

# Village of Hardin

2 Myrtle Ln  
P.O. Box 382  
Hardin, IL 62047  
618-576-2828



Zoning Officer: Gene Breden 618-576-8086

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## BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

State of Illinois permit No. \_\_\_\_\_

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### 1. APPLICANT INFORMATION

- Applicant Name: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_
  - City/State/ZIP: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_
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### 2. PROPERTY INFORMATION

- Property Owner (if different): \_\_\_\_\_
- Project Address: \_\_\_\_\_
- Parcel Number (PIN): \_\_\_\_\_
- Zoning Code: \_\_\_\_\_
- \_\_\_\_\_

## LEGAL DESCRIPTION

- Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_
  - Acreage \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_
  - Size of tract \_\_\_\_\_ ft x \_\_\_\_\_ ft Bldg on Lot \_\_\_\_\_
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### 3. PROJECT DETAILS

**Type of Work:**

- New Construction    Addition    Remodel/Repair
- Electrical    Plumbing    HVAC    Roofing
- Demolition    Access bldg.    Carport    Portable shed
- Grain Bin By \_\_\_\_\_    AG use bldg.
- Mobile Home    Commercial Bldg.    Utility Tower
- Solar Panel Installation    Demolition
- Other: \_\_\_\_\_

#### **Project Description:**

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

**Estimated Cost of Construction:** \$ \_\_\_\_\_

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### 4. MOBILE HOME REQUIREMENTS

- Size of Bldg** (across) FRONT \_\_\_\_\_ **Depth** (LENGTH OF LOT) \_\_\_\_\_  
**HEIGHT** (from grade level) \_\_\_\_\_ **Foundation** \_\_\_\_\_  
**Towing Hitch** removed:  yes  No    **Wheels Removed:**  yes  No  
**Heating:**  Gas  Oil  Other \_\_\_\_\_  
**Water Supply:**  Public  Other \_\_\_\_\_  
**Sewage:**         Public  Other \_\_\_\_\_  
**Year of Manufacture** \_\_\_\_\_

A MOBILE HOME TO BE CLASSIFIED AS A DWELLING MUST **HAVE WHEELS AND TOWING HITCH REMOVED**, SITED ON A **PERMANENT FOUNDATION AND PERMANENTLY ATTACHED TO THE LAND**

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## 5. INFORMATION ON YARDS (SET BACK DISTANCE)

LF SIDE YARD \_\_\_\_\_ FT FRONT YARD \_\_\_\_\_ FT  
RT SIDE YARD \_\_\_\_\_ FT REAR YARD \_\_\_\_\_ FT

USE OF PREMISES:  OWNER OCCUPIED  TO BE RENTED  TO BE SOLD

PRESENT ZONING CLASSIFICATION \_\_\_\_\_ NON-CONFORMING \_\_\_\_\_

TYPE OF HEARING REQUIRED:(FEES\$ \_\_\_\_\_ ) \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENTS\$ \_\_\_\_\_

I have carefully read the above Application and in consideration of the issuance of a Building Permit. I agree that the construction work will be in accordance with paragraph III. "Details of Proposed Construction", being part of this application and I also agree to conform to all provisions of the Village of Hardin Zoning ordinance and that the said described premises and its existing and proposed building shall be used or allowed to be used for only such purposes as are set forth above or other uses permitted in the \_\_\_\_\_ District.

**A fee must accompany application for all non-agricultural purposes**

Make fee payable to Village of Hardin. Fee to be refunded if permit is not granted

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## 6. DETAILS OF PROPOSED CONSTRUCTION

Size of Bldg., Front (Across Lot) \_\_\_\_\_ FT DEPTH(Length of Lot) \_\_\_\_\_ FT

Height: \_\_\_\_\_ FT

(Locate on diagram below)

BREEZEWAY: \_\_\_\_\_ FT x \_\_\_\_\_ FT GARAGE: \_\_\_\_\_ FT x \_\_\_\_\_ FT

3-IN -1 Asphalt \_\_\_\_\_ (Built-UP) \_\_\_\_\_

SHAPE OF ROOF:  Gable  Pitch  Hip  Other \_\_\_\_\_

ROOF:  Rolled  Other \_\_\_\_\_

CHIMNEY:  Brick  Transite  Metalbestos  Tile  Other \_\_\_\_\_

TYPE OF BUILDING:  Frame  Block  Brick  Other \_\_\_\_\_

BASEMENT:  YES  NO  SLAB  FULL  WALKOUT  Other \_\_\_\_\_

FOUNDATION (Footings) Depth \_\_\_\_\_ FT Width \_\_\_\_\_ FT

**Under Bearing Walls: 8' Thick**

**CENTRAL AIR CONDITIONER:**  YES  NO Compressor\_\_\_\_\_

**EXTERIOR WALLS:** Siding:  Bevel  Alum  
Shingles:  Wood  Comp  
Brick

**INTERIOR WALLS:**  Plaster  Dry Wall  Other\_\_\_\_\_

**HEATING:**  Gas  Oil  Other\_\_\_\_\_

**WATER SUPPLY:**  Public  Well

**SEWAGE DISPOSAL:**  Public  Other\_\_\_\_\_

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**7. CONTRACTOR INFORMATION**

General Contractor: \_\_\_\_\_

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

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

License Number: \_\_\_\_\_

Subcontractors (if applicable):

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

HVAC: \_\_\_\_\_

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**8. REQUIRED DOCUMENTS (Check all included)**

- Site Plan
  - Building Plans
  - Plat of Survey
  - Utility Info
  - Floodplain Documentation (if applicable)
  - Latest Property Tax Bill
  - Other: \_\_\_\_\_
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**9. IS THE PROPERTY LOCATED IN THE FLOOD PLAIN INDICATED BY THE LATEST FEMA FLOOD PLAN MAP  YES  NO**

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## 10. APPROVALS (Office Use Only)

- **Zoning Approval:**  Approved  Denied  
Notes: \_\_\_\_\_
  - **Building Official Approval:**  Approved  Denied  
Notes: \_\_\_\_\_
  - **Permit Fee:** \$ \_\_\_\_\_
  - **Date Paid:** \_\_\_\_\_
- 

## 11. APPLICANT CERTIFICATION

I hereby certify that the information provided is true and correct and that all work will comply with applicable municipal codes and ordinances.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

YOU MUST CONTACT THE CALHOUN COUNTY HEALTH DEPARTMENT TO OBTAIN A SEPTIC SYSTEM PERMIT (IF REQUIRED)

CONSTRUCTION MUST BE IN COMPLIANCE WITH ALL STATE OF ILLINOIS BUILDING CODES AND LAWS.

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICIAL USE ONLY:**

PERMIT NO. \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_\_

OWNER \_\_\_\_\_ Date of Field \_\_\_\_\_

Check \_\_\_\_\_ 20 \_\_\_\_\_ Inspector \_\_\_\_\_ Lat. \_\_\_\_\_

Long. \_\_\_\_\_

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