APPLICANT IS RESPONSIBLE TO INFORM SUB-CONTRACTORS OF REQUIREMENTS

The City of Greenville
404 S. Third
Greenville, IL 62246

Building Permit

Phone: 618-664-1644
Fax: 618-664-1648
E-Mail jketten@greenvilleillinois.com

Permit # _____
Value $ _____
PIN # _____

Location_____ **Zone**_____

_____Addition Residential _____ Boat Dock _____Demo (Commercial or Residential)
_____Driveway _____Elec. _____Fence _____Garage/Shed Unattached
___Garage/Deck Attached ___Mobile Home ____New Residential ___Tents/Greenhouse
_____Remodel Residential _____Roof _____Sewage System _____Sign _____Shoreline
_____Swimming Pool _____Sidewalk/Street Excavation (refundable amount _____)
_____Commercial (New, Remodel, Addition, Enterprise Zone, T.I.F.) _____ Solar

Lot s.f. _____
Stories _____
Units _____
Sq. Ft. _____
Addn. _____
kwh _____
Fee _____

Applicant:
Name _____
Address _____
City _____State _____ Zip _____
Phone _____Cell Ph# _____
E-Mail Address _____

Owner:
Name _____
Address _____
City _____State _____ Zip _____
Phone _____Cell Ph# _____
E-Mail Address _____

Project Description_____

Sewage System
_____Const. Diagram
_____ County Permit

Electrical
Power Supplier_____
Amp Service _____

Shoreline Protection
_____ Rip Rap
_____ Seawall
_____ Vegetation

Boat Dock
Length _____
Storage Size _____

Sign
The building permit number must be securely affixed to the front lower right corner of the face or sign structure in 2" letters.
Sign Structure: A) _____Free standing _____ Wall mount _____Roof mount
B) _____Single face _____Double face _____Back to back _____V-type
_____Other
Does this sign replace your existing sign? _____Yes _____NO
Size: W_____xH_____=TSF_____ Total Height _____

	Name	Address	Phone	License #
Architect				
General				
Plumbing				
Electric				
Roofing				

This application is made in accordance with the following description, the plans and plat diagram presented herewith showing the actual dimensions of the lot to be built upon, the exact sizes and locations on the lot of the buildings and accessory buildings then existing and the lines within which the proposed building and structure shall be erected or in future is intended to be used (as a single family dwelling)(as a multifamily dwelling) or for the use set out hereinafter I understand that the granting of a permit is only a determination that the application is not in violation of any zoning classification or restriction and the required fee is paid. Further, that the issuance of a permit is not an expressed or implied warranty or assurance that the proposed location if the improvement lies outside of all public and private easement, or that site selected is not within a dedicated public or private right of way wherein a utility may hereafter be located. I further understand that a permit is valid for six (6) months from the date of approval thereof. This permit is not and shall not be construed to be a consent, approval, license, or permit to operate the business or use proposed if a license or permit may otherwise be required by ordinances of the City or statutes of the State of Illinois. I further understand that all phases of construction may require an inspection by the Building Official, that it is my/our responsibility to inform the Official of inspections, and that phases requiring inspections will not be enclosed or altered to prevent said inspections. Further, The undersigned hereby certifies that all information submitted in application for this permit is true and correct and that the applicant will carry out all construction in accordance with the plans and specifications submitted herewith and in accordance with the Greenville Zoning Ordinance, 2009 International Building Codes, and other applicable State and City Codes and ordinances.

All building material must be hauled away by Doty Sanitation because they have a contract with the City.

Applicant Signature_____Date_____

As applicant, I acknowledge I have received the following informational documents:
_____Codes Booklet _____Plan correction _____Inspection Requirements _____Other _____
Applicant: **Date:**

Building Official signature _____Date_____

This institution is an equal opportunity provider and employer.

BEFORE YOU DIG, CALL J.U.L.I.E. AT 1-800-892-0123 **FOR TELEPHONE, CALL 618-346-7292**