## **Building Permit Application**



Date Received:	Permit #:		Parcel #:		
	1		1		
Name of Applicant:					
Mailing Address:		Site Address (if different from mailing address):			
Phone Number:		Email:			
Name of Owner (If different then applicant):		Owner Phone Number:			
Owner Mailing Address:		Owner Email:			
Legal Description:					
Section: Township: Range:			Current Zoning:		
Type of Improvement					
New Structure (non agricultural)	tructure				
☐ Mobile Home	Addition/ Exterior Change			ocate/ Demolish	
Proposed Use:Project Cost: \$					
e:X Wall Height: Construction Type:					
Completion Date: Grain Storage # of Bushels				ls:	
CAFO No Yes If yes fill out addi	tional CAFO Informati	on Form			
ot Area: Lot Frontage: Building Plans Attached				Plan Attached rements from lot lines shown)	
Contractor:		Phone:	(		
Address: City/State/Zip:  I AGREE TO COMPLY WITH ALL PROVISIONS OF THE MCCOOK COUNTYZONING REGULATIONS, COUNT ORDINANCES AND ALSO WITH BUILDING PLANS AND SITE PLAN					
SUBMITTED PLEASE NOTE *THE DECISIONS OF THE MC EASEMENTS, OR OTHER RESTRICTIONS OF RECORD		·			
Owner Signature:				Date:	
Applicant Signature:				Date:	
FOR OFFICIAL USE ONLY					
	Post Construct	ion Y N	Fine Assessed \$		
Current Use CONFORMING NON-CONFORMING			PERMIT FEE \$		
Actions — Approved — Denied				Cash Credit Card	

THIS PERMIT SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THE BUILDING OR WORK OR USE AUTHORIZED BY SUCH PERMIT IS NOT COMMENCED WITHIN 180 DAYS OF PERMIT, OR IF THE BUILDING, WORK OR USE AUTHORIZED BY PERMIT IS ABANDONED AT ANY TIME AFTER WORK IS COMMENCED FOR A PERIOD OF 180 DAYS

Title

Date

Signature of Zoning Administrator or Authorized Representative