



10631 MAIN STREET  
PHONE: 815-623-2829 FAX: 815-623-1360

### ZONING PERMIT APPLICATION

Permit Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

#### TYPE OF PERMIT REQUESTED:

\_\_\_\_ Single Family \_\_\_\_ Multi Family \_\_\_\_ Duplex \_\_\_\_ Apartment \_\_\_\_ Commercial  
\_\_\_\_ Industrial \_\_\_\_ Remodel \_\_\_\_ Accessory Bldg. \_\_\_\_ Pool \_\_\_\_ Other (please specify)

Property Address \_\_\_\_\_ Roscoe, IL 61073

PIN: \_\_\_\_\_ Township \_\_\_\_\_ Well or Septic \_\_\_\_\_

New Construction: Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

#### Building Description:

Dwelling Type: \_\_\_\_\_

Square Footage: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_

(including Den/Study/Loft

Other: \_\_\_\_\_

Date: \_\_\_\_\_

You must provide a drawing showing setbacks from the property line, direction of water flow and the location the silt fencing will be placed.  
**NOTICE: You must notify the Roscoe Code Enforcement Inspector 1 day in advance of pouring the foundation. Call 815-509-8092. LOT PINS MUST BE VISIBLE.**

Signed \_\_\_\_\_

**FOR OFFICE USE ONLY DO NOT FILL IN**

Date Received \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Zoning Permit No. \_\_\_\_\_

N. C. Park Fees \_\_\_\_\_

S. D. Fees if applicable \_\_\_\_\_

Other \_\_\_\_\_

Approved by: \_\_\_\_\_  
Zoning Administrator

Approved by: \_\_\_\_\_  
Engineer

Date Approved \_\_\_\_\_

Date Approved \_\_\_\_\_