

Temporary Use Application

Room 213, 200 S. Ninth Street, Springfield, IL 62701

(217) 753-6760 or (FAX) 535-3194 zoning@co.sangamon.il.us

Fee: \$50



Application Date: _____

Record #: _____
(Office Use Only)

Business Owner/Tenant Name: _____

Phone#: _____

Project Address:

Street _____ City _____ State _____ Zip _____

Address for

Permit to be sent:

Street _____ City _____ State _____ Zip _____

Property Owner: _____

Phone#: _____

Address of

Property Owner:

Street _____ City _____ State _____ Zip _____

Township: _____

Parcel #: _____

Subdivision: _____

Lot: _____

Zoning: _____

Parcel Type: Industrial ___ Residential ___ Commercial ___ Agricultural ___

Do you have public water? Yes ___ No ___

Do you have public sewer? Yes ___ No ___

Are you on a corner lot? Yes ___ No ___

Type of Temporary Use? _____

Structure Size: Width: _____ Length: _____ Height _____ Total square footage: _____

Street Frontage (ft)		Stake Date:	
Front setback (ft)		Estimated Start Date:	
Rear Setback (ft)		Estimated End Date:	
Left Setback (ft)			
Right Setback (ft)			
Height Above Grade (ft)			

Signature of Applicant _____

Sangamon County Building & Zoning

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Please draw a sketch including the following:

- 1. Indicate the structure and how far away it sits from property lines.**
- 2. Show other structures on parcel and distance way from proposed structure.**
- 3. Show where the driveway is/will be located.**

Please indicate the North point.