

APPLICATION FOR BUILDING

Marshall County Zoning Department
552 State Route 26
Lacon, IL 61540
(309) 246-6401

Date Filed: _____	Bldg. Permit # _____
Fee Paid: _____	Date Received: _____

Signature of this application certifies the following:

- The application is made in accordance with the provisions of the Marshall County Zoning Ordinance.
- The applicant will comply with the Zoning Ordinance and complete the building in accordance with the setback distances and building dimensions provided herein.
- Construction will be initiated within 6 months of permit issuance and completed within 18 months of permit issuance.
- Compliance with building codes prior to occupancy is the obligation of the applicant, since Marshall County is a Non-Building Code Jurisdiction. Commercial Entities must provide a Certificate of Inspection per 10 ILCS 3105/10.09-1. No separate occupancy certificate will be issued by the Zoning Administrator.

Owner: _____ Phone: _____

Address: _____ City/Zip _____

Petitioner: _____ Phone: _____
(if other than owner)

Address: _____

LEGAL DESCRIPTION

911 Address _____ City/Zip Code _____

Tax I. D. # _____ Present Zoning _____

Township _____ Subdivision _____

Lot Size: _____ Ft. x _____ Ft. x _____ OR Agriculture Acreage _____

IMPROVEMENT TYPE

Please check applicable box:

New Construction Addition/Alteration Repair/Replacement

COVERAGE

Proposed Building Area = _____ Coverage Percentage = _____
Existing Building(s) Area = _____
Total Area = _____
Lot Area = _____

EXPLANATION OF APPLICATION

SETBACKS

Distance from structure to property lines

Street Frontage (feet) _____

Front Setback (feet) _____

(distance from center of road) _____

SIDE YARD

Left Setback (feet) _____

Right Setback (feet) _____

PROJECT SKETCH

Please show project in relation to road and show all setback measurements.

SEPTIC/WELL REQUIREMENTS

BEFORE BUILDING PERMIT WILL BE ISSUED, OBTAIN SIGNATURE FROM MARSHALL COUNTY HEALTH DEPARTMENT OR PRESENT A COPY OF YOUR WELL AND/OR SEPTIC PERMIT

Contact the Marshall County Health Department, Environmental Health Division at (309) 246-8074. The Health Department is located at 319 Sixth Street, Lacon, Illinois and is open Monday through Friday from 8:00 a.m. to 4:30 p.m. in Marshall County.

Please check applicable box:

- Accessory Structure – no increase in septic capacity – go to the next section.
- Addition or alteration of existing structure with an increase in the number of bedrooms.
- New home construction

Please have the Health Department sign below or submit a copy of the Septic and/or Well permits.

Marshall County Health Department Official
OR

Date

SEPTIC PERMIT #: _____ WELL PERMIT # _____

Please note that the Marshall County Health Department does not guarantee any system nor does the review of this acknowledgement result in any general implied warranty for the use of the onsite wastewater disposal system or the private well water.

Health Department Comments: _____

FLOOD PLAIN DESIGNATION

- The property is not in the floodplain – go to the next section.
- The building or structure is located in the following designation:
Zone _____ Community Panel Number: _____ Effective Date: _____

STORMWATER AND EROSION CONTROL

- Construction will disturb more than one (1) acre. Construction will not disturb more than 1 acre. Skip to next section.
- Notice of Coverage under IEPA General NPDES Permit for Storm Water Discharges From Construction Site Activities is Attached.

I (we) certify that all the above statements and the statement contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief.

Owner(s) Signature _____ Date _____

Applicant(s) Signature _____ Date _____

FEES

AGRICULTURAL USE No Charge
Fee Schedule Square Footage

Single Family Dwelling
_____ x _____ = _____ x \$.10/sq. ft. = _____ or Min \$150.00

Single Family Dwelling Addition/Alteration
_____ x _____ = _____ x \$.10/sq. ft. = _____ or Min \$75.00

Two Family Dwelling
_____ x _____ = _____ x \$.10/sq. ft. = _____ or Min \$150.00

Two Family Dwelling Addition/Alteration
_____ x _____ = _____ x \$.10/sq. ft. = _____ or Min \$75.00

Not for Profits Includes Addition/Alteration
_____ x _____ = _____ x .10/sq. ft. = _____ or Max \$250.00

Commercial/Industrial, Multiple Family (including Addition/Alteration)
_____ x _____ = _____ x .10/sq. ft. = _____ or Min \$250.00

Accessory building (garage, shed, pole barn, etc.)
_____ x _____ = _____ x .05/sq. ft. = _____ or Min \$50.00

TOWERS includes addition/alteration:

Towers up to 35'	.....	NO PERMIT REQUIRED
Towers over 35' up to 120'	.....	\$50.00
Towers over 120' up to 140'	.....	\$250.00
Towers over 140' up to 160'	.....	\$500.00
Towers over 160' up to 180'	.....	\$1,000.00
Towers over 180' up to 200'	.....	\$1,500.00
Towers over 200'	.....	\$2,000.00

BUILDING PERMIT WILL NOT BE ISSUED UNTIL ALL ITEMS ARE COMPLETE AND FEES HAVE BEEN RECEIVED

Please make checks payable to: Marshall County Treasurer

TOTAL FEES DUE: \$ _____ CHECK # _____ RECEIPT # _____