



Sangamon County Building & Zoning  
**PERMIT APPLICATION**  
 Room 213, 200 S. Ninth Street, Springfield, IL 62701  
 (217) 753-6760 or (FAX) 535-3194 [zoning@co.sangamon.il.us](mailto:zoning@co.sangamon.il.us)

<b>FOR OFFICE USE ONLY</b>	
<b>PERMIT#:</b>	_____
<b>PARCEL#:</b>	_____
<b>ZONING:</b>	_____

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_  
 Owner Address/Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Email: \_\_\_\_\_

**GENERAL CONTRACTOR**

Owner Name: \_\_\_\_\_  
 Owner Address/Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PROJECT INFORMATION**

Project Address/Zip: \_\_\_\_\_

Street Frontage		Bed Rooms (added #)		Length	
Front Setback		Bed Rooms(total #)		Width	
Rear Setback		Full Baths (#)		Building Area (ft2)	
Left Setback		Partial Baths (#)		Lot Area (ft2)	
Right Setback		Fireplaces (#)		Parking Area (ft2)	
Garage Area (ft2)				Outside Parking (#)	
Living Area (ft2)				Height Above Grade	
Basement Area (ft2)					
Stake Date				Estimate Project Cost	
Estimate Start Date				Estimate End Date	

**Please attach site plan of scope of work being conducted**

**TYPE OF USE    TYPE OF WORK    TYPE OF LABOR**

- |                                      |  |                                     |   |
|--------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> SFR                         | <input type="checkbox"/> Addition   | <input type="checkbox"/> General            |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Alteration                  | <input type="checkbox"/> Foundation | <input type="checkbox"/> Plumbing           |
|                                      | <input type="checkbox"/> Roofing                     | <input type="checkbox"/> Fence      | <input type="checkbox"/> Mechanical         |
|                                      | <input type="checkbox"/> Pool                        | <input type="checkbox"/> Solar/Wind | <input type="checkbox"/> Electrical         |
|                                      | <input type="checkbox"/> Signage                     | <input type="checkbox"/> Demolition | <input type="checkbox"/> Architect/Engineer |
|                                      | <input type="checkbox"/> Accessory Structure         |                                     |   |
|                                      | <input type="checkbox"/> Erosion <1acre___ >1acre___ |                                     |   |

## SCOPE OF WORK & USE OF BUILDING

Please Explain Details:

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## NEW CONSTRUCTION ROAD ACCESS

Property is located on one of the following:  State  County  Township  Highway

Is there currently a culvert on this property?  Yes  No

Is new road access needed for this property?  Yes  No

If "yes" have you contacted the appropriate jurisdiction authority?  Yes  No

## PLEASE MARK ALL THAT APPLY

	Yes	No
Is there public water available?	<input type="checkbox"/>	<input type="checkbox"/>
Is there public sewer available?	<input type="checkbox"/>	<input type="checkbox"/>
Is this a corner lot?	<input type="checkbox"/>	<input type="checkbox"/>
Is this on a floodplain?	<input type="checkbox"/>	<input type="checkbox"/>

## OFFICE USE ONLY

### RESIDENTIAL

Minimum Fee for New Construction: \$50.00

Minimum Fee for Remodel/Alteration: \$41.00

New SFR Construction: Living Sq. Ft. x 81 x .007 = fee

Acc. Structure: Sq. Ft. x 20 x .007 = fee

Remodel/Alteration: Cost x .007 = fee

Fence Cost: \$50.00

### COMMERCIAL

Commercial Cost x .009 = fee

Fence Cost: \$100.00

<b>PROJECT COST ft.<sup>2</sup>:</b>	
<b>PERMIT FEE:</b>	
<b>PENALTY FEE:</b>	
<b>TOTAL FEE:</b>	
Minimum Fee May Apply \$41.00	

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature

Applicant Printed Name

Date

Applicant is:  Building/property owner  General Contractor Representative  Tenant  
 Other \_\_\_\_\_

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.