

APPLICATION FOR
BUILDING PERMIT

**WARREN COUNTY
BUILDING AND ZONING
DEPARTMENT**

100 WEST BROADWAY
MONMOUTH, IL 61462
PHONE: (309) 734-8476
FAX: (309) 734-7577
Email: mdifuntorum@wcsao.com
eheinrich@wcsao.com

DATE: _____

PROPERTY INFORMATION

STREET ADDRESS _____ ZONED _____
LEGAL _____

TOWNSHIP _____
SECTION _____

OWNER INFORMATION

NAME: _____ BUSINESS NAME _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR INFORMATION

GENERAL CONTRACTOR: _____

USE INFORMATION

SIZE OF STRUCTURE _____

NEW CONSTRUCTION SIGN SINGLE FAMILY
 ADDITION OTHER DUPLEX
 MULTI FAMILY

PROJECT VALUATION:
\$ _____

PROPOSED USE: _____

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 Officer 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 his 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

TELEPHONE NUMBER