



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



BUILDING PERMIT APPLICATION FLOODPLAIN

LOCATION OF BUILDING:

OWNER'S NAME _____ DATE _____
 ADDRESS _____
 BUILDER'S NAME _____
 ADDRESS/PHONE _____
 BUILDING LOCATION _____

TYPE AND COST OF BUILDING:

COMPLETED BUILDING VALUE \$ _____

TYPE OF IMPROVEMENT:

- New Building
- Addition
- Alt. Or Remodel
- Repair-Replace
- Demolition (Residential or Commercial)

OWNERSHIP:

- Private (Individual, Corporation, etc.)
- Public (Federal, State, Local)

PROPOSED USE: *(for demolition, list most recent use)*

Residential:

- One Family
- Multi-Family
- Hotel/Motel
- Garage/Carport
- Other: _____

Commercial:

- Industrial
- Office
- Retail
- Religious
- School
- Garage/Service Station
- Tank Tower
- Other: _____

CHARACTERISTICS OF BUILDING:

TYPE OF FRAME:

- Wood
- Masonry
- Steel
- Concrete
- Other _____

TYPE OF HEAT:

- Gas
- Oil
- Electric

SEWAGE DISPOSAL:

- Public
- Private

WATER SUPPLY:

- Public
- Private

NUMBER OF PARK SPACES:

Inside: _____
Outside: _____

RESIDENTIAL ONLY:

Number of Bedrooms: _____
Number of Bathrooms: _____
Full _____ Partial _____

DIMENSIONS:

Number of Stories _____
Sq. Ft. (total all floors) _____
Lot Size _____

FLOODPLAIN INFORMATION:

In 100-year floodplain Yes ___ No ___
In floodway Yes ___ No ___
State permit obtained Yes ___ No ___
Ground elevation _____
100-year flood elevation _____
Elevation of lowest floor (including basement) _____

APPLICANT: *I/We the undersigned, being the owner(s) in fee of the described property certify that the proposed work will comply with all applicable laws, codes, ordinances, and regulations of the City.*

Signature of Applicant/Owner: _____
Address: _____
Phone _____ **Date** _____

CONTRACTOR: *I/We certify that the proposed work is authorized by owner of record and that I/We agree to comply with all applicable laws, codes, ordinances and regulations of the City.*

**Signature of Contractor/
Builder** _____
Address _____
Phone _____ **Date** _____

CODES OFFICER OR LOCAL ADMINISTRATOR'S SIGNATURE:

_____ **Date:** _____