CITY OF WEST FRANKFORT

110 NORTH JEFFERSON STREET
WEST FRANKFORT, IL 62896
Ph: 618-937-3262 • Fax: 618-937-2512
www.westfrankfort-il.gov
CODES DEPARTMENT

WEST FRANKFORT ENTERPRISE ZONE
CODES DEPARTMENT
BUILDING PERMIT APPLICATION

DATE RECEIVED:_____
COUNCIL PERMIT #:_____
AMOUNT CHARGED:_____

DATE APPROVED:_____
ZONED:_____
APPROVED BY CODES OFFICER
_____

OWNER(S) NAME(S):_____
ADDRESS:_____CITY:_____
PHONE:_____
APPLICANT NAME:_____
ADDRESS_____CITY:_____
PHONE:_____

INSTRUCTIONS TO APPLICANT

All information requested must be completed on this application. Applicants are encouraged to visit this office and every assistance will be given in filling out this form. If possible, call (618) 932-3262 for an appointment to avoid delays. Any item requested by the application that does not apply to the proposal construction project please indicate by marking the line with "N/A".

Application is hereby made for a Building Permit as required under the Zoning Ordinance of the City of West Frankfort, and extending 1½ miles from the existing corporate limits for the erection, moving, or alteration, and all statements and any attached maps and drawings as a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revised or revoked, without notice on any breach of representations or conditions stated.

THE PERMIT MAY BE DELAYED IF ANY INFORMATION IS OMITTED!

1. Address of proposed construction:_____
   Legal Description of Property:_____
   _____
   _____
   (Description by metes and bounds or lot number, block number and name of subdivision.)

2. Is this property in a Flood Way or Special Flood Hazard Area (SFHA)? YES_____ NO_____

3. If answer is yes, provide a certificate showing existing grade elevations and all changes in grade resulting from excavation or filling, the location and dimensions of all buildings, and the elevation of the lowest floor (including basement) of all proposed buildings.
   Also, required is an engineering statement that this development in the SFHA shall not create a damaging or being potentially damaging in flood heights or velocity or a threat to public health or safety.

4. Any and all costs for a required certificate of elevation and an engineering statement will be paid for by t the applicant.

   PLEASE NOTE: Should there be any question regarding the issue of whether or not the proposed Project is in or is not in a recognized Flood Way or Special Flood Hazard Area it is the responsibility of the applicant to provide evidence that will support the application.

5. All applications must be signed by the applicant, which may be either the person or firm doing the construction; or the property owner. The property owner is responsible for obtaining a building permit

6. No construction or excavation may begin until the application is approved by the City Council which Meets on the second and fourth Tuesday of each month.

7. All building permits are to be posted at the building site.

8. If this development is commercial and in the enterprise zone please provide us with your Federal Employer Identification number (FEIN) and your Unemployment number (UIN).
   FEIN_____UIN_____

9. **TYPE OF CONSTRUCTION:** **( ) NEW BUILDING**
   - **( ) House**
   - **( ) Garage, Storage, Shed, Etc.**
   - **( ) ADDITIONS TO COMMERCIAL**
   - **( ) COMMERCIAL**
     - **( ) Repairs**
     - **( ) Remodeling**
   - **( ) RESIDENTIAL**
   - **( ) ADDITIONS TO RESIDENTIAL**
   - **( ) REPAIRS OR REMODELING TO RESIDENTIAL**

10. This application shall be accompanied by a set of drawings of the proposed structure.

11. BASEMENT ( ) YES ( ) NO

    SQUARE FOOT OF BASEMENT:_____
    SQUARE FOOT OF LIVING AREA NOT INCLUDING BASEMENT:_____
    SQUARE FOOT OF CARPORT OR GARAGE OR ADDITIONS:_____

    TOTAL COST OF CONSTRUCTION:_____

12. BUILDING CONTRACTOR NAME AND ADDRESS:_____
FEE:_____ _____

13. PLUMBING CONTRACTOR NAME & ADDRESS & LICENSE #:_____

14. ELECTRICAL CONTRACTOR NAME & ADDRESS:_____
FEE:_____

15. Applicant will check with the Sewer Superintendent for availability of sewer & for a Sewer Permit prior to construction. For availability call (618) 937-3079. For permit come into Water Office.

16. **IT WILL BE THE RESPONSIBILITY OF THE HOMEOWNER OR THE CONTRACTOR TO FIND OUT ABOUT THE AVAILABILITY OR ACCESSABILITY OF WATER AND SEWER CONNECTIONS.**

THE CITY WILL NOT BE LIABLE FOR ANY EXTRA EXPENSES INCURRED IF THE HOMEOWNER DOES NOT FOLLOW THE INSTRUCTIONS PROVIDED FOR IN THIS PERMIT!

All fees are waived for permits located within the West Frankfort Enterprise Zone, Churches, Church owned property used for Church purposes, excluding Church owned income producing property. Government owned buildings, any new and old City Lake leased property. Permit fees are $.05 per square foot. All fees shall be paid in full at the time the application is filed.

TOTAL PERMIT FEE:_____

I do hereby certify that the information provided in this application is true and correct to the best of my Knowledge, and that I have read and understood the terms and conditions of the building permit when granted by the City Council.

SIGNATURE OF APPLICANT OR OWNER (S)_____
_____

_____

FOR OFFICE USE ONLY

( )Adequate Sewer ( )Adequate Water ( ) 911
( )Assigned Address ( )Only Building Lot

Remarks:_____
_____
_____
_____
_____
_____
_____
_____