(For Office Use Only)
PERMIT NO
DATE GRANTED
FFE

PERMIT GRANTED_____

RETURN TO:

Marseilles City Hall 209 Lincoln Street

Marseilles, IL 61341 Phone: 815-795-2133 Fax: 815-795-6600

CITY OF MARSEILLES APPLICATION FOR ZONING PERMIT

(Any questions call	Dan Lowe, Zoning Of	fficer, at 815-795-086	6}	
NAME	STREET			
	(WHERE YOU PRESENTLY RESIDE)			
CITY	STATE		ZIP	
ADDRESS WHERE NEW STRUCTURE WILL BE F	BUILT			
PHONE NO	TOWNSHIP		_	
PROPERTY TAX NO		(WHER	RE NEW STRUCTURE WILL BE) (MUST HAVE)	
All new homes not served by City sewer and water must sub have County permission to install these yourself, I need writt mile City control, must then seek County approval. County Ph	en proof stating this. All		-	
Driveway approaches need to be 6 inches with fiber mesh an 815-795-4000 before pouring.	d inspected by Paul Rive	ett, Superintendent of S	treets, before being poured. Please call	
DESCRIPTION OF PROPERTY				
SUBDIVISION				
DO YOU OWN THE PROPERTY? YES	1	NO		
INOT, GIVEOWNER'S NAME AND ADDRESS				
		PHONENO.		
ARELOTLINES SURVEYED ORMARKED?	ES	—— N()		
ARELOTLINESCONTESTED? YES				
	TUSE SQUARE FOOT OF BUILDING(S)			
			_	
CONTRACTOR WHO IS DOING THE WORK				
(THERE IS A \$100.00 YEARLY FEE FOR THE CONT THE WORK DONE WILL HAVE TO PAY) THIS FEE I			•	
SIGNATURE OF PROPERTY OW	NER			
NOTE: Draw sketch of project on back of form, include setb City sewer and water, <u>must</u> be accompanied with document			s. New home applications, not served by	

PERMIT REFUSED REASONS FOR REFUSAL	
SIGNATURE OF ZONING OFFICER	