



10631 MAIN STREET
PHONE: 815-623-2829 FAX: 815-623-1360 PERMITS@VILLAGEOFROSCOE.COM

ZONING PERMIT APPLICATION

Owner Name: _____

Applicant Name: _____

Address: _____

City: _____ State _____ Zip _____ Phone: _____

Email _____

Contractor Name: _____

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

Attach a site plan that includes the dimensions of proposed building, pool, fence or other alterations along with the location on the lot. Show the distance from lot lines on site plan. Aerial property views can be found at wingis.org

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: _____

Other: _____

Square Footage: _____

Fence Height: _____

No. of Bedrooms: _____

Fence Material: _____

Owner Signature _____

Applicant Signature _____

Date _____

Date _____

FOR OFFICE USE ONLY

Date Received _____

Permit Fee _____

Zoning Classification _____

School Fees (if applicable) _____

Zoning Permit No. _____

Park Fees (if applicable) _____

Approved by: _____

Approved by: _____

Zoning Administrator

Engineer

Date Approved: _____

Date Approved: _____