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:

- ☐ ACCESSORY STRUCTURE
- ☐ ADDITION
- ☐ DECK
- ☐ DEMOLITION
- ☐ DRIVEWAY
- ☐ ELECTRICAL, LOW VOLTAGE
- ☐ FENCE
- ☐ GARAGE, ATTACHED
- ☐ GARAGE, DETACH
- ☐ GAZEBO
- ☐ GUTTERS
- ☐ HOT TUB
- ☐ INTERIOR, REMODEL
- ☐ LAWN SPRINKLER
- ☐ PERGOLA
- ☐ POOL (IS YARD FENCED YES / NO)
- ☐ PORCH
- ☐ ROOF
- ☐ SHED
- ☐ SIDEWALK
- ☐ SIGN, MONUMENT
- ☐ SIGN, BALLOON
- ☐ SIGN, TEMPORARY DATES_____
- ☐ WINDOWS
- ☐ OTHER_____

_____

**** 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.

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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**