

**BUILDING PERMIT - INDUSTRIAL & COMMERCIAL  
CITY OF CLINTON**

**DEPARTMENT OF ZONING, BUILDING & PUBLIC SAFETY  
118 W. Washington St., P.O. Box 378, Clinton Illinois 61727 Phone: (217) 935-6552**

<b>FOR OFFICE USE ONLY</b>	
Filed _____	
Permit No. _____	
Zoned _____	
Issued _____	
Fee _____	

Fill in those sections below that apply to your proposed project, leave others blank.

**NOTE: NO permit will be issued until this application has been completely filled in and submitted to this OFFICE. Please type or print. If help is needed, please call for an appointment.**

Applicant Name: _____	Phone: _____
Address: _____	
Owner Name: _____	Phone: _____
Address: _____	
Property Interest of Applicant: _____	
Mail Permit to: _____	
Description of Property: Parcel # _____	
Subdivision: _____	
Address of Proposed Construction: _____	

Application is hereby made for a PERMIT to erect, construct, reconstruct, alter, make addition to, or move a building or structure, or land improvement, and a FINAL CERTIFICATE OF ZONING COMPLIANCE, as required under the Zoning Ordinance of the City of Clinton, Illinois. In making this application, the applicant represents all the following statements and any attached maps, drawings, and specifications as a true description of the proposed new or altered uses and/or buildings or structures. 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 for failure to abide by a corrective action order. It is further agreed and understood that unless actual work, as contemplated herein, is made within one (1) year (unless this period is extended by the Zoning Administrator), the building permit and this application shall become invalid. A FINAL CERTIFICATE OF ZONING COMPLIANCE must be obtained before occupancy. The Zoning Administrator or his authorized representative shall conduct as many site inspections as necessary and shall upon completion of contraction, inspect the remises and issue or refuse a FINAL CERTIFICATE OF ZONING COMPLIANCE.

Existing Use: _____	Proposed Use: _____
The New Building/Addition/Business will be: _____	
Estimated Total Value of the Project: \$ _____	
Size Building/Addition: _____ ft. x _____ ft. x Height _____	= Cubic ft: _____
Square Feet: _____	No. of Dwelling Units: _____ No. of Parking Spaces: _____
No. of Employees: _____	No. of Loading Spaces: _____
A copy of Survey is Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Architect: _____	Phone: _____
Address: _____	
Contractor: _____	Phone: _____
Address: _____	

**I/We further state that I/We make this application in order to induce the Department of zoning, Building & Public Safety, Clinton, Illinois, to issue its official permit for the use(s) stated and described herein. BEFORE SIGNING, READ THE FOLLOWING:**

**BUILDINGS: All new buildings and structures hereafter erected, shall conform to all requirements of the City of Clinton Zoning Ordinance, as revised. Permits are required for all new buildings and structures.**

**ALTERATIONS: No alterations, which increase the size, shape, and/or dimensions, of a building or structure, shall be allowed without first securing a permit.**

**CHANGE OF OCCUPANCY: No change in the occupancy of land, or any change of the use or occupancy in a new or existing building shall be made until a Final Certificate of Zoning Compliance has been issued by the Zoning Administrator, stating that the new use complies with the provisions of the City of Clinton Zoning Ordinance.**

**INSPECTIONS: Any new or altered building and/or structure, or any land is subject to inspection to insure that all activity is carried out according to the provisions of the City of Clinton Zoning Ordinance.**

**VIOLATION & PENALTIES: Any person, firm, company or corporation, violating the provisions of this Ordinance, is subject to the fines and penalties as provided by law.**

<b>Construction Type: Wood                      Metal                      Other: Please list</b>	
<b>Uses(s) of Above:</b>	
<b>Is Sewer Tap Needed?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>	<b>Is Water Tap Needed:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>
<b>Signature of <u>Applicant</u></b>	<b>Signature of <u>Owner</u></b>
<b>Date:</b>	<b>Date:</b>

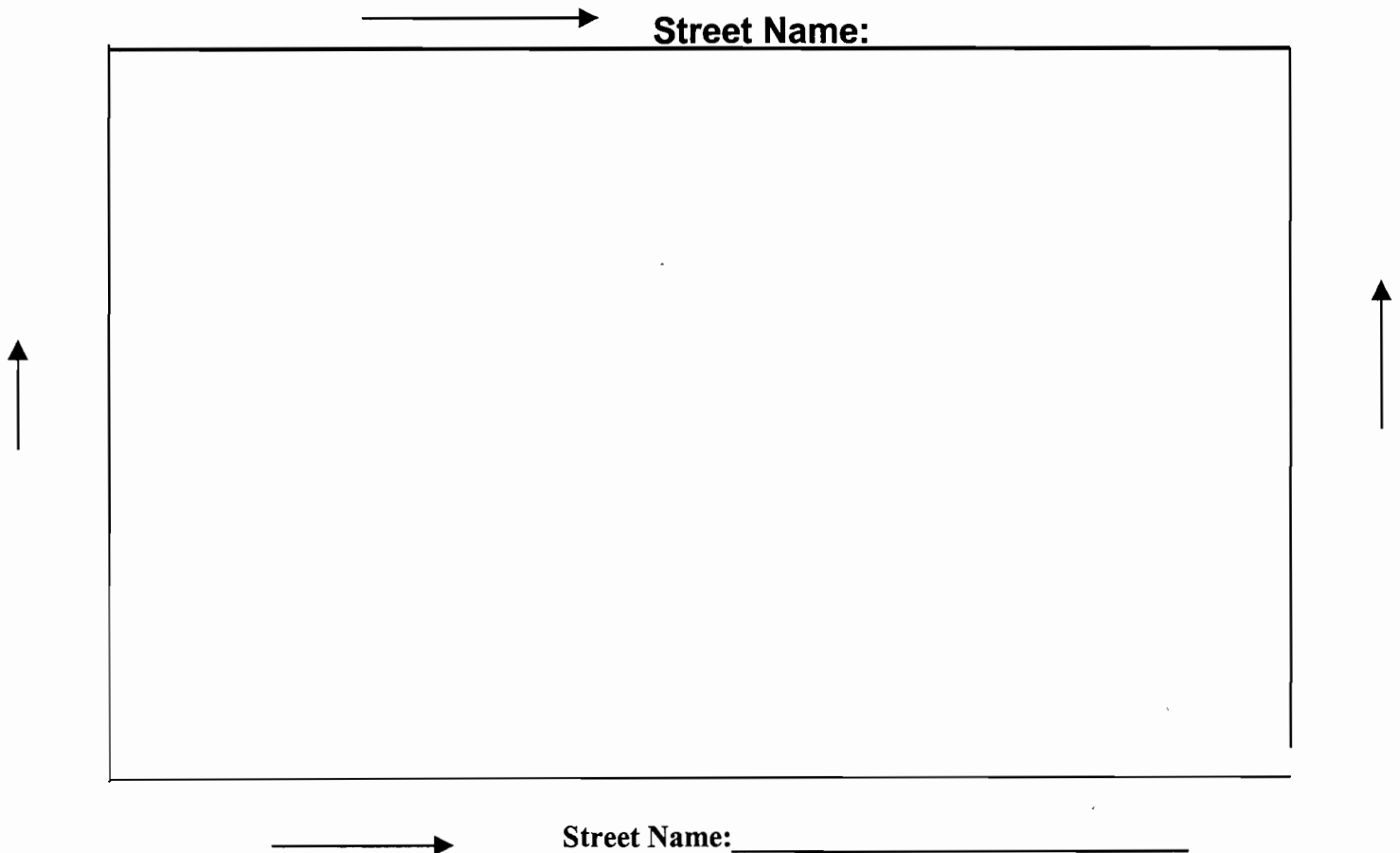
**FEE AND PLOT PLAN MUST ACCOMPANY THIS APPLICATION**

**IMPORTANT DATA REQUIRED**

1. Show all lot dimensions, lot size and lot shape.
2. Show all utilities, easements, buildings.
3. Locate all buildings/structures on lot with dimensions of each to property lines and road right-of-ways.
4. Show proposed structures, accessways, parking areas, loading and unloading areas, sign location and surface drainage.
5. State if your facility is existing or proposed.
6. Arrow indicating NORTH direction.
7. Indicate any other existing roadways and/or alleys.

**Business Name:** \_\_\_\_\_ **Type Of Business:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Phn:** \_\_\_\_\_



**PERMIT**

Date of Issuance \_\_\_\_\_

**This permit is granted upon the express condition that only such construction or improvements as located on the plans forming a part hereof and described in the application appearing herein may be affected, that no error or omission in either plans or application, whether said plans and application have been approved by this Department or not, shall permit the applicant to construct or to use in any manner other than that provided for in the Ordinances of the City of Clinton, Illinois.**

Fee of \$ \_\_\_\_\_ paid \_\_\_\_\_ Ck #: \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_  
**Zoning Officer: Tim Followell**

**Approval for Sewer Tap:**

\_\_\_\_\_  
**Sewer Superintendent: Steve Lobb**

**Approval for Water Tap:**

\_\_\_\_\_  
**Water Superintendent: Lloyd Francis**