MADISON COUNTY BUILDING PERMIT APPLICATION FORM

PERMIT #: ___________________________ DATE ______________ ZONING ______________________________
TOWNSHIP ___________________________ PARCEL NO. ___________________________ CONSTRUCTION COST ______________________________
911 ADDRESS ___________________________ ___________________________ ______________________________
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 ___________________________ ___________________________ ______________________________
PRIVATE SEWAGE SYSTEM Y/N ___________________________ ___________________________ ______________________________
WATER SUPPLY ENTITY ___________________________ ___________________________ ______________________________
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 ___________________________ ___________________________ ______________________________
ELECTRICAL FEE ___________________________ ___________________________ ______________________________
PLUMBING FEE ___________________________ ___________________________ ______________________________
SEW. DISPOSAL SYSTEM 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) ___________________________ ___________________________ ______________________________
(Perculation Test (Y/N) (Aeration or sand filter: must fill out a discharge permit. Percussion 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).
Building Permit #

By signing below I confirm that my surface discharging private sewage disposal system does not discharge to Waters of the United States. I understand that obtaining a NPDES permit from the E.P.A. is required when private sewage systems discharge to Waters of the United States. USEPA's regulation at 40 C.F.R.§ 122.2 defines Waters of the United States. I certify that the attached information is correct and complete and that, if approved, all installation work and the use of the private sewage system, including the maintenance will comply with the requirements included in the State of Illinois Private Sewage Installation Code.

Effective Date January 1, 2014

905.20 General Requirements

q) Maintenance of Private Sewage Disposal Systems
   1) After January 1, 2014, as a condition of applying for an installation approval required by Section 905.190, the signature by the property owners on the installation approval submission/construction permit for any private sewage disposal system being installed, repaired or renovated serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Act and this Part.
   4) A failure to properly operate, maintain and have routine service conducted on a private sewage disposal system is a violation of the Act and this Part.

Section 905.110 Effluent Discharges may be discharged to:
3) The ground surface, where the discharge points of private sewage disposal systems with surface discharges do not exceed an average of one per acre and the effluent does not pond or create a nuisance condition

I / We have reviewed and agree to the above maintenance and N.P.D.E.S. requirements.

Property Owner(s): ________________________________ Date

Property Owner(s): ________________________________ Date
MADISON COUNTY PLANNING & DEVELOPMENT DEPARTMENT OUTLET
LOCATION PERMIT

Applicant Information

Property Owner

Present Address

New Address

Telephone __________________ Township __________________

E-mail Address

Parcel Number

Location (if address is not marked on properly)

New Residence __________ Replacement __________ Modification __________

Cost of System $ __________ Number of Bedrooms __________

System Information

Type of System: __________ Sand Filter __________ Aeration __________

Tank Size __________ Absorption Trench Size __________ (150 Sq. Ft. Minimum)

Licensed Installer __________________ License # __________________

Distributor __________________

Building Permit # __________________ Date Issued __________________

Discharge Information (See information sheet for minimum requirements)

Size of Lot __________________ (Must be a minimum of 40,000 sq. ft. of property)

Type of Discharge:

Same Lot ______ Common Lot ______ Receiving Stream, Lake or Pond ______

Distance of Discharge from: Well ______ Dwelling ______ Property Line ______

Distance of discharge from discharges on adjoining properties: (Minimum of 235):

Number of systems proposed for a common line __________________

Address of other systems on a common line __________________

Applicant & Date __________________ Approved By & Date __________________