



**CITY OF BENTON**  
 500 W. MAIN / P.O. BOX 640  
 BENTON, IL. 62812  
 (618)439-6131 / FAX (618)435-2610

<b>Office Use Only</b>
Permit #: _____
Certificate # _____
Date: _____
Zoned: _____
Special Use #: _____

## BUILDING PERMIT APPLICATION

Owner's Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

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

### INSTRUCTIONS FOR APPLICANT

APPLICATION IS HEREBY MADE FOR BUILDING PERMIT AS REQUIRED UNDER THE ZONING ORDINANCE #1062 OF THE CITY OF BENTON, ILLINOIS, COUNTY OF FRANKLIN, WHICH EXTENDS ONE AND ONE HALF MILES BEYOND EXISTING CORPORATE LIMITS, FOR THE ERECTION, MOVING, ADDITION OR ALTERATION OF A STRUCTURE OR USE OF LAND AND STRUCTURES. ALL OF THE FOLLOWING STATEMENTS AND ANY ATTACHED MAPS OR DRAWINGS ARE A TRUE DESCRIPTION OF THE PROPOSED OR ALTERED USES OF BUILDINGS. APPLICANT AGREES THAT THE PERMIT APPLIED FOR, IF GRANTED, IS ISSUED ON THE REPRESENTATION MADE HEREIN, AND THAT ANY PERMIT MAY BE REVOKED WITHOUT NOTICE ON ANY BREACH OF REPRESENTATION OR USE.

Address of Constrution: \_\_\_\_\_

Legal Description of Property, Lot, Block, Subdivision or Route #: \_\_\_\_\_

Type of Constrution:     New Buiding     Commercial     Residential     Mobile Home

Other    Describe: \_\_\_\_\_

**THIS APPLICATION MUST BE ACCOMPANIED BY A PLAT OR PLAN SHOWING THE SIZE OF THE LOT AND LOCATION OF PROPOSED STRUCTURES AND THE DISTANCE FROM ALL FOUR SIDES OF THE LOT BOUNDARIES.**

Dimension of Lot: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Dimension of Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Dimension of Living Space: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Dimension of Garage or Carport Size: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Dimension of Other Buildings on Lot: \_\_\_\_\_

Estimate of Construction Costs: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**For Official Use Only**    Cost of Permit: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Denied: \_\_\_\_\_ Permit Issued: \_\_\_\_\_ Compliance Issued: \_\_\_\_\_