MADISON COUNTY BUILDING PERMIT APPLICATION FORM

PERMIT #:  
DATE:  
ZONING:  

TOWNSHIP:  
911 ADDRESS:  
PARCEL NO.:  
CONSTRUCTION COST:  

TYPE OF IMPROVEMENT:  
OWNER:  
ADDRESS:  
CITY/STATE/ZIP:  
PHONE:  
E-MAIL ADDRESS:  
GEN. CONTRACTOR:  
ADDRESS:  
CITY/STATE/ZIP:  
PHONE:  
E-MAIL ADDRESS:  

SAN. SEWERS Y/N:  SEWAGE ENTITY: 
PRIVATE SEWAGE SYSTEM Y/N: (IF YES, COMPLETE BOX AT BOTTOM) 
WATER SUPPLY ENTITY:  
WATER SERVICE SIZE:  
UTILITY COMPANY:  

FLOOD ZONE:  
ENTRANCE PERMIT:  

PLUMBER CONTRACTOR:  LICENSE #:  
SEW. DISPOSAL INSTALLER:  LICENSE #:  
ROOFER:  LICENSE #:  

SIGNATURE OF OWNER OR THE AUTHORIZED AGENT

PERMIT FEES

BLGD. FEES:  ADDITION FEE:  
ELECTRICAL FEE:  ACCESSORY BLGD. FEE:  
PLUMBING FEE:  C OF O/COMPLETION FEE:  
SEW. DISPOSAL SYSTEM FEE:  REPAIR AND ALT. FEE:  
TOTAL FEES:  

Complete for Applications that include a Private Sewage System:

Private Sewage Disposal System: New  Replacement  Modification  
Type: Aeration  Sand Filter  Septic  *Lot Size  
Size of Septic Tank:  Garbage Disposal (Y/N)  
Aeration Manufacturer and Model:  
Discharge Permit (Y/N):  Percolation Test (Y/N):  
(Aeration or sand filter: must fill out a discharge permit. Percolation tests for all laterals must also be submitted) 
Lateral Type:  
A) Gravel  Width  Lineal Feet  
B) Chamber  Size  
C) Gravelless  8"  10"  

* All lots must be a minimum of 40,000 square feet per the Madison County Zoning Ordinance.
A) DRAW PROPERTY, MARK EXACT DIMENSIONS & SHOW ROAD (S).
B) LOCATE BUILDINGS & SHOW DISTANCES FROM ALL PROPERTY LINES & BUILDING DIMENSIONS.
C) INDICATE WELL AND/OR WATER LINE & DISTANCE TO CLOSEST COMPONENT OF PRIVATE SEWAGE SYSTEM.
D) LOCATE PRIVATE SEWAGE SYSTEM & ALL COMPONENTS.
E) INDICATE NORTH.
F) IS THE PRIMARY USE OF THE PROPERTY AGRICULTURAL? ________? IF SO, INDICATE NUMBER OF ACRES ________.
G) IF AERATION SYSTEM WILL BE USED, INDICATE LOCATION OF ALARM. IF USING LIFT STATIONS OR DOSING CHAMBERS, IN ADDITION TO THE ABOVE, LOCATE BOTH ALARMS. (LOCATION MUST BE UNDER ROOF).
FLOOR PLAN: INDICATE ROOM ARRANGEMENT AND SIZE OF ROOMS: INDICATE LOCATION OF DOORS, WINDOWS AND DECKS; USE EXTERIOR DIMENSIONS.

1st FLOOR (SQ FT) ____________________________________________

2nd FLOOR (SQ FT) ____________________________________________

DORMERS (SQ FT OF EACH) ______________________________________

COVERED PORCHES (SQ FT OF EACH) _________________________________

(*) ALL DECKS (SQ FT) _______________________________________

BASEMENT OR CRAWLSPACE (SQ FT) ______________________________

NUMBER OF BEDROOMS _________________________________________

HEIGHT TO PEAK OF ROOF ______________________________________

TOTAL SQUARE FEET __________________________________________

GARAGE (SQ FT) ______________________________________________

NUMBER OF SMOKE DETECTORS __________________________________

NUMBER OF CARBON MONOXIDE DETECTORS _________________________
(EFFECTIVE JANUARY 1st, 2007)

(*) IF YOU INDICATE ON YOUR PLANS THAT YOU ARE INSTALLING AN OPENING FOR ACCESS TO A DECK, THE DECK WILL HAVE TO BE INDICATED ON THE PLANS AND CONSTRUCTED AS PART OF THIS PERMIT. THIS DEPARTMENT WILL NOT PERMIT AN OPENING WITH PLANS LATER FOR A DECK.
SUPPLEMENT TO MADISON COUNTY BUILDING PERMIT
APPLICATION FORM:
AFFIDAVIT FOR ACCESSORY BUILDING OR STRUCTURE

MADISON COUNTY
PLANNING & DEVELOPMENT
PLAN  |  GROW  |  SUSTAIN

Please note that the attached affidavit must be signed in front of a notary.
SUPPLEMENT TO MADISON COUNTY BUILDING PERMIT APPLICATION FORM:

AFFIDAVIT FOR ACCESSORY BUILDING OR STRUCTURE

The undersigned (hereinafter referred to as “the owner”) hereby applies for a permit from the Planning and Development Department of Madison County, Illinois, (hereinafter referred to as “the Department”) to construct an “accessory building or structure” or any structure commonly referred to as a “pole building” (hereinafter referred to as “the structure”) as those terms are defined within the Madison County Code of Ordinances.

The owner understands that subscribing to this Affidavit is necessary in order for the Department to issue the applied for building permit. The owner also understands and acknowledges that the Department, acting through the zoning administrator and his or her designated deputies, is charged with the enforcement of the Madison County Code of Ordinances, including zoning requirements.

The owner understands that the property upon which the structure is to be constructed is zoned _______. The owner acknowledges that said zoning prohibits the use of said structure for residential living quarters, business or commercial purposes, unless specifically authorized by the Madison County Code of Ordinances and documented through a Certificate of Zoning provided by the Zoning Administrator. The owner expressly certifies and agrees that it will not be used in connection with any sort of business or commercial purpose whatsoever, including, but not limited to, the storage of equipment or other items used in a business or commercial enterprise.

The owner certifies and agrees that the structure will not be used for residential living quarters, business or commercial purposes. The owner also acknowledges that the use of said structure for any residential living quarters, business or commercial purposes shall constitute a violation of the applicable zoning ordinance and that the Department shall institute enforcement proceedings against owner for said violation.
Supplement To Madison County Building Permit Application Form: Affidavit for Accessory Building

The designation of "owner" throughout this Affidavit applies to all who in fact subscribe to it below, regardless of the actual number of "owners". This Affidavit subscribed and sworn to by the undersigned on this the____ day of ______________________, 201____.

__________________________________________________________  __________________________________________________________
Signature of Owner                                             Signature of Owner

__________________________________________________________  __________________________________________________________
Printed name of Owner                                          Printed Name of Owner

ACKNOWLEDGEMENT:

State of Illinois )

} ss.
County of Madison   )

Personally came before me this _____ day of ______________________, 201___, the above named ____________________________ known to me to be the person(s) who executed the foregoing instrument.

________________________________________________________
Notary Public