

**BUSINESS BUILDING PERMIT APPLICATION FORM**

Julie Dig Number: \_\_\_\_\_

Final Inspection Date: \_\_\_\_\_

Permit Issued (Office Use Only): \_\_\_\_\_

**CITY OF WEST PEORIA**

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Fax: (309) 674-6010

**ALL FEES ARE**

**NON-REFUNDABLE**

This application will not be accepted unless all required information is completed.

**PROJECT LOCATION:**

Address: \_\_\_\_\_ Tax Identification: \_\_\_\_\_

00-00-000-000

Own  Rent  If Applicant rents the location, Owner must authorize this application.

**BUSINESS NAME**

Full Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

**BUSINESS OWNER'S NAME**

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**GENERAL CONTRACTOR NAME**

1. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I PROPOSE TO BUILD:**

Primary Structure  Accessory Structure  Carport  Fence  Other

(If Other Specify Type): \_\_\_\_\_

Electrical:  Yes  No Date of Inspection: \_\_\_\_\_ Estimated starting date: \_\_\_\_\_

Present zoning of Property: \_\_\_\_\_

Property Lot Size: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Size of Primary Structure: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Size of Accessory Structure #1: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Size of Accessory Structure #2: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Is this property a corner lot:  Yes  No

Submit the following items with this application:

1. A plat of the property, if applicable.
2. A site plan of the property.
3. The legal description.
4. The appropriate fee.

**Note: Upon approval of permit:” JULIE” must be notified before any work can be done at 1-800-892-0123**

Submit a site plan of the property:

1. Location and dimensions of all buildings, including accessory structures such as detached garages/storage sheds and attachments such as porches, decks, and patios with pertinent setback lines.
2. Distance from property lines to existing property structures, including distance from the accessory structure and other structures.
3. Dimensions of property.

Are there other structures on premises?  Yes  No

If yes, describe type and location: \_\_\_\_\_

**All permits expire Six (6) months from date/time permit is issued.**

Note: Other permits may be required after first inspection.

**You must call West Peoria Zoning Department for final inspection date.**

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Homeowner: \_\_\_\_\_  
Signature Date

Print name: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Signature Date

Print name: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Collected: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_

Inspector #1: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature Date Position

Inspector #2: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature Date Position

Zoning Department: \_\_\_\_\_  
Signature Date

PERMIT APPROVED:  Yes  No

**PERMIT NUMBER:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Site Plan of property:**  
**(Below)**

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