



Mascoutah
ILLINOIS

3 West Main St, Mascoutah, IL 62258

(618) 566-2964 ext. 107

permits@mascoutah.com

RESIDENTIAL BUILDING PERMIT APPLICATION

Office Use Only

Approved _____ Denied _____

Permanent Parcel

No. _____

Building Permit Application

No. _____

Date: _____

Fee Received: \$ _____

1. APPLICANT AND OWNER

Name of Applicant _____ Phone No. _____

Address of Applicant _____

Email Address _____

Name of Owner _____ Phone No. _____

Address of _____

Construction _____

Email Address _____

2. LOCATION OF PROPOSED CONSTRUCTION

Address of Proposed Construction _____

Parcel No. _____ Subdivision Name _____

Zoning District _____ Lot No. _____

3. PROPOSED CONSTRUCTION

() Single Family Residence () Duplex () Apartments () Other

() Alterations or Additions to Existing Residential Building

4. PLANS AND SPECIFICATIONS

A. Site Plan. Draw a site plan of the property to scale that shows the following:

1. The names and locations of all adjoining streets

2. The location and dimensions of all lot lines

3. The distance between all lot lines and every building or structure and between buildings

4. The location and dimensions of all existing and proposed buildings, driveways, and parking areas

B. Detailed drawings or plans for all proposed structures

C. Specifications. For each building, structure, or use (existing and proposed identification on the plat, give the following information, if applicable:

Structure	Height in Feet	Number of stories		Number of Parking Spaces
EXISTING				
PROPOSED				

Estimate of cost _____ Building sq ft. _____ Lot sq ft. _____

First Floor sq ft. _____ Second Floor sq ft. _____ Garage sq ft. _____

Basement sq ft. (Finished) _____ Basement sq ft. (Unfinished) _____ Front Porch sq ft. _____

Covered Patio sq ft. _____ Accessory sq ft. _____

5. SPECIAL REQUIREMENTS, IF ANY

A. Is written approval of the Board of Zoning Appeals required? _____

If "yes" explain: _____

B. Is variation or special exception to any provision of the Zoning Ordinance requested? _____

If "yes" explain: _____

6. CONTACTOR INFORMATION

General Contractor _____	Phone No. _____
Address _____	Email Address _____
Electrical Contractor _____	Phone No. _____
Address _____	Email Address _____
Plumbing Contractor _____	Phone No. _____ License No. _____
Address _____	Email Address _____
Roofing Contractor _____	Phone No. _____ License No. _____
Address _____	Email Address _____

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 Mascoutah. The applicant further agrees to notify the Enforcing Officer at the stages of construction stated on the Permit, if granted. It is further understood that if construction is not started within six (6) months of the date of issuance of this Permit, the Permit shall become null and void.

APPLICANT SIGNATURE

DATE: _____

Please allow 5 business days for permit processing.



City of Mascoutah
3 West Main Street
Mascoutah, IL 62258
(618) 566-2964 x502
www.mascoutah.org

APPLICATION FOR NEW-RESIDENTIAL ELECTRIC SERVICE

CUSTOMER (Party to be Billed)	Customer/Company Name: _____ Billing Address: _____ City: _____ State: _____ Zip Code _____ Phone: _____ Email: _____
NEW HOME ADDRESS	Service Address: _____ Subdivision: _____ Lot #: _____
SERVICE TO	☐ Single Occupancy ☐ Multiple Occupancy Square Footage (Required): _____
SERVICE ENTRANCE	Size: ☐ 100 amp ☐ 200 amp ☐ 400 amp ☐ Other Entrance Type: ☐ Overhead ☐ Underground
HEAT SOURCE	Electric Heat: ☐ Yes ☐ No (If yes, indicate type below. If no, go to "Other Heating Types") ☐ Baseboard _____ kW ☐ Electric Furnace _____ kW ☐ Heat Pump _____ ton unit and _____ kW auxiliary ☐ Geothermal Heat Pump _____ ton unit and _____ kW auxiliary Other Heating Types: ☐ Natural Gas ☐ Bottled Gas ☐ Oil ☐ Coal ☐ Other ☐ Furnace ☐ Boiler ☐ Baseboard
PLEASE MARK IF ANY OF THE FOLLOWING APPLY	☐ Electric Water Heater ☐ Electric Air Conditioning _____ ton unit or size in BTUs ☐ Heat Pump _____ ton unit or size in BTUs
SIGNATURE	Submitted By Signature (Required): _____ Print Name: _____

Please contact the Utility Billing Office when you are ready for service. (618) 566-2964 ext. 502