



**SANGAMON COUNTY
ZONING DEPARTMENT**
200 So. 9th St.-Rm. 213-County Complex
Springfield, IL 62701
(217) 753-6760 * Fax (217) 535-3194
Zoning@co.sangamon.il.us
TEMPORARY USE PERMIT APPLICATION

Application Date _____

Record # _____

Business Owner/Tenant _____ Phone _____

Project Address _____

Address for permit to be sent _____

Property Owner _____ Phone _____

Address of Property Owner _____

Township _____ Parcel # _____

Subdivision _____ Lot _____ Zoning _____

Parcel Type: _____ Industrial _____ Residential _____ Commercial _____ Agricultural _____

Do you have public water? Yes _____ No _____

Do you have public sewer? Yes _____ No _____

Structure Size: Width _____ Length _____ Height _____ Total Square Footage _____

Date property will be staked out _____

Are any structural assemblies fabricated off-site? () YES () NO	
Street Frontage (Feet)	Start Date:
Front Setback (Feet)	End Date:
Rear Setback (Feet)	Type of Temporary Use:
Left Setback (Feet)	
Right Setback (Feet)	
Height Above Grade (Feet)	

Signature of Applicant _____

FOR OFFICE USE ONLY

Permit Fee \$ _____

Sketch attached: _____ Yes _____ No

Zoning Approval date: _____ Inspector: _____

Committee Approval date: _____