

BUILDING PERMIT APPLICATION

DATE: _____

INSTRUCTIONS: Return application to the Village Clerk for approval by the Village Board of Trustees no less than 14 days before a regularly scheduled meeting. Upon approval take a signed copy to the Cass County Zoning office to pay fees and schedule inspections.

PROPERTY OWNER INFORMATION		
NAME:	MAILING ADDRESS:	PHONE:
EMAIL ADDRESS:		ALT. PHONE:

PROPERTY INFORMATION		
ADDRESS:	PARCEL ID:	ZONING DISTRICT:
LEGAL DESCRIPTION:		LOT AREA: Sq. Ft.
		TOTAL AREA OF ALL EXISTING STRUCTURES: Sq. Ft.

CONTRACTOR / ARCHITECT INFORMATION	
CONTRACTOR NAME:	ARCHITECT NAME:
CONTRACTOR PHONE:	ARCHITECT PHONE:

DESCRIPTION OF PROPOSED WORK		
<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move * <input type="checkbox"/> Demolition	<input type="checkbox"/> Residence - Single Family <input type="checkbox"/> Residence - Multiple Family <input type="checkbox"/> Accessory Building / Garage <input type="checkbox"/> Commercial Building <input type="checkbox"/> Other:	SKETCH: Show size of lot in feet, size and location of proposed structure on lot including measurements of structure and distances from all sides of lot to structure.
<p>* Moved structure requires a photo of the structure attached to each copy of this application and a complete description of improvement.</p> <input type="checkbox"/> Foundation Dimensions: <input type="checkbox"/> Footing Depth:		
<p>WALLS:</p> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Siding wood/composite <input type="checkbox"/> Steel <input type="checkbox"/> Siding - metal <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Brick <input type="checkbox"/> Masonry Units <input type="checkbox"/> Stucco		
Roof Overhang Dimension:	Area of Proposed Structure Sq. Ft.	
Cost: _____ Contracted price, or an estimate of material and labor costs.		
Does the proposed structure require Municipal: Sewer _____ Water _____		
Sidewall height:	Overall structure height:	
BUILDING SETBACKS:	Front	
Side Yard	Side Yard	
Rear Yard	From existing structure	
I understand that I am subject to all applicable codes, laws, statutes, ordinances, subject to any conditions of this permit, and certify that all the above information is accurate. The granting of a Permit does not presume to give authority to violate or cancel the provisions of any other State or Federal law regulating construction or the performance of construction.		
_____ Applicant Signature		

Approval Conditions:	<input type="checkbox"/> None <input type="checkbox"/> _____
_____ APPROVAL DATE:	This application is approved by consideration of the Elmwood Village Board of Trustees and issued pursuant to the terms and conditions listed above. _____ Village Clerk / Zoning Administrator