

DEWITT COUNTY
DEPARTMENT OF PLANNING AND ZONING
201 WEST WASHINGTON • P.O. BOX 439 • CLINTON, ILLINOIS 61727-0439

Construction Type _____

Use(s) of Above _____

PUBLIC HEALTH

Approval for the sewage disposal and water supply systems **must** be obtained from the DeWitt-Piatt Bi-County Health Department **before** a permit will be issued by the Planning and Development Department for construction or occupancy.

BUILDINGS

All new buildings and structures hereafter erected, shall conform to all requirements of the Title 15, Chapter 152, (Zoning) DeWitt County Code, as amended. Permits are required for all new buildings and structures.

REMODELING & ALTERATIONS

Any remodeling, alteration, room addition, or change which increases the size, shape, or dimension of a building or structure shall conform to all of the requirements of the Title 15, Chapter 152, (Zoning) DeWitt County Code, as amended. Permits are required for any such remodeling or alteration.

CHANGE OF OCCUPANCY

No change in the occupancy of land, or any change of the use or occupancy in a new or existing building, other than for single-family dwellings, shall be made until an "occupancy permit" has been issued by the Administrator, stating that the new use complies with the provisions of the Title 15, Chapter 152, (Zoning) DeWitt County Code, as amended.

INSPECTIONS

Any new or altered building and/or structure, or any land is subject to inspection to insure that all activity is carried out according to the provisions of the Title 15, Chapter 152, (Zoning) DeWitt County Code, as amended.

VIOLATION & PENALTIES

Any person, firm, company, or corporation, violating the provisions of the Code, is subject to the fines and penalties as provided by law.

PERMIT

Date of Issuance _____

Expiration Date _____

This PERMIT is granted upon the express condition that only such construction or improvements as located on the revised plot plan forming a part hereof and described in the application appearing on the reverse side hereof may be effected, that no error or omission in either plans or application, whether said plans and application have been approved by the Department or not, shall permit the applicant to construct or to use in any manner other than that provided for in the DeWitt County Code.

Administrator

Fee of \$ _____ paid _____

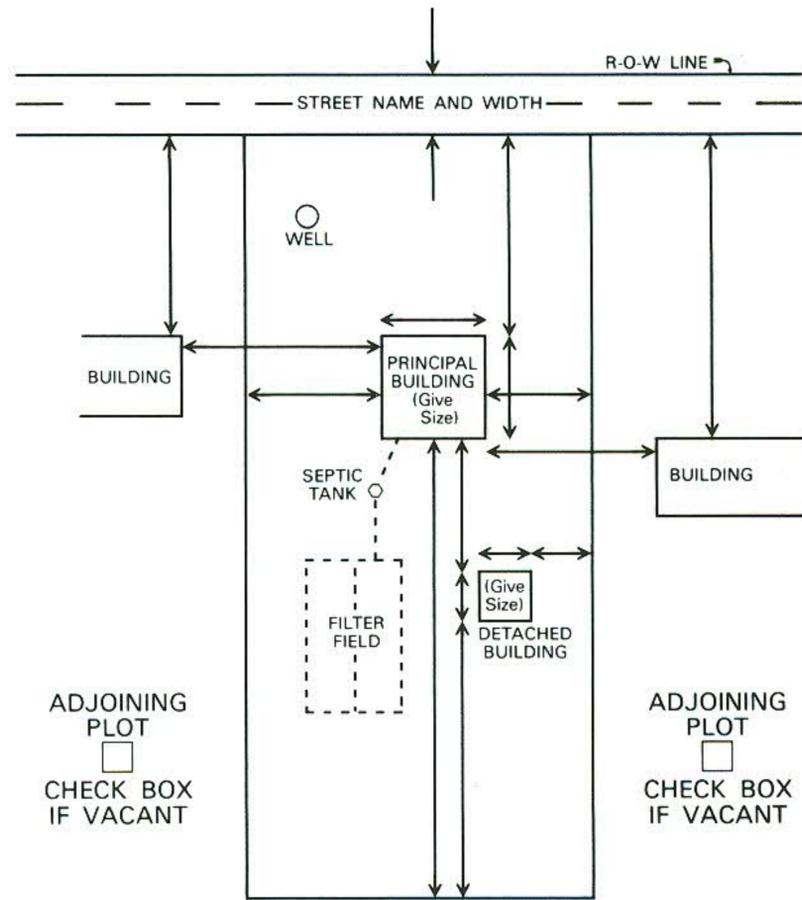
Issued By _____

PLOT PLAN

IMPORTANT DATA REQUIRED

1. Show all lot dimensions, lot size, and lot shape.
2. Show all utilities, easements, buildings, and water-courses.
3. Locate all buildings/structures on lot with dimensions of each to the property lines and road right-of-ways.
4. Show all buildings within 100 feet of your lot line on either side.
5. Show proposed structures, accessways, parking areas, loading and unloading areas, sign location, location of well and sewage disposal system, utility plan, and surface drainage.
6. State if your facility is existing or proposed.
7. Show profile of ground surface, whether flat, or direction of slope(s).
8. Arrow indicating NORTH direction.

NOTE: Approval for sewage disposal system must be obtained from the DeWitt County Health Department before a permit will be issued by the Zoning Department for construction or for occupancy.



EXAMPLE

SKETCH YOUR PLOT PLAN BELOW BY SUPPLYING COMPLETE INFORMATION

(Note Example Above)

PERMIT NO. _____

No deviation from Plot Plan below unless approved by the Department.

FOR SIGNS: In addition to items 1-8, applicable above, record hereon, exactly, the wording as it will appear on the sign face. Supply dimensions of sign, and whether it will be single or double faced. NO FLASHING LIGHTS ARE PERMITTED.

INSPECTION RECORD

Applicant's Name _____ Parcel # _____

Their Address _____

Permit # _____ Issued on _____ E-911 # _____

The signature of the Zoning Administrator notes approval of this project based upon inspections made as to its conformity to the regulations set forth in Title 15, Chapter 155 (Zoning), of the DeWitt County Code, as amended, and that the work performed by the applicant has been completed in strict accordance with the Plot Plan and any other diagrams, drawings or plans attached to this Permit (except for such changes as were authorized by the Administrator).

Signature _____

Dated _____

Staking Inspection

Call for inspection was received on _____

The inspection was made at _____ AM/PM on _____

The staking was found to be (as permitted) (not as permitted).

Inspection made by _____

Foundation inspection (90Days)

Call for inspection was received on _____

The inspection was made at _____ AM/PM on _____

The foundation was found to be (as permitted) (not as permitted).

Inspection made by _____

Enclosure of Building (150 Days)

Call for inspection was received on _____

The inspection was made at _____ AM/PM on _____

The enclosure was found to be (as permitted) (not as permitted).

Inspection made by _____

Final Inspection

Call for inspection was received on _____

The inspection was made at _____ AM/PM on _____

The final was found to be (as permitted) (not as permitted).

Inspection made by _____