



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 \_\_\_\_\_ Alteration \_\_\_\_\_ Industrial \_\_\_\_\_ Commercial  
\_\_\_\_\_ Deck \_\_\_\_\_ Fence \_\_\_\_\_ Accessory Bldg. \_\_\_\_\_ Pool \_\_\_\_\_ Other (please specify)

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

PIN: \_\_\_\_\_ Township \_\_\_\_\_ Well or Septic \_\_\_\_\_ Y / N \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

#### Building Description:

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

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

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

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 _____	N. C. Park Fees _____
Zoning Classification _____	S. D. Fees if applicable _____
Zoning Permit No. _____	Other _____
Approved by: _____ Zoning Administrator	Approved by: _____ Engineer
Date Approved _____	Date Approved _____