

COAL CITY BUILDING & ZONING DEPARTMENT

515 S. Broadway, Coal City, IL 60416 • (815) 634-8608

The undersigned hereby makes application for a Coal City Building and Zoning Permit in accordance with the provisions of the Village of Coal City Building and Zoning Ordinances.

Applied Date: Year _____ Month _____ Day _____ Permit Fee _____ Stop work order _____
 Issued Date: Year _____ Month _____ Day _____ Phone # _____
 Owner _____ (1-2) _____ (3-4) _____ Address _____
 Applicant _____ Address _____
 Architect _____ Address _____
 Contractor _____ Address _____

Legal Description of Premises

1. Township _____ 1/4 Section _____ Present Zoning Classification _____ (5-6)
 2. Subdivision _____ Block _____ Lot _____
 3. Tax Identification Number _____ Fire Number _____ (7-19)
 4. Street Number _____ Street Name _____ Zip Code _____ (20-25) (26-49) (50-54)
 5. Acreage _____ 6. Size of Tract _____ ft. x _____ ft. x _____ ft. x _____ ft. 7. No Buildings on Lot _____
 8. Municipality Code _____ 9. Census Tract _____ Census Block _____ 10. Traffic Zone _____ (55-58) (59-60) (61-65) (66-68) (69-71)
 11. Land Use ID No. _____ 12. Flood Plain _____ * 13. SIC Code _____ (72-83) (84) (85-87)
 14. Land Use Code _____ Community Panel No. _____ (88-90)

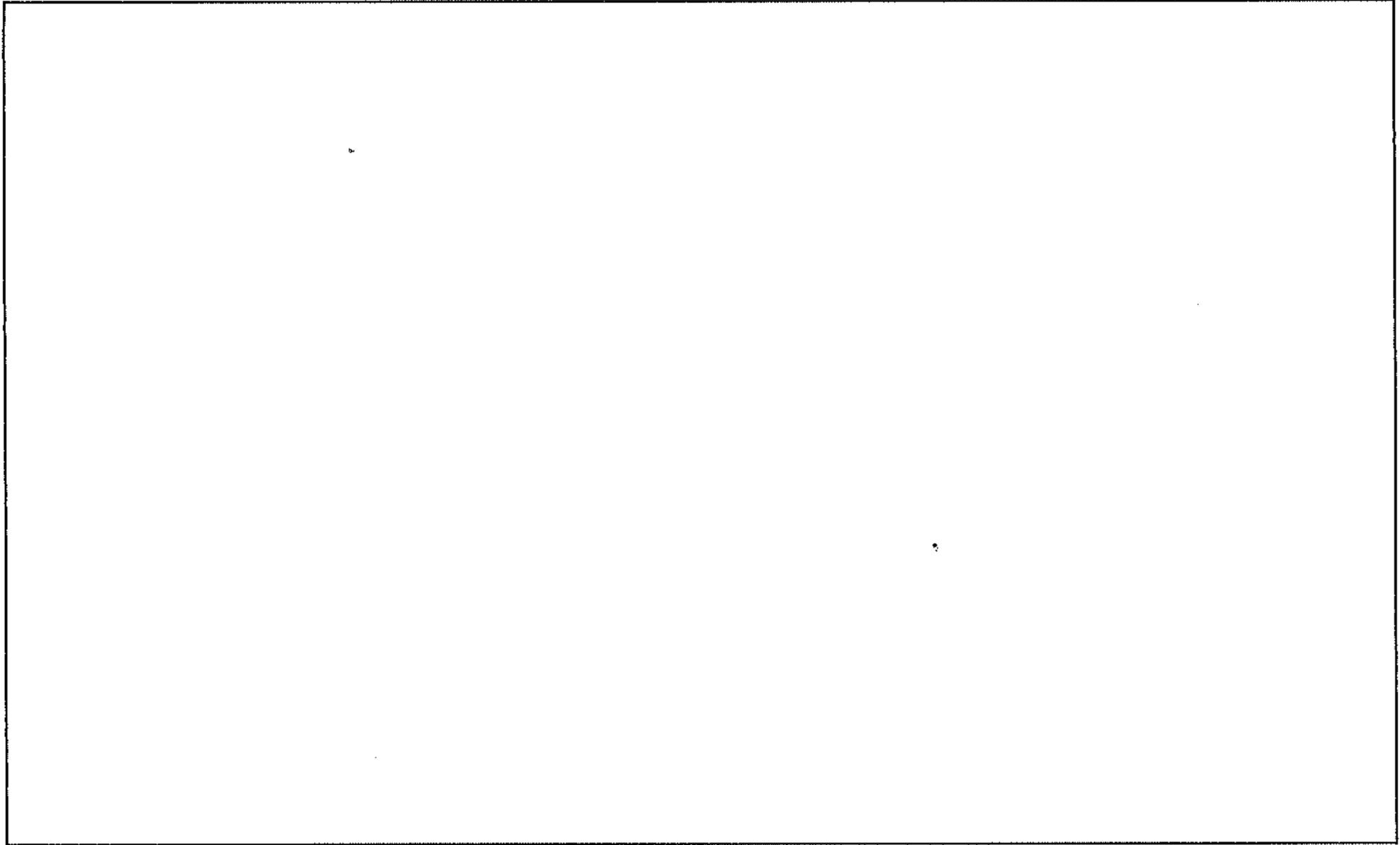
List of Buildings on Lot:

A. TYPE OF IMPROVEMENT _____ (20)		C. OWNERSHIP _____ (27)		H. TYPE OF USE RESIDENTIAL _____ (40-41)		NON-RESIDENTIAL	
1. New Building	2. Addition	1. Private	2. Public	1. One Family	2. One Family & Attached Garage	14. Farm Building	15. Amusement, Recreation, Assembly
3. Alteration	4. Repair, Replacement	(Fed. State Local)		3. Mobile Home	4. Two Family	16. Church, other Religious Building	17. Industrial Storage Building
5. Wrecking (Demolition)	6. Moving	D. TENURE	1. Owner Occupied	5. Three Family	6. Four Family	18. Parking Garage	19. Accessory Garage
Type of Bldg. _____	Present Location _____	2. To Be Rented	3. To Be Sold	7. Five or more Family	8. Transient Hotel or Motel	20. Car Port	21. Tool Shed
7. Other _____ (Specify)		E. COST	Estimated cost of improvements for which this application is being made _____	9. Accessory Garage	10. Car Port	22. Service Station, Repair Garage	23. Hospital, Institution, Nursing Home
				11. Tool Shed	12. Swimming Pool	24. Office, Bank, Professional Building	25. Public Works, Utility Building
				13. Other _____		26. School, College, Education	27. Store, Merchandise, Restaurant
B. NUMBER OF DWELLING UNITS	F. NUMBER OF DWELLING UNITS TO BE CONSTRUCTED	G. SPECIFY EXACT USE				28. Swimming Pool	29. Tank, Tower, Sign Structure
Added _____ (21-23)						30. Other _____ (Specify)	
Deducted _____ (24-26)							

COMPLETE ALL ITEMS FOR NEW BUILDING AND ADDITIONS ONLY

MAXIMUM DIMENSIONS OF BUILDING _____ (Locate on Diagram) MAX HEIGHT _____ (From Grade Level)
 BREEZEWAY _____ x _____ ft. GARAGE _____ x _____ ft. NUMBER OF OFF-STREET PARKING SPACES _____
 TOTAL SQUARE FOOTAGE _____ (42-49) NUMBER OF STORIES _____ (Include basement) (50-51) Provided _____ (59-61)
 PRINCIPAL TYPE OF FRAME _____ Is there a basement? _____ TYPE OF HEATING FUEL _____ Required _____
 1. Masonry (wall bearing) _____ (52) 1. Yes _____ 2. No _____ (55) 1. Gas _____ (58)
 2. Structural Steel _____ 2. Oil _____
 3. Wood Frame _____ TYPE OF SEWAGE DISPOSAL _____ 3. Coal _____
 4. Reinforced Concrete _____ 1. Public Sewer _____ (56) 4. Electricity _____
 5. Other _____ (Specify) _____ 2. Private System _____ 5. Other _____
 Is there Central Air Conditioning? _____ Permit No. _____ Forced Air _____
 1. Yes _____ 2. No _____ (53) TYPE OF WATER SUPPLY _____ Heat Pump _____
 Is there Electricity? _____ 1. Public _____ (57) Solar _____
 1. Yes _____ 2. No _____ (54) 2. Private _____ Does Handicapped Act Apply? _____ * FOR RESIDENTIAL BLDGS ONLY
 1. Yes _____ 2. No _____ (54) Permit No. _____ 1. YES _____ 2. NO _____ EXISTING ADDED
 Number of bedrooms _____ (62-64)
 Number of bathrooms _____ (65-67)

Proposed layout shown below should show dimensioned drawing of the building lot and location of buildings and structure, lot area to be used and proposed water supply and sewage.



MINIMUM SET BACK Side Yard _____ ft. _____ field ck. Rear Yard _____ ft. _____ field ck. Side Yard _____ ft. _____ field ck.

Type of Construction: Modular _____ Conv. _____ Pre-fab _____ Other _____

Remarks: _____

Inspector: _____

Remarks: **ALL CONTRACTORS MUST BE LICENSED BY THE VILLAGE.**

Water Tap On Fee _____ Sewer Impact Fee _____

Sewer Tap On Fee _____ Water Impact Fee _____

Meter Deposit _____ Storm Sewer Impact Fee _____

Total _____ **Total** _____

School Site _____

Gift Tax: _____

BUILDING

- 1. Layout & Elev. _____
- 2. Footing _____
- 3. Wall Pre-pour _____
- 4. Foundation _____
- 5. Spot survey (Engr) _____
- 6. Elec. Serv. _____
- 7. Rough and elec. & mech. _____
- 8. Final _____
- 9. Meter _____
- 10. Site grade (enr) _____
- 11. Site Final _____

CONCRETE

- 12. Walk/Stoop _____
- 13. Drive/Apron _____
- 14. Bsmt. Floor _____
- 15. Garage Floor _____

PLUMBING

- 16. Underground _____
- 17. SW/WTR _____
- 18. Rough _____
- 19. Final _____

Final Occupancy _____

Notify 634-8608 For Each Inspection

Date of Permit Expiration: _____

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION CAREFULLY AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT ALL CONSTRUCTION TO BE PERFORMED SHALL COMPLY WITH THE ORDINANCES OF THE VILLAGE OF COAL CITY AND THE LAWS OF THE STATE OF ILLINOIS GOVERNING SAME.

I SHALL NOT PERFORM ANY WORK NOT SPECIFICALLY AUTHORIZED BY THIS PERMIT, AND I ACKNOWLEDGE THAT ANY MISREPRESENTATION CONTAINED HEREIN SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF THIS PERMIT.

I UNDERSTAND THAT THE WORK AUTHORIZED HEREUNDER MUST BE INITIATED BY SIX MONTHS FROM THE DATE OF ISSUE OR THIS PERMIT SHALL BECOME NULL AND VOID. I FURTHER UNDERSTAND THAT THE WORK AUTHORIZED HEREUNDER MUST BE COMPLETED WITHIN TWELVE MONTHS OF THE DATE OF ISSUE OR THIS PERMIT SHALL BECOME NULL AND VOID. I UNDERSTAND THAT TO OBTAIN AN EXTENSION OF THIS PERMIT, I MUST APPLY TO THE COAL CITY PLANNING AND ZONING BOARD.

Permit # _____

Issued By: _____

(Sign Here) _____

Owner

By _____

Authorized Agent