



**VILLAGE OF CHANNAHON**

**24555 S NAVAJO DRIVE CHANNAHON, IL 60410**

**PHONE: 815-467-6644 FAX: 815-467-9774**

**PERMIT NO:** \_\_\_\_\_

**SCANNED**

**MISCELLANEOUS BUILDING PERMIT APPLICATION**

**PROJECT ADDRESS:** \_\_\_\_\_ **SUBDIVISION:** \_\_\_\_\_

NO. STREET

**OWNER /APPLICANT** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE/ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE/ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CIRCLE ONE:** RESIDENTIAL COMMERCIAL AGRICULTURAL INDUSTRIAL **COUNTY:** WILL / GRUNDY

**BRIEF DESCRIPTION OF PROJECT:** \_\_\_\_\_

**TYPE OF IMPROVEMENT/PROPOSED USE:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ACCESSORY STRUCTURE     | <input type="checkbox"/> GARAGE, ATTACHED  | <input type="checkbox"/> PERGOLA                        | <input type="checkbox"/> SIGN, MONUMENT              |
| <input type="checkbox"/> ADDITION                | <input type="checkbox"/> GARAGE, DETACH    | <input type="checkbox"/> POOL (IS YARD FENCED YES / NO) | <input type="checkbox"/> SIGN, BALLOON               |
| <input type="checkbox"/> DECK                    | <input type="checkbox"/> GAZEBO            | <input type="checkbox"/> PORCH                          | <input type="checkbox"/> SIGN, TEMPORARY DATES _____ |
| <input type="checkbox"/> DEMOLITION              | <input type="checkbox"/> GUTTERS           | <input type="checkbox"/> ROOF                           | <input type="checkbox"/> WINDOWS                     |
| <input type="checkbox"/> DRIVEWAY                | <input type="checkbox"/> HOT TUB           | <input type="checkbox"/> SHED                           | <input type="checkbox"/> OTHER _____                 |
| <input type="checkbox"/> ELECTRICAL, LOW VOLTAGE | <input type="checkbox"/> INTERIOR, REMODEL | <input type="checkbox"/> SIDEWALK                       |  |
| <input type="checkbox"/> FENCE                   | <input type="checkbox"/> LAWN SPRINKLER    |   |  |

**\* IF YOU ARE ON A SEPTIC SYSTEM, YOU ARE REQUIRED TO PROVIDE AN APPROVED COPY OF YOUR SEPTIC LAYOUT. WILL COUNTY HEALTH DEPARTMENT 815-727-8490**

**\*\*TO EXPEDITE APPROVAL, PLEASE PROVIDE A COPY OF YOUR PLOT OF SURVEY.**

**EXISTING ( FOR ADDITIONS, REMODEL ETC.)**

FLOOR AREA: \_\_\_\_\_  
SQUARE FEET

GARAGE: \_\_\_\_\_

OTHER: \_\_\_\_\_

**ADDITIONAL PROPOSED**

FLOOR AREA: \_\_\_\_\_  
SQUARE FEET

NO. BEDROOMS: \_\_\_\_\_ NO. BATHROOMS: \_\_\_\_\_

TOTAL NUMBER OF FLOORS: \_\_\_\_\_

OTHER: \_\_\_\_\_

**COST OF IMPROVEMENT**

COST \$ \_\_\_\_\_

ELECTRICAL \$ \_\_\_\_\_

PLUMBING \$ \_\_\_\_\_

HVAC \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

**TOTAL COST OF IMPROVEMENTS \$ \_\_\_\_\_**

**DATE APPROVED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

I hereby certify 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 we agree to conform to all applicable laws of this jurisdiction.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please complete back.

**NOTES**


**SITE OR PLOT PLAN**

- **SHOW ALL EXISTING AND PROPOSED STRUCTURES (HOUSE, SHED, POOL, FENCE ETC.)**
- **INDICATE DISTANCE FROM PROPERTY LINE AND EXISTING STRUCTURES**
- **INCLUDE DIMENSIONS OF PROPOSED STRUCTURE**

