

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			
<table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: </td> </tr> </table>	<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:	<p>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> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>
<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:		
<p>* Moved structure requires a photo of the structure attached to each copy of this application and a complete description of improvement</p>			
<p>Foundation Dimensions: <input type="checkbox"/> Footing Depth:</p>			
<p>WALLS:</p> <table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Masonry Units </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Siding wood/composite <input type="checkbox"/> Siding - metal <input type="checkbox"/> Brick <input type="checkbox"/> Stucco </td> </tr> </table>		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Masonry Units	<input type="checkbox"/> Siding wood/composite <input type="checkbox"/> Siding - metal <input type="checkbox"/> Brick <input type="checkbox"/> Stucco
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Roof Overhang Dimension:	Area of Proposed Structure Sq. Ft.		
<p>Cost: Contracted price, or an estimate of material and labor costs.</p>			
<p>Does the proposed structure require Municipal:</p> <p>Sewer _____ Water _____</p>			
Sidewall height:	Overall structure height:		
BUILDING SETBACKS:	Front		
Side Yard	Side Yard		
Rear Yard	From existing structure		
<p>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.</p> <p style="text-align: center;">_____ Applicant Signature</p>			

Approval Conditions:	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