORMATION

Size of Structure: _____ Type of Structure: _____

New Construction Sign Single Family Addition Other Duplex Multi Family

Proposed use: _____ Project Valuation: \$ _____

_____ Permit fee: \$ _____

_____ The dimensions of the lot or tract of land, the exact location of all proposed buildings and structures, and such other information as may be required by the Zoning Administrator are shown on the drawing on a separate piece of paper, and made a part of this application

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and I agree to conform to all applicable laws of this jurisdiction. Under penalties of perjury, I hereby certify that applicant (and owner) have fully paid all taxes and all the other debts owed to Warren County as of the date of this application. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code (s) applicable to such permit.

Signature of Applicant

Address

Phone