APPLICATION FOR BUILDING

Marshall County Zoning Department
552 State Route 26
Lacon, IL 61540
(309) 246-6401

Date Filed:_____ Bldg. Permit #_____

Fee Paid:_____ Date Received: _____

Signature of this application certifies the following:

- The application is made in accordance with the provisions of the Marshall County Zoning Ordinance.
- The applicant will comply with the Zoning Ordinance and complete the building in accordance with the setback distances and building dimensions provided herein.
- Construction will be initiated within 6 months of permit issuance and completed within 18 months of permit issuance.
- Compliance with building codes prior to occupancy is the obligation of the applicant, since Marshall County is a Non-Building Code Jurisdiction. Commercial Entities must provide a Certificate of Inspection per 10 ILCS 3105/10.09-1. No separate occupancy certificate will be issued by the Zoning Administrator.

Owner:_____ Phone: _____

Address:_____ City/Zip_____

Petitioner:_____ Phone: _____
(if other than owner)
Address: _____

LEGAL DESCRIPTION

911 Address_____ City/Zip Code_____

Tax I. D. #_____ Present Zoning _____

Township_____ Subdivision _____

Lot Size:_____Ft. x_____Ft. x_____OR Agriculture Acreage _____

IMPROVEMENT TYPE

Please check applicable box:

☐ New Construction ☐ Addition/Alteration ☐ Repair/Replacement

COVERAGE

Proposed Building Area = _____ Coverage Percentage = _____
Existing Building(s) Area = _____
Total Area = _____
Lot Area = _____

EXPLANATION OF APPLICATION

SETBACKS

Distance from structure to property lines

Street Frontage (feet) _____

Front Setback (feet)
(distance from center of road) _____

SIDE YARD

Left Setback (feet) _____

Right Setback (feet) _____

PROJECT SKETCH

Please show project in relation to road and show all setback measurements.

SEPTIC/WELL REQUIREMENTS

BEFORE BUILDING PERMIT WILL BE ISSUED, OBTAIN SIGNATURE FROM MARSHALL COUNTY HEALTH DEPARTMENT OR PRESENT A COPY OF YOUR WELL AND/OR SEPTIC PERMIT

Contact the Marshall County Health Department, Environmental Health Division at (309) 246-8074. The Health Department is located at 319 Sixth Street, Lacon, Illinois and is open Monday through Friday from 8:00 a.m. to 4:30 p.m. in Marshall County.

Please check applicable box:

☐ Accessory Structure – no increase in septic capacity – go to the next section.
☐ Addition or alteration of existing structure with an increase in the number of bedrooms.
☐ New home construction

Please have the Health Department sign below or submit a copy of the Septic and/or Well permits.

_____ _____
Marshall County Health Department Official **Date**

OR

SEPTIC PERMIT #:_____ WELL PERMIT # _____

Please note that the Marshall County Health Department does not guarantee any system nor does the review of this acknowledgement result in any general implied warranty for the use of the onsite wastewater disposal system or the private well water.

Health Department Comments: _____

FLOOD PLAIN DESIGNATION

☐ The property is not in the floodplain – go to the next section.
☐ The building or structure is located in the following designation:

Zone _____ Community Panel Number: _____ Effective Date: _____

STORMWATER AND EROSION CONTROL

☐ Construction will disturb more than one (1) acre. ☐ Construction will not disturb more than 1 acre. Skip to next section.

☐ Notice of Coverage under IEPA General NPDES Permit for Storm Water Discharges From Construction Site Activities is Attached.

I (we) certify that all the above statements and the statement contained in any papers or plans submittedherewith are true to the best of my (our) knowledge and belief.

Owner(s) Signature_____Date _____

Applicant(s) Signature_____Date _____

FEES

AGRICULTURAL USE ☐ No Charge

Fee Schedule Square Footage

Single Family Dwelling

_____ x_____ = _____ x $.10/sq. ft. =_____or Min $150.00

Single Family Dwelling Addition/Alteration

_____ x_____ = _____ x $.10/sq. ft. =_____or Min $75.00

Two Family Dwelling

_____ x _____ = _____ x $.10/sq. ft. =_____or Min $150.00

Two Family Dwelling Addition/Alteration

_____ x_____ = _____ x $.10/sq. ft. =_____or Min $75.00

Solar Energy Systems (when permit required)

_____ x_____ = _____ x $.005/sq. ft. =_____or Min $100.00

Not for Profits Includes Addition/Alteration

_____ x_____ = _____ x .10/sq. ft. =_____or Max $250.00

Commercial/Industrial, Multiple Family (including Addition/Alteration)

_____ x_____ = _____ x .10/sq. ft. =_____or Min $250.00

Accessory building (garage, shed, pole barn, storage/shipping containers, permit and registration)

_____ x_____ = _____ x .05/sq. ft. =_____or Min $50.00

TOWERS:

Towers up to 35' ..... NO PERMIT REQUIRED
Towers over 35' up to 139.9' ..... $5.00 per foot
Towers over 140' up to 199.9' ..... $10.00 per foot
Towers over 200' ..... $15.00 per foot
Tower Additions/Alterations $1,200.00

BUILDING PERMIT WILL NOT BE ISSUED UNTIL ALL ITEMS ARE COMPLETE AND FEES HAVE BEEN RECEIVED

Please make checks payable to: Marshall County Treasurer

TOTAL FEES DUE: $ _____ CHECK #_____ RECEIPT #_____