

# 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 #** \_\_\_\_\_

PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING

## **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