

**Grundy County Building Department**  
**1320 Union Street**  
**Morris, Illinois 60450**  
**815-941-3228**

Date: August 24, 2010  
TO: Builders and General Contractors  
FROM: Building and Zoning Office

We look forward to working with you as you construct in Grundy County. As we are a service organization we would like to provide you as much information on the steps and information necessary to obtain a permit such that it is a rewarding experience.

This packet will help by telling you what is needed for submittal, fees, and what inspections are necessary.

**BUILDING PERMITS:**

1) Inspections:

- All inspections shall be called in to our assistant 24 hours prior to the intended inspection.

2) Plans that are submitted for a permit:

- Need to be stamped by an engineer or architect registered in the State of Illinois.
- The plans should consist of a full electric plan, HVAC system, foundation plan, stair plan, and window and door schedules, and all Specifications.
- There should be included at the time of submitting the plans, a compliance sheet that shows that the structure complies with the energy conservation code. (In order to download a copy of the free software, you can complete a search using any search engine and type in ComCheck. It is easily downloaded from that point and an easy-to-use program).

3) Permit fees:

- \$.50 per square foot
- Plan review @ \$500.00
- Reinspection fees paid prior to inspection- \$75.00. Only if inspection is failed.

4) The turnaround time for a building permit:

- 10 working days.
- We will inform you when the permit is complete and will also state what the cost of the permit is.

All new construction shall have a dumpster and a port-a-potty at the time of the footing pre-pour inspections required by the State of Illinois. If you have any questions or concerns, please contact Grundy County building department.

The Building Department appreciates your cooperation as always. If there are any questions on this information please call us at (815) 941-3228

# Information needed to begin the Permit Application?

- Completed Application With Signatures
  - Contractors list (must be licensed by the County)
- Septic and well permit from Environmental Health
- Culvert/ Entrance and Local Fire Departments Approval
- Property owner's name, address and phone number
- Description of work to be done
- Plat of survey for the entire parcel, drawled to scale, showing exact location of driveway, **All existing structures**, **All Proposed Structures**, and acreage of the parcel. Site Survey and Grading Plan
- Drainage District Notification
- Soil Boring Test Results
- \* Floodplain survey
- \* Recorded deed
- **Two complete sets of construction plans**

\*May not be required depending on scope of project



# BUILDING PERMIT APPLICATION

PERMIT NUMBER:

PIN NUMBER:

**GRUNDY COUNTY**

Project Location  
(Building Address)

Project Description

Township Name

In Flood Plain

Zoning

Lot Area

Sq. Ft.

Owner's Name

Mailing Address:

Telephone - Include Area Code

Home:

Work:

General Contractor (Lic. No.)

Mailing Address:

Telephone - Include Area Code

BUILDING or REMODLING: PERMIT(S) INCLUDE:  Construction  Electrical  Plumbing  HVAC  Erosion  Zoning  
Types of Rooms:

SITE DEVELOPMENT

DRIVEWAY width: \_\_\_\_\_ length: \_\_\_\_\_  FENCE length: \_\_\_\_\_ height: \_\_\_\_\_ type: \_\_\_\_\_

SIGN  Wall  Ground  
 Illuminated  Non-Illuminated width: \_\_\_\_\_ length: \_\_\_\_\_ ht above ground \_\_\_\_\_ lot frontage: \_\_\_\_\_

BUILDING DIMENSIONS width: \_\_\_\_\_ length: \_\_\_\_\_ height: \_\_\_\_\_ eaves height: \_\_\_\_\_

OTHER (specify)

**1a. PROJECT**

New  Addition  Raze  
 Alteration  Repair  Move  
 Other: \_\_\_\_\_

**3. TYPE**

Single Family  
 Two Family  
 Other: \_\_\_\_\_

**6. ELECTRICAL**

Entrance Panel  
Size: \_\_\_\_\_ amp  
 Underground  
 Overhead

**9. HVAC EQUIPMENT**

Forced Air Furnace  
 Radiant Baseboard or Panel  
 Heat Pump  
 Boiler  
 Central Air Conditioning  
 Other: \_\_\_\_\_

**12. ENERGY SOURCE**

Fuel	Space Htg.	Water Htg.
LP Gas	<input type="checkbox"/>	<input type="checkbox"/>
Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	_____	_____

**1b. GARAGE**

Attached  Detached

**4. CONST. TYPE**

Site Constructed  
 Manufactured

**7. FOUNDATION**

Concrete  
 Masonry  
 Treated Wood  
 Other: \_\_\_\_\_

**10. PLUMBING**

Sewer  
 Public  
 Septic  
 Health Dept Permit No. \_\_\_\_\_

**13. NUMBER OF BEDROOMS**

**14. FIRE PLACE(S)**

Gas: \_\_\_\_\_  
Wood: \_\_\_\_\_

**2. AREA**

Basement \_\_\_\_\_ Sq Ft.  
1<sup>st</sup> Floor \_\_\_\_\_ Sq Ft.  
2<sup>nd</sup> Floor \_\_\_\_\_ Sq Ft.  
Other \_\_\_\_\_ Sq Ft.  
Total: \_\_\_\_\_ Sq Ft.

**5. STORIES**

1-Story  
 2-Story  
 Other: \_\_\_\_\_

**8. USE**

Seasonal  
 Permanent  
 Other: \_\_\_\_\_

**11. WATER**

Public Utility  
 Private On-Site Well

**15. NUMBER OF BATHS**

F  $\frac{3}{4}$  1/2

**16. ESTIMATED COST**

\$ \_\_\_\_\_

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

**FEES:**

Plan Review Fee \_\_\_\_\_  
Inspection Fee \_\_\_\_\_  
Electric Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
HVAC Fee \_\_\_\_\_  
Other \_\_\_\_\_

Sub Total \_\_\_\_\_  
Admin. Fee \_\_\_\_\_  
Bond \_\_\_\_\_  
Total \_\_\_\_\_

**PERMIT EXPIRATION:**

Permit expires one year from date issued unless otherwise noted below:

**PERMIT ISSUED BY MUNICIPAL AGENT:**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_



# BUILDING PERMIT APPLICATION

PERMIT NUMBER:

PIN NUMBER:

## GRUNDY COUNTY

Project Location  
(Building Address)

Project Description

Township Name

In Flood Plain

Zoning

Lot Area

Sq. Ft.

Owner's Name

Mailing Address:

Telephone - Include Area Code

Home:

Work:

General Contractor (Lic. No.)

Mailing Address:

Telephone - Include Area Code

BUILDING or REMODLING: PERMIT(S) INCLUDE:  Construction  Electrical  Plumbing  HVAC  Erosion  Zoning  
Types of Rooms:

SITE DEVELOPMENT

DRIVEWAY width: \_\_\_\_\_ length: \_\_\_\_\_

FENCE length: \_\_\_\_\_ height: \_\_\_\_\_ type: \_\_\_\_\_

SIGN  Wall  Ground

Illuminated  Non-Illuminated width: \_\_\_\_\_ length: \_\_\_\_\_ ht above ground \_\_\_\_\_ lot frontage: \_\_\_\_\_

BUILDING DIMENSIONS width: \_\_\_\_\_ length: \_\_\_\_\_ height: \_\_\_\_\_ eaves height: \_\_\_\_\_

OTHER (specify)

**1a. PROJECT**

New  Addition  Raze  
 Alteration  Repair  Move  
 Other: \_\_\_\_\_

**3. TYPE**

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 Two Family  
 Other: \_\_\_\_\_

**6. ELECTRICAL**

Entrance Panel  
Size: \_\_\_\_\_ amp  
 Underground  
 Overhead

**9. HVAC EQUIPMENT**

Forced Air Furnace  
 Radiant Baseboard or Panel  
 Heat Pump  
 Boiler  
 Central Air Conditioning  
 Other: \_\_\_\_\_

**12. ENERGY SOURCE**

Fuel	Space Htg.	Water Htg.
LP Gas	<input type="checkbox"/>	<input type="checkbox"/>
Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	_____	_____

**1b. GARAGE**

Attached  Detached

**4. CONST. TYPE**

Site Constructed  
 Manufactured

**7. FOUNDATION**

Concrete  
 Masonry  
 Treated Wood  
 Other: \_\_\_\_\_

**10. PLUMBING**

Sewer  
 Public  
 Septic  
 Health Dept Permit No. \_\_\_\_\_

**13. NUMBER OF BEDROOMS**

**14. FIRE PLACE(S)**

Gas: \_\_\_\_\_  
Wood: \_\_\_\_\_

**2. AREA**

Basement \_\_\_\_\_ Sq Ft.  
1<sup>st</sup> Floor \_\_\_\_\_ Sq Ft.  
2<sup>nd</sup> Floor \_\_\_\_\_ Sq Ft.  
Other \_\_\_\_\_ Sq Ft.  
Total: \_\_\_\_\_ Sq Ft.

**5. STORIES**

1-Story  
 2-Story  
 Other: \_\_\_\_\_

**8. USE**

Seasonal  
 Permanent  
 Other: \_\_\_\_\_

**11. WATER**

Public Utility  
 Private On-Site Well

**15. NUMBER OF BATHS**

F \_\_\_\_\_ 3/4 \_\_\_\_\_ 1/2 \_\_\_\_\_

**16. ESTIMATED COST**

\$ \_\_\_\_\_

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

FEES:		PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review Fee _____	Sub Total _____	Permit expires one year from date issued unless otherwise noted below: _____	Name: _____  Date: _____
Inspection Fee _____	Admin. Fee _____		
Electric Fee _____	Bond _____		
Plumbing Fee _____	Total _____		
HVAC Fee _____			
Other _____			

## Project Contractors

**General Contractor:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**Excavation Contractor:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_ **Electrical**

**Contractor:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_ **Roofing**

**Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ State License #: \_\_\_\_\_

**Concrete Contractor:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**HAVC:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**Insulation:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Dry Wall Contractor:** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

**OTHER** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

**OTHER** \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Plumbers' are required to submit a letter of intent on company letter head and provide a copy of their state contractor license and plumbing license.**

**If there are any changes made to the above list of contractors, inform the Building and Zoning Office immediately at (815) 941-3228.**

IF THERE ARE ANY CHANGES IN OWNERSHIP OR WITH THE CONTRACTORS DURING THE BUILDING PROCESS, CONTACT THE BUILDING AND ZONING OFFICE IMMEDIATELY WITH THE NEW INFORMATION.

**Property Index Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Cost of Improvement:** \_\_\_\_\_

I understand that I must comply with all the rules and regulations of the Grundy County Building and Zoning Office. I understand that no occupancy of the structure should occur until an Occupancy Permit has been completed.

Home Owner(s) Name: \_\_\_\_\_  
(PRINT)

Home Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

As the General Contractor, I have read the Information Packet and completed the specification sheet. I understand that all rules and regulations of the Grundy County Building and Zoning Office shall be complied with and that an Occupancy Certificate must be issued prior to occupancy of the structure.

General Contractor: \_\_\_\_\_  
(PRINT)

General Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

# INSPECTIONS

Building inspections are completed on Mondays, Thursdays and Fridays. A twenty-four (24) hour notice in advance for all inspections should be given, giving name, permit number and name of township. Do not schedule a closing on the building before you have received an Occupancy Certificate.

## **REQUIRED COMMERCIAL INSPECTIONS**

### **Types of inspections**

- **Preliminary inspection.**
- **Footing and foundation inspection.**
- **Concrete slab and under-floor inspection.**
- **Plumbing, mechanical, gas and electrical systems inspection.**
- **Frame inspection.**
- **Fire-resistant penetrations.**
- **Energy efficiency inspections.**
- **Special inspections. For special inspections, see IBC Section 1704.**
- **Final inspection.**
- **Other inspections.**

**Approval required.** Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the building officer. Any portions that do not comply shall be corrected and such portion shall not be covered or concealed until authorized by the building officer.

**Types of inspections.** It shall be the duty of the permit holder or agent to notify the Building Department that such work is ready for inspection and schedule the inspection a minimum of 24 hours in advance.

**General.** Construction or work for which a permit is required shall be subject to inspection by the building officer and such construction or work shall remain accessible and exposed for inspection purposes until approved. Approval as a result of an inspection shall not be construed to be an approval of a violation of the provisions of the code or of other ordinances of Grundy County. Inspections presuming to give authority to violate or cancel the provisions of this code or of other ordinances of the County shall not be valid. It shall be the duty of the permit applicant to cause the work to remain accessible and exposed for inspection purposes. Neither the building officer nor the County shall be liable for expense entailed in the removal or replacement of any material required to allow inspection.

## SETBACK REQUIREMENTS

### B - 1 Business District or B - 2 Commercial District

Front Yard - 40'

Side Yard - 10% of the lot width except when adjoining an alley, then it is 20'. If adjoining a street, then it is 40'.

Rear Yard - 40'

### B - 3 Motorist Service District

Front Yard - 40' and 40' additional for frontage road.

Side Yard - 10' except when adjoining an alley, then it is 20'. If adjoining a street, it is 40'.

Rear Yard - 40'

### M - 1 Manufacturing District

Front Yard - 40', except, when the front yards are located across the street from a Residence District - not less than 50'.

Side Yard - (1) Not less than 40' wide when adjoining a street.  
(2) Not less than 50' wide when adjoining a Residence District  
(3) Not less than 15' wide when adjoining an interior line.

Rear Yard - 25', except when adjoining a railroad right-of-way, the rear yard may be measured from the center of the railroad right-of-way, and except when adjoining a Residence District the rear yard shall be not less than 40'.

### M - 2 Manufacturing District

Front Yard - 50', except, when the front yards are located across the street from a Residence District - not less than 75'.

Side Yard - (1) Not less than 50' wide when adjoining a street.  
(2) Not less than 75' wide when adjoining a Residence District  
(3) Not less than 25' wide when adjoining an interior line.

Rear Yard - 30', except when adjoining a railroad right-of-way, the rear yard may be measured from the center of the railroad right-of-way, and except when adjoining a Residence District the rear yard shall be not less than 75'.

### M - 3 Mineral Extraction District

Front Yard - 30', except, when the front yards are located across the street from a Residence District - not less than 40'.

Side Yard - 15', except when a side yard adjoins a public street it shall be not less than 40'.

Rear Yard - 5', except when rear yard adjoins a Residence District it shall be not less than 30'.

### Illinois Route 47 Setbacks

Setback - 40' from the center line required for frontage road.

Additional - 40' required for frontage road.

Example - 40' + 40' + Zoning District Setback = Total Setback.

### Setback District for Thoroughfares: (roads, streets, highways)

One-half the required width of the thoroughfare- measured from the center lines of the existing thoroughfare. Thoroughfares shall include federal, state, county highways and township roads.

- 1) Ex: Road way is 100' wide then  $100' \div 2 = 50'$ . 50' is the setback plus the yard requirement for that district.
- 2) Ex: In a district which has front yard requirement of 25' as in a R-2 district and a 100' road way width then the distance for a structure to be located is 75' from the center line.
- 3) Ex: If road way is 66' and yard required is 50' then the total setback is 83'; because  $66' \div 2 = 33'$  and  $33' + 50' = 83'$ .

### Exception to the above rule:

- 1). Setback where streets are not designated as a thoroughfare then setback is only what is required for the front or side yard in that district. Ex: a lane would be classified as a non-designated thoroughfare, and would only have to have the front and/or side yard setback.
- 2). And when there are existing structures occupying more than 30% of the street frontage within 1,800' or block, whichever the less, then the setback can be the average setback line of the existing structures.

**GRUNDY COUNTY  
CULVERT/ENTRANCE PERMIT**

In order to receive a building permit, your entrance culvert must be properly installed. **This form must be completed** and returned to Grundy County Building Department **after the culvert has been installed** and approved by the highway authority.

Location or address of the property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of road providing access to property \_\_\_\_\_

\_\_\_\_\_

Highway Authority (County or Township) \_\_\_\_\_

Length and diameter of culvert installed \_\_\_\_\_

Culvert material (corrugated metal, plastic, etc) \_\_\_\_\_

\_\_\_\_\_  
Name of Property Owner

Address:

\_\_\_\_\_

\_\_\_\_\_

Installation of culvert and entrance approved by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_

Date

## Grundy County Township Highway Commissioners

<u>Township</u>	<u>Highway Commissioner</u>	<u>Address</u>
Aux Sable 942-9630 (Garage)	Ray Underhill 815-467-6832	8960 E. Route 6 Morris, Illinois 60450
Braceville 237-2000 (Garage) 237-9850 (Office)	Greg Hodgen 815-634-2906	3935 N. Merrill St Braceville, Illinois 60407
Erienna 735-5416 (Cell)	Stephen Mann 815-357-8659	7200 West Old Stage Road Morris, Illinois 60450
Felix 634-7288 (Garage) 671-1609 (Cell)	David Allen 815-634-4131	615 N. 5 <sup>th</sup> St. Carbon Hill, IL 60416
Garfield 237-8070 (Garage) 343-2367 (Cell)	Dean Christenson 815-237-2350	P.O. Box 323 307 Cedar Street Gardner, Illinois 60424
Goodfarm 584-3357 (Garage) 252-0454 (Cell)	James Roeder 815-584-0454	840 Scully Rd. Dwight, Illinois 60420
Goose Lake 942-5706 (Garage) 405-9105 (Cell)	Bruce Trotter 815-634-4168	525 North Gorman Road Mazon, Illinois 60444
Greenfield 237-2098 (Garage) 585-2663 (Cell)	Ken Lampert 815-237-8898	Oak Street, Box 118 So. Wilmington, Illinois 60474
Highland 586-4613 (Garage) 405-0381 (Cell)	Mark Harlow 815-392-4267	P.O. Box 766 Kinsman, Illinois 60437
Maine 252-7994 (Cell)	Duane Francois 815-634-8994	2075 S. Jugtown Rd. Coal City, IL 60416
Mazon 448- 2267 (Garage)	Edwin Walker 815-448-2420	R.R. #1, Old Mazon Road Mazon, Illinois 60444
Nettle Creek 509-7800 (Cell) 955-4219 (Cell)	Ryan Cryder 815-942-2938	5240 W. Airport Road Morris, Illinois 60450
Norman 228-3860 (Cell)	Brad Baker 815-942-3860	955 N. Gonnam Rd. Verona, Illinois 60479
Saratoga 942-2139 (Garage) 955-4219 (Cell)	Phil Zink 815-942-1657	9520 Lisbon Rd. Morris, IL 60450
Vienna 287-9831 (Garage) 474-0438 (Cell)	James Gonnam 815-287-2676	555 South Gonnam Road Verona, Illinois 60479
Wauponsee 815-942-4243 (Garage) 509-9744 (Cell)	Mark Doerfler 815-942-1344	675 E. Southmor Rd. Morris, Illinois 60450

Grundy County  
 Performance Standards  
 Certification of Compliance

Property street address: \_\_\_\_\_  
 City, Zip Code: \_\_\_\_\_  
 Subdivision, lot: \_\_\_\_\_

sheet 1 of 2

<u>Property Developer, Owner of Agent</u>	<u>Person Certifying Compliance</u>
Company: _____	Company: _____
Street Address: _____	Street Address: _____
City, State, Zip _____	City, State, Zip: _____
Contact Name _____	Contact Name: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____

Description of the nature of the proposed use (type of business):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The property contains or utilizes the following (check all that apply) and attach as many of the specified data sheets (DS) with supporting analyses as required to describe the category:

(Required Data Sheet)

Flammable materials	DS-A
Toxic Chemicals	DS-A
Radioactive Materials	DS-A
Explosives Stored/Used	DS-A
Machinery/Machine Tools (i.e.- forges, die casting machines, power presses)	DS-B
Plastics Processing Equipment (i.e.- pellet formulators, rubber calendars grandulators)	DS-B
Ovens, Kilns/Furnaces not use for building heating (i.e.-bread ovens, coke ovens)	DS-B
Woodworking/Lumber Processing Equipment (i.e.- de-barkers, shredders, planers)	DS-B
Assembly lines/Robotics/Welders/Joining Equipment (i.e.- overhead cranes, robotics)	DS-B
Material Handling Equipment (i.e.- pneumatic conveyors, cyclones, mills, forklifts)	DS-B
Printing/Copying/Binding Equipment (i.e.- ink mixers, toner manufacture)	DS-B
Other stationary machinery or equipment	DS-B
Coating/Plating/Painting/Dipping or Similar Operations	DS-C
Chemical/Petroleum/Similar Processing of any kind	DS-C
Refrigerated Truck Overnight Parking	DS-D
Exhaust Fans/Air Conditioning/Air Circulation	DS-D
Outdoor storage or operations of any kind/Unpaved parking lots or access roads/ Other	DS-D
Other outdoor including mining equipment	DS-D

-continued-

**Grundy County**  
Performance Standards  
Certification of Compliance

Property street address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Subdivision, lot: \_\_\_\_\_

sheet 2 of 2

Attach one (1) copy of each of the following:

	Plat of Survey
	Architectural drawing(s) showing the location of the building(s) on the property, the placement and orientation of all building openings, parking lots, outdoor lighting, tanks and any outdoor storage.

I, hereby certify I have read and understood the Performance Standards (Section X, Subsection 2) of the Grundy County Zoning Ordinance - adopted January 14, 1997, and certify that the above proposed use conforms to the same.

\_\_\_\_\_  
Signature of Person Certifying Compliance

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

I, hereby certify that I have reviewed the above and the attached documents and that they accurately describe the proposed use.

\_\_\_\_\_  
Signature of Property Owner, Agent, Developer

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

## Drainage District Notification Letter

*Drainage District Effected:* \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Improvement: \_\_\_\_\_

I hereby verify that the above listed information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please provide this verification sheet to your Drainage District representative and also provide a copy of this to our office at the time of permit application.

**SETBACK RESTRICTIONS TO SEWAGE DISPOSAL SYSTEMS  
FOR PROPOSED CONSTRUCTION**

**In order to receive a building permit for:**

A) Additions to Single Family Residences that DO NOT INCLUDE the addition of bedrooms or plumbing facilities:

B) Decks

C) Accessory buildings (containing no plumbing facilities)

The following setbacks to all portions of the sewage disposal system shall be adhered to as required by the Grundy County Health Department:

<b>PROPOSED CONSTRUCTION AS DESCRIBED ABOVE</b>	<b>SETBACK TO SEPTIC TANK</b>	<b>SETBACK TO SEPTIC FIELD</b>
A	10'-0"	10'-0"
B	10'-0"	10'-0"
C	10'-0"	10'-0"

In order to receive a building permit for the above listed construction projects, I (we) as the owner(s) or authorized agent for the owner(s) have read and understand the above listed setbacks of the proposed construction to the septic tank and septic field and will adhere to them throughout the construction process.

I (we) understand that failure to comply with these setbacks is a violation of the State and County Regulations and may cause failure to the septic system located on this property. I (we) also understand that the Grundy County Health Department may inspect our property to enforce these regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date