Office use only

Street Address _____

Permit # _____

Date _____

Zoning B single family

CITY OF MASON CITY, IL
OFFICE OF THE ZONING ADMINISTRATOR
PERMIT APPLICATION

(Execute in triplicate)

*OWNER(S) NAME(S) _____

ADDRESS: _____ PHONE# _____

MAIL PERMIT TO: _____

*APPLICANTS' NAME _____

ADDRESS: _____ PHONE# _____

PROPERTY INTEREST OF APPLICANT: _____
(OWNER, CONTRACTOR, PURCHASER, ETC)

INSTRUCTIONS TO APPLICANTS:

All information requested must be completed on this application. Applicants are encouraged to visit this office for assistance in completing this form. If questions arise please call City Hall at 482-3669 to schedule an appointment with the building inspector.

Application is hereby made for a FENCE OR BUILDING AND ZONING PERMIT as required under the Zoning Ordinance of the City of Mason City, Illinois, for the creation, moving, or alteration, and use of buildings and premises. In making this application the applicant represents all the following statements and any attached maps and drawings as 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 representations or conditions.

1. LOCATION OF PROPOSED CONSTRUCTION:

   Address of proposed construction _____

   Legal description of property (on Real Estate Tax Papers) _____

   _____

   _____

   Construction located in B-Single Family Zoning District.

2. PROPOSED CONSTRUCTION

   A ( ) New Building B ( ) Alterations or additions to existing building C ( ) Other

3. USE OF EXISTING AND PROPOSED STRUCTURES

   Existing use Residential

   Proposed use: _____
   (residential, commercial, industrial, agricultural, etc)

4. PLANS AND SPECIFICATIONS

   A. Plans – A plat drawn to scale is attached and shows the following:

B. SPECIFICATIONS: For each fence, building, structure, or use (existing and proposed) identified on the plat, give the following information if applicable.

STRUCTURE	HEIGHT IN FEET	# OF STORIES	# OF DWELLING UNITS	# OF EMPLOYEES	# OF PARKING SPACES
EXISTING STRUCTURE					
SIZE					
PROPOSED STRUCTURE					
SIZE					
FENCE DIMENSIONS					

C. SURVEY IS ATTACHED: _____
(Yes or No)

It is understood that any permit issued on this application will not grant any right or privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by other ordinances, codes, or regulations of the City of Mason City, IL. The applicant further agrees to notify the Zoning Administrator at the stages of construction stated on the permit if granted. It is further understood that unless a substantial start on construction is made within six (6) months, and unless substantial progress is made within one (1) year, and unless construction is completed within two (2) years from the date of issuance of this permit (unless this period should be extended upon such application being received from the applicant),this permit shall become null and void.
***PLEASE NOTE: CONTRACTORS MUST MEET WITH THE ZONING ADMINISTRATOR ON ALL NEW HOME CONSTRUCTION BEFORE BREAKING GROUND.

ZONING ADMINSTRATOR – FRANK McMAHAN 217-414-7476

Date_____ Applicant Signature _____

Applicant Address _____

Owner (s) Signature _____

Witnessed by: _____
(City Employee Only)

OWNER AND/OR APPLICANT AGREE TO THE SETBACKS, FRONT, SIDE & REAR YARDS AS EXPLAINED BY THE CITY ZONING ADMINISTRATOR.

Setback = Front_____
Side _____

Applicant Signature _____ Date _____

Owner Signature _____