



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

ZONING PERMIT APPLICATION

Permit Holder's Name: _____

Address: _____

City: _____ State _____ Zip _____ Phone: _____

Email _____

Contractor Name: _____

If contractor is not being used, please list "Self" as contractor name.

Village of Roscoe Contractor Registration on File: _____ Yes _____ No _____ N/A

If yes, please print Village of Roscoe Contractor Registration Number: _____

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 _____ Yes _____ No

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

Date Received _____

N.C. Park Fees _____

Zoning Classification _____

S.D. Fees if applicable _____

Zoning Permit No. _____

Other _____

Approved by: _____

Approved by: _____

Zoning Administrator

Engineer

Date Approved: _____

Date Approved: _____