



City of Breese Building and Zoning
 800 N. 1st St. · 618.526.7151 · Fax 618.526.4575
BUILDING PERMIT APPLICATION

Name of Owner:		Phone:	
Address:		Work/Cell:	
Contractor:		Phone:	
Address:		Cell:	
Name of Applicant: (if other than owner)		Phone:	
Address:		Work/Cell:	

Type of Work:

<input type="checkbox"/> Pool	Type of Pool:	<input type="checkbox"/> Above ground
		<input type="checkbox"/> In ground
		<input type="checkbox"/> Other: _____
(15' setback from back and side lot lines.)		
<input type="checkbox"/> Deck / Porch	Total Square Feet	<input type="text"/>
(Please provide plans detailing floor joists and railing.)		
<input type="checkbox"/> Storage Shed	Total Square Feet	<input type="text"/>
(See accessory uses below.)		
<input type="checkbox"/> Detached Garage	Type of Footing:	<input type="checkbox"/> Spread
		<input type="checkbox"/> Trench
		<input type="checkbox"/> Slab on grade
	Total Square Feet	<input type="text"/>
(Please provide detailed drawings.) (See accessory uses below.)		
<input type="checkbox"/> Driveway		
<input type="checkbox"/> Patio		
<input type="checkbox"/> Sidewalk		
	Total Square Feet	<input type="text"/>
Accessory Uses: An accessory use may be located as close as five (5) feet to any side or rear lot line in any residential district. However, accessory uses shall not cover more than thirty percent (30%) of a required rear yard.		

A site plan must be attached or drawn on the page provided at a scale large enough for clarity showing the following information:

- A. Location and dimensions of lot, buildings, driveways and off street parking spaces;
- B. Distance between buildings and front, side and rear lot lines; principle buildings and accessory buildings; principle buildings on adjacent lots;
- C. Location of signs, easements, underground utilities, septic tanks, tile fields, water wells, etc.
- D. Any additional information as may reasonably be required by the Zoning Administrator and applicable sections of the Zoning Ordinance.

THIS SECTION MUST BE COMPLETED TO ISSUE A BUILDING / ZONING PERMIT

LOT:

Width:	<input type="text"/>
Depth:	<input type="text"/>
Area:	<input type="text"/>

BUILDING:

Length:	<input type="text"/>
Width:	<input type="text"/>
Floor Area:	<input type="text"/>

DISTANCE:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Ft. from front property line to building
Ft. from rear property line to building
Ft. from left side property line to building
Ft. from right side property line to building

EST. BUILDING VALUE

Application is hereby made for a Temporary Certificate of Zoning Compliance, as required under the Zoning Ordinance of Breese, for the erection, moving, alteration and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and/or drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued may be revoked without notice on any breach of representation or conditions. Changes in plans or specifications shall not be made without written approval of the appropriate City Officials. Failure to comply with the above shall constitute a violation of the provisions of the City of Breese Zoning Ordinance.

It is understood that any permit issued on this application will not grant right or privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by other ordinances, codes or regulations of the City of Breese.

Date: _____

Applicant Signature: _____

SITE PLAN

Scale _____ Inches = _____ Feet

OFFICE USE ONLY

Date Received: _____

Inspection(s) Required: Y _____ N _____

Approved: Y _____ N _____

Fee Collected: \$ _____

Approved Date: _____

The plans and specifications submitted with this application are in conformity with the Zoning District Requirements applicable to the subject property.

Permit Issued this _____ day of _____, _____

Building Code Official Signature