

VILLAGE OF TREMONT

INFORMATION REQUIRED FOR RESIDENTIAL PERMITTING

PROPERTY OWNER: _____
Address: _____

Email: _____
Phone: _____

GENERAL CONTRACTOR: _____

Email: _____
Phone: _____

IF OWNER MARK "SELF"

SITE INFORMATION

Site Parcel Number: _____ Site Address: _____

PROJECT INFORMATION

Project Description (Be Specific) _____

Square Footage/Dimensions: _____ Square footage of all structures (including proposed): _____

Front yard setback: _____ Setback from Side(s): _____ Setback from Rear: _____ Height - Ground to Peak: _____

Estimated Cost of Construction: \$ _____

STRUCTURE INFORMATION (if applicable)

Foundation Type: Basement Crawl Slab Block Poured

Exterior Walls: Vinyl Brick Metal Wood Other _____

Roof: Shingles Metal Wood Other _____ *Roofing License # (New Dwellings Only) _____

Bedrooms: # Existing: _____ # Added: _____ # Total: _____ **Bathrooms:** # Existing: _____ # Added: _____ # Total: _____

MECHANICAL INFORMATION (if applicable)

ELECTRICAL: # of Amps: _____ Temp Pole Add New Wiring Remodel Service/Meter Replacement

Solar # of KW: _____

ELECTRICAL CONTRACTOR: _____ Email: _____

*If other than SELF

Address: _____ Phone: _____

PLUMBING: Fixtures: # Existing _____ # Being Added _____ # Total _____ Lawn Sprinklers: # of Heads _____

(Fixtures include: toilets, interceptors, bath tubs, drinking fountains, urinals, wash basins, water heaters, washers, sinks, rough-ins, showers, and sewage ejectors.)

PLUMBING CONTRACTOR: _____ Email: _____

*If other than SELF

Address: _____ Phone: _____

State License #: _____

Anyone other than the homeowner doing their own work must provide a copy of a VALID State of Illinois Plumbing License

HVAC: Heat: Electric Gas Geothermal Wood Solar None Other **Central Air** Yes No

of Heating Units to be added: _____ # of AC Units to be added: _____ # of GEO Thermal Units to be added: _____

HVAC CONTRACTOR: _____ Email: _____

*If other than SELF

Address: _____ Phone: _____

I have read the above application and construction work will be in accordance herewith. I agree to the provisions of the Village of Tremont Zoning Ordinances and the structure will be used or allowed to be used for only such purpose as are set forth above or other uses permitted in the Village of Tremont. Construction must be started within 6 months after date of issuance and must be complete within 18 months or permit is void and all fees forfeited and new permit must be applied for.

Applicant Signature: _____ Date: _____

Zoning Officer: _____ Date: _____

Fee: \$ _____

APPROVED NOT APPROVED VARIANCE REQUIRED

PERMIT # _____

SITE PLAN

Provide accurate information (**Show** all structures existing on parcel with dimensions, **Identify** new structures with dimensions and **identify** all adjacent streets/roads)

IDENTIFY SETBACKS FROM ALL PROPERTY LINES AND FROM THE ROAD

ALL SETBACKS ARE MEASURED FROM THE OVERHANG TO THE PROPERTY LINE

NOTE: Meeting the correct setbacks from the property line is the responsibility of the owner/applicant