

Sangamon County Zoning
Room 213 – County Building
200 South Ninth St., Springfield, IL. 62701
(217) 753-6760 * (FAX) 747-5103 * (E-Mail) zoning@co.sangamon.il.us

CERTIFICATE OF ZONING COMPLIANCE

TAX ID # _____ DATE: _____

OWNERS NAME: _____

MAILING ADDRESS: _____

DAYTIME PHONE NUMBER: _____

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

LEGAL DESCRIPTION: _____

STRUCTURE SIZE: WIDTH ___ LENGTH ___ HEIGHT ___ TOTAL SQUARE FOOTAGE _____

WHAT ARE YOU BUILDING? _____

PROPOSED USE OF THE STRUCTURE: _____

DATE PROPERTY WILL BE STAKED FOR INSPECTION: _____ TOWNSHIP _____

IS PUBLIC WATER AVAILABLE? _____ IS PUBLIC SEWER AVAILABLE? _____

COST OF CONSTRUCTION (EXCLUDING LAND): _____

SIGNATURE: _____

DISCLOSER: By signing this application, you are stating that everything is true to the best of your knowledge. Any false or inaccurate information will cause this application to be null and void.

SKETCH

(SHOW DRIVEWAY LOCATION, ALL STRUCTURES, PROPOSED STRUCTURE,
MEASUREMENTS FROM PROPERTY LINES AND CLOSEST BUILDINGS)

OFFICE USE ONLY

FRONT YARD: _____ REAR YARD: _____ SIDE YARD: _____ SIDE YARD: _____

EXISTING ZONING: _____ LOT OR PARCEL SIZE: _____ INSPECTION DATE: _____

FEE PD: _____ RECORD NUMBER: _____

PUBLIC HEALTH OK: _____ FLOOD PLAIN OK: _____

SIGNATURE OF INSPECTOR: _____

SENT FOR ADDRESSING: _____ ADDRESS RECEIVED ON: _____

ADDRESS FROM 911: _____

DRIVEWAY CULVERT: NEW _____ EXISTING _____ NONE _____