

APPLICATION FOR RESIDENTIAL BUILDING PERMIT / CERTIFICATE OF ZONING COMPLIANCE

Community Development Department, O'Fallon City Hall
255 South Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269 Phone (618)624-4500 Ext. 4

(Do not write in this space -- For office use only)

Date: \_\_\_\_\_, 20\_\_\_\_ Zoning fee to be paid to City Clerk
( ) Permit issue No. \_\_\_\_\_ \$ \_\_\_\_\_ Date: \_\_\_\_\_
( ) Permit denied \_\_\_\_\_ If denied, cause of denial: \_\_\_\_\_
( ) Application appealed No. \_\_\_\_\_
Variance or Special Permit No. \_\_\_\_\_

\* \* \* \* \*

- 1. Name of property owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_
Complete mailing address: \_\_\_\_\_ E-Mail: \_\_\_\_\_
2. Applicant ( ) Owner or ( ) Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_
Complete mailing address: \_\_\_\_\_
3. General contractor's name/Agent/Responsible party: \_\_\_\_\_ E-Mail: \_\_\_\_\_
Complete mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Property address (9-1-1 approved) of proposed construction: \_\_\_\_\_
5. Legal description: Parcel #: \_\_\_\_\_
Lot # and subdivision name including addition: \_\_\_\_\_
6. Proposed construction or use (please check all that apply):
( ) Structural
( ) Electrical - Contractor's name and phone: \_\_\_\_\_
( ) Plumbing - Contractor's name, phone, and IL Plumbing Contractor License #: \_\_\_\_\_

( ) New residence - Model name or number \_\_\_\_\_ If multi-family, # of units \_\_\_\_\_
Have the building plans been previously approved by the City? ( ) yes ( ) no If yes, any alterations? ( ) yes ( ) no

( ) Addition ( ) Remodel ( ) Accessory structure ( ) Deck

Project description: \_\_\_\_\_
Cost of improvement: \$ \_\_\_\_\_ Zone district: \_\_\_\_\_ Flood zone: \_\_\_\_\_
Type of structure: ( ) Ranch ( ) 2-story ( ) Split-foyer ( ) Basement ( ) Crawl space ( ) Slab
Sq. ft. area of living space: 1st floor \_\_\_\_\_ 2nd floor \_\_\_\_\_ Total of both: \_\_\_\_\_
Basement area sq. ft.: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ Total basement \_\_\_\_\_
Garage area: \_\_\_\_\_ sq. ft. Deck area: \_\_\_\_\_ sq. ft. Covered porch area: \_\_\_\_\_ sq. ft.
Accessory structures area and descriptions: \_\_\_\_\_ sq. ft.
Total lot area: \_\_\_\_\_ sq. ft. Total lot covered by all buildings after construction: \_\_\_\_\_ sq. ft.
Percent of lot coverage (total lot area covered by all buildings divided by total lot area): \_\_\_\_\_

7. A site plan accompanying your application is required. Please provide the site plan drawing on a separate page if the space below is insufficient (graph paper is available upon request.) Drawn to approximate scale, please include the following:
  - a) Dimensions of the zoning lot;
  - b) Dimensions and use of all buildings (show overall dimensions of house including garage if applicable);
  - c) Distance of each building from all zoning lot lines;
  - d) Distance between principal buildings and accessory structures;
  - e) Distance of principal building from principal buildings on adjacent lot(s);
  - f) Location of driveways and off-street parking spaces (show distance from lot lines and overall dimensions);
  - g) Location of all easements (drainage and utility);
  - h) Any additional information as may be reasonably required by the Community Development Department and applicable requirements of Section 158.036(D).

**PLEASE NOTE: Sidewalk cross slope ¼” per foot maximum. Adjust driveway slopes and building elevations accordingly. All residential driveways serving new homes, or additions of residential attached or detached garages, must be constructed of concrete or asphalt and must be located a minimum of 3 ft. from adjoining property line.**

8. Silt control and erosion control measures are to be maintained at all times. I acknowledge that the failure to erect or maintain silt/erosion control at all times may result in citations being issued by the City of O’Fallon indicating a violation of City of O’Fallon Code of Ordinances, Section 155.055-155.059.
9. Application is hereby made for a Temporary Certificate of Zoning Compliance, as required under the Code of Ordinances of the City of O’Fallon, Illinois, for the erection, moving or alteration, and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach of representation or conditions. It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Code of Ordinances, or by other ordinances, codes or regulations of O’Fallon, Illinois.
10. The removal of any material containing asbestos must comply with Illinois EPA Asbestos Unit guidelines. Visit <http://www.epa.state.il.us/air/asbestos/> or call 217-524-0229 for further assistance.

(Applicant) \_\_\_\_\_

(This space is for additional information you wish to provide on this project.)

### TEMPORARY CERTIFICATE OF ZONING COMPLIANCE

The plans and specifications submitted with this Application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate city officials. Failure to comply with the above shall constitute a violation of the provisions of the City of O’Fallon Code of Ordinances.

Dated: \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
Community Development Department, City of O’Fallon, Illinois

For office use only:     Flood Plain                       Overlay Restrictions     Historic Landmark  
                                   8 ½ x 11 Site Plan             Storm Water Plan         Grading Plan             WSFU Plumb