COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No 01-07-00-028-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Water Valley Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: A PART of the South

A part of the Southwest Quarter of the Northeast Quarter of Section Seven, Township Eleven, South, Range One east of the third principal meridian, Union County, Illinois.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [✓] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [✓] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

RECEIVED SEP 11 2006 CCAO

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement ..... $

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 29,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make CHAMPION Size 16X68 Yr. Model 2005

Previous MH Owner HEARTLAND HOMES Paducah Ky.

Previous MH Location

Current MH Owner PAUL MICHAEL GLASCO

Current MH Location

Current Land Owner PAUL MICHAEL GLASCO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [✓] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [ ] Public
- 43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [✓] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. ..... 1088 ☑

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Paul Michael Glasco	PO Box 178, Johnston City, IL	62951	618-983-6004
	LouAnn Glasco	(same)		618-889-6157
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Michael Glasco	P.O. Box 178 Johnston City, IL 62951	8-31-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 68.00	7-31-06	#809A

Payment of $68.00 CK #0925 received by Union County Treasurer

Date 9-11-06 Michael Glasco [signature] mg.

#01-07-00-028-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. I.D. 01-16-00-160-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PTNWSW S16 T11 R1E 25.00 Ad

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [X] Transient hotel, motel, or dormitory – *Enter number of units* 1
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date July 06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Rental

Beginning construction date _____
Completion construction date July 06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 45000.
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 45000

MOBILE HOME INFO:
Date MH was set-up:
Make _____ Yr. Model _____
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED MAY 15 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [X] Other – Specify Log

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 600 sq ft
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors: 1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 1
54. Number of bathrooms: Full 1; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ronald D & Carolyn A Thorn	145 Thorn Lane Makanda Il	62958	618 995 2896
2. Contractor or Builder		(This comes as a Numbered Kit. I will assemble)		
3. Architect	Northeast Log Homes			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Ronald D Thorn	145 Thorn Lane Makanda Il	4/25/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Jeff Jackson	$ 100.00	4/25/06	792

Payment of $ 100.00 CK # 3290 received by Union County Treasurer

Date 5-3-06

Becky A Myers

01-16-00-160-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

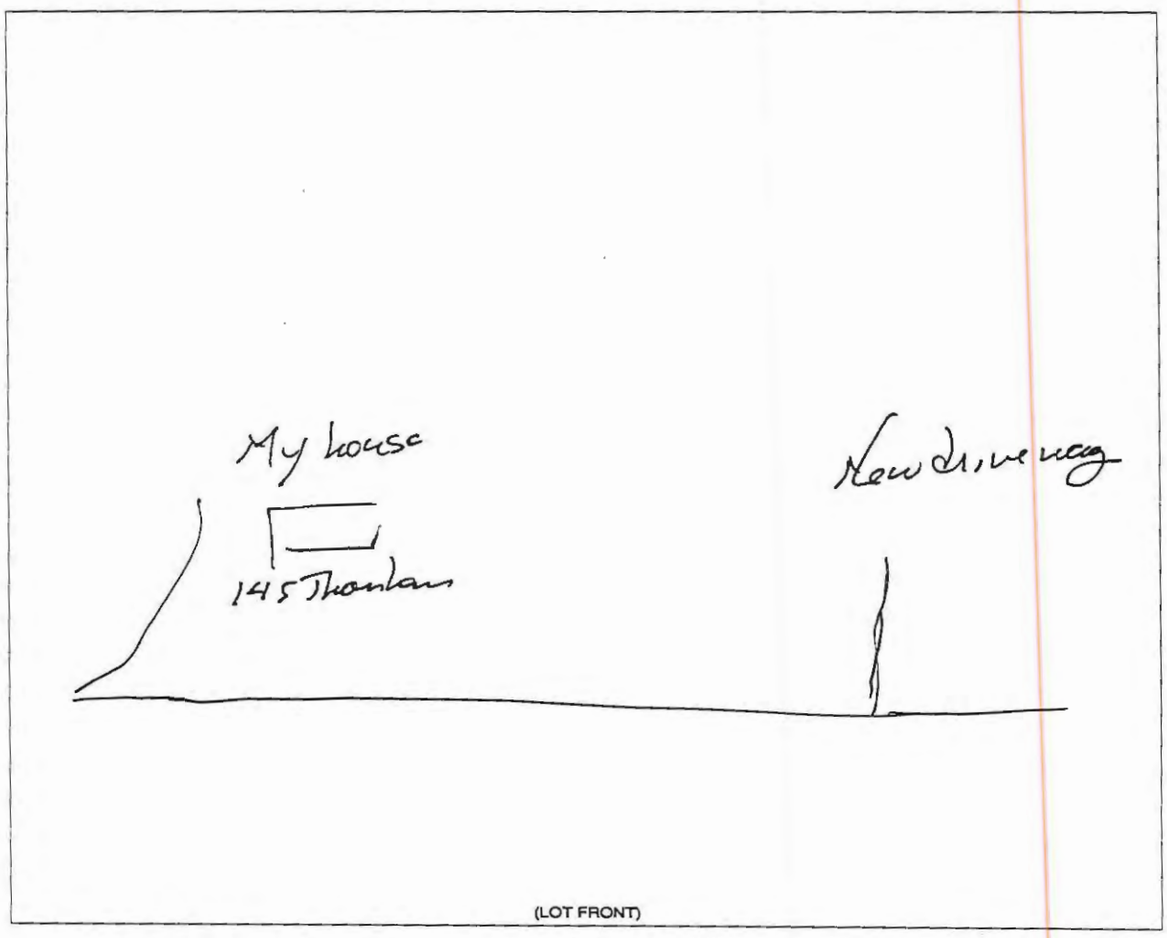
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Thom Lane

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

new parcel

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-18-00-187-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 3357 Buffalo Gap Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1E Sec 18 Cobden

Pt NW NE 8 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date June 13, 06

Completion construction date Sept 15, 06

Beginning construction date _____

Completion construction date _____

RECEIVED JUN 22 2006 ACAO

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 100,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1400.00
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Thomas Stoner	3357 Buffalo Gap Rd, Cobden IL 62920		924-0658
2. Contractor or Builder	"	"		"
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant [signature] | Address 3357 Buffalo Gap Cobden IL 62920 | Application date 6-13-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Tucker	$ 210.00	6-13-06	#806

Payment of CK #1052 $210.00 received by Union County Treasurer

Date 6/22/06 Tom + Gayla Stoner

#01-18-00-187-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-22-00 258-E

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Raven Ln & Robinson Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1E Sec 22 SW NE 84.11 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential 3 cabins
- 18 [X] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Beginning construction date 2-1-06

Completion construction date 7-31-06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	All 3 cabins
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 150,000

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 24x28 672 ~~A~~ per cabin
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed:
- 52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 1
- 54. Number of bathrooms: Full 1; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Plumy LLC Peter Van Muylder	1880 Pleasant Woods Circle Carbondale IL 62902	62902	618-713-4025
2. Contractor or Builder	"			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
	1880 Pleasant Woods Circle C'dale	1-18-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00	1-18-06	# 761

Payment of _____ received by Union County Treasurer

Date _____

#01-22-00-258-E

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Pr. No. 01-27-00-351
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 915 ? Sullivan Rd. Makanda IL
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: Sec 27 11-1E
Pt NW SW N of Cr. W of Rd.
Pt SW NW. W of Rd.

N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 7-10-06
Completion construction date 10-1-06

Beginning construction date _____
Completion construction date _____

DONE 01-008

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JUL 19 2006
CCAO

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 94,000

MOBILE HOME INFO:
Date MH was set-up: 7-10-06
Make Crystal Valley Size 60 X 32 Yr. Model 2006
Previous MH Owner Kentucky Oaks Homes
Previous MH Location Carterville IL
Current MH Owner Edward & Mary Johnson
Current MH Location 915 Sullivan Rd. Makanda
Current Land Owner Edward & Mary Johnson

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E–L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Edward & Mary Johnson	915 Sullivan Rd. Makanda IL	62958	618-995-2111
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mary Ellen Johnson	915 Sullivan Rd, Makanda	7-7-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 198 00	7-7-06	#814

Payment of CK #123 198.00 Mobile Home Tax received by Union County Treasurer

Date 7-18-06 01-27-00-351 [signature]

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ...01-28-00-370-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 805 Pitts Road

Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt N½NE S28 T11R1E 25.25 AC

N S (E) W from intersection of Pitts and Rocky Comfort Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [X] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 06

Completion construction date 06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

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C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$35,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	5,000
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$40,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2400
50. Total land area, sq. ft.	1 acre

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	1 (3/4)

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Harvestmoon Enter.	805 Pitts Road Makanda IL 62958	62958	618-995-1098
	Alexis Depre			
2. Contractor or Builder	Larry Mangan	Marion IL, Gen Construction		618-925-2817
	Dustin Rhymer	Anna IL Plumber 618-524-3089		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	805 Pitts Road	10-26-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 80.00	10/26/06	845

Payment of $80.00 CK# 2491 Alexis Depre received by Union County Treasurer

Date 11-13-06 [signature] Mg.

01-28-00-370-D

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

10-26-06
Date

Harvestmoon Enter. / Alexis Degne
Name

805 Pitts Road
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

Pitts Road.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Alexis Degne
Applicant

805 Pitts Road Makanda
Address

618-995-1098
Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 01-28-00-373

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 135 Pitts Rd Makanda

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1E Pt SW NW .70 ac.

N S E W from intersection of _____ and _____

Applicable Zoning District _____

RECEIVED NOV 13 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family pole barn dwelling
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 11-20-06

Completion construction date 11-20-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 30 X 40 1200 ~~FT~~
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 1
54. Number of bathrooms: Full 1; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James Pitts	135 Pitts Rd Makanda IL	62958	893-2950
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
James Pitts	135 Pitts Rd.	10-18-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$ 70.00	10-18-06	#842

Payment of $70.00 CK #3323 JAMES PITTS received by Union County Treasurer

Date 11-13-06 Barry L. Magnus Mag.

01-28-00-373

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 01-31-00-443
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

LOCATION OF BUILDING	Number and street	Subdivision or Addition	Lot	Block	Census track
	Legal Description				

COPY

N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [✓] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Faderal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6/20/06
Completion construction date 6/21/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

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Dope 01-004 KS

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4,000 00

MOBILE HOME INFO:

Date MH was set-up:	
Make Shultz	Size 14X70 Yr. Model 1976
Previous MH Owner	Tom Vaugh
Previous MH Location	Marion
Current MH Owner	Michael E Clutts
Current MH Location	
Current Land Owner	Merle E & Joeann Clutts

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [✓] Other – Specify Metal

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [✓] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	✓

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
Partial	0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Michael E Clutts	680 Bradshaw Rd. Anna	62906	967-5335
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Michael E Clutts	680 Bradshaw Rd Anna	6/14/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Gaulson	$ 22.00	6/14/06	807

Payment of $22.00 CK# 1928 received by Union County Treasurer

Date 6/22/06 Michael E. Clutts Bonny L Meyer Mg.

#01-31-00-443

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

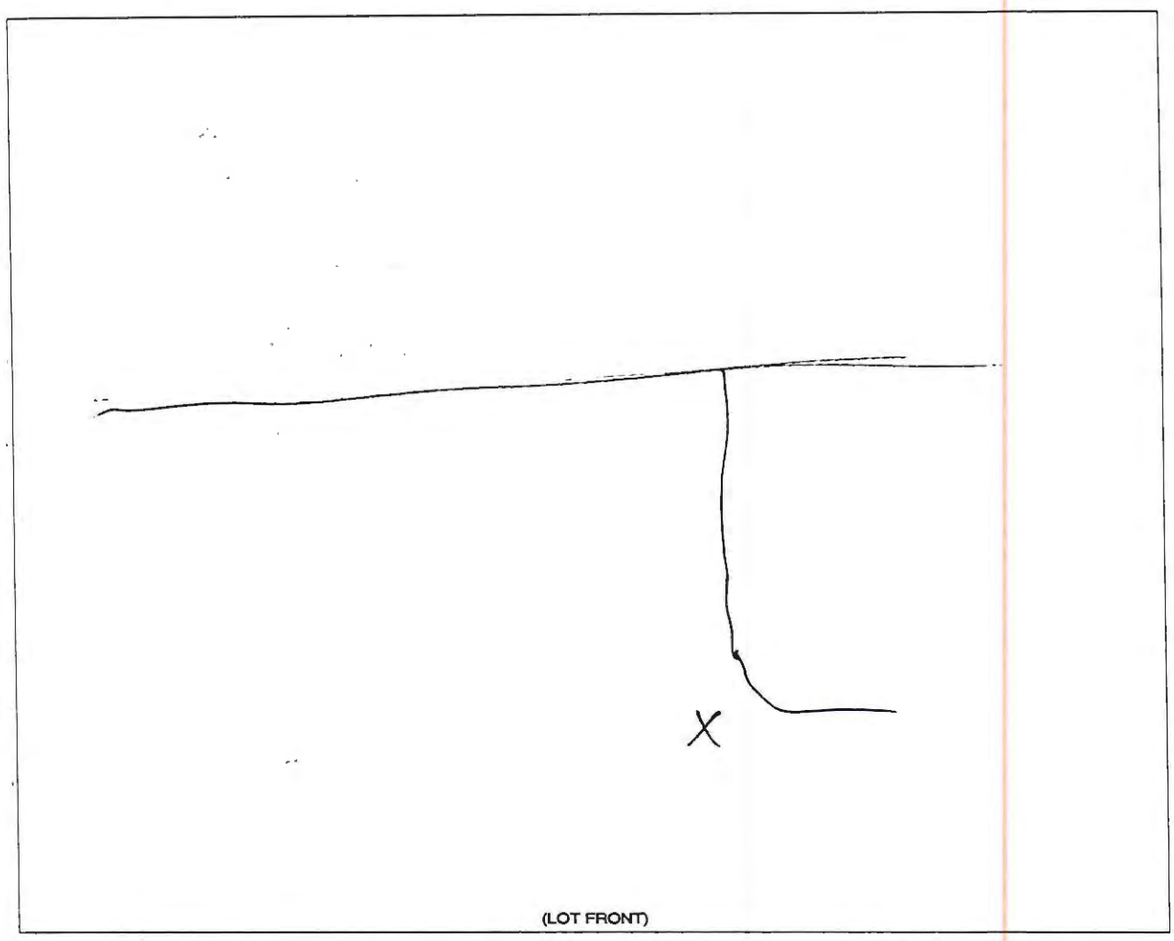
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Bradshaw Rd.

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY Prop. No. 01-33-00-466
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Grandview
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description:

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 160,000.–

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED JUN 06 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [X] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [X] Yes Lift 47 [ ] No

J. DIMENSIONS

48. Number of stories ..... 1 + Basement = 2
49. Total square feet of floor area, all floors, based on exterior dimensions 2880
50. Total land area, sq. ft. ..... 70 Acres

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... NA
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ... 2 ..... 2 / Partial .. 2 2

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mark Smith	10864 Christian Dr. Dexter, Mo. 63841	63841	573-624
	Howard Davis			5387
2. Contractor or Builder	D.W. Builders	5115 Ste Rte 146 E. Anna, Ill.	62906	618-833
	David H. Weaver			7856
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
David H. Weaver	5115 Ste Rte 146 E, Anna, Ill. 62906	5-22-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$330.00	05/22/06	796

Payment of CK# 13040 D.W. Builders received by Union County Treasurer

Date 6-26-06 Betty A. Mayne

01-33-00-466

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

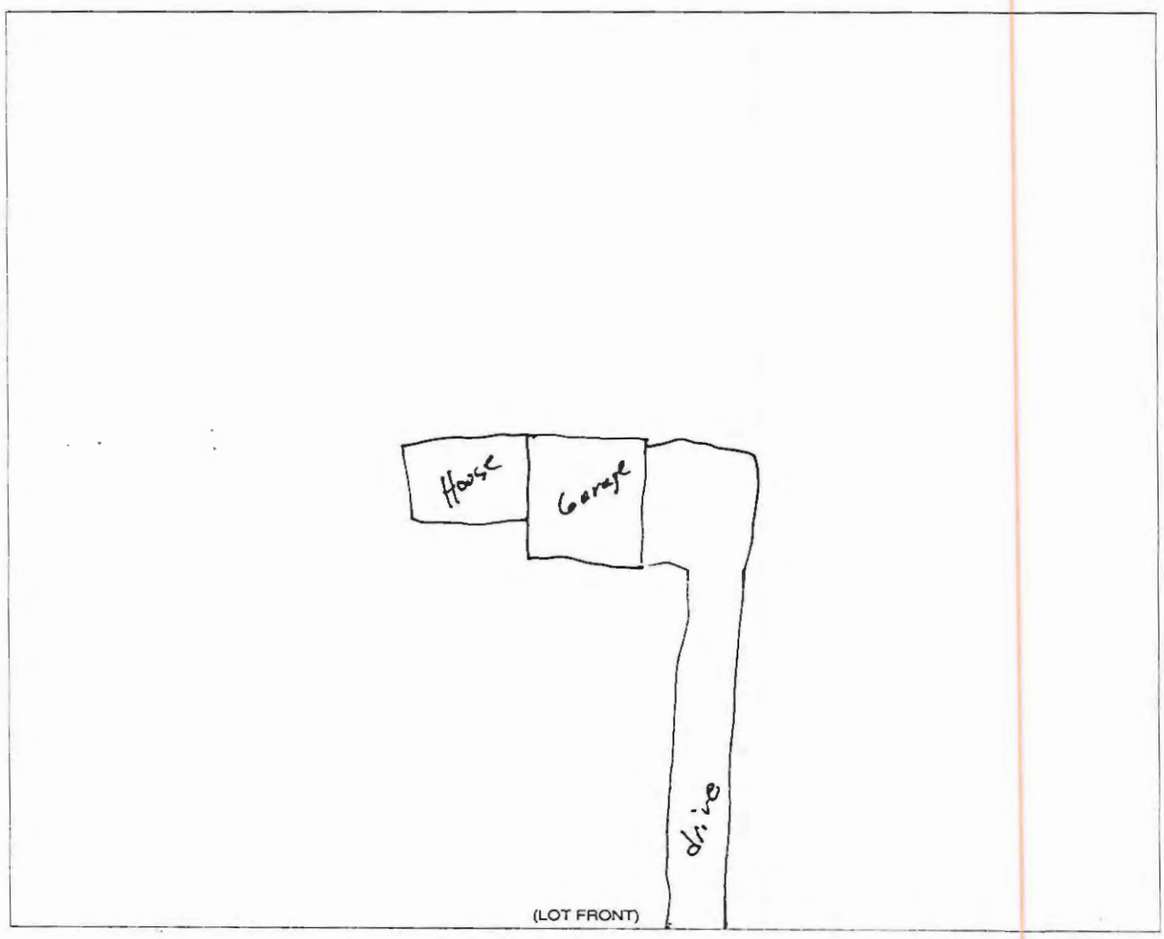
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Grand View

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 01-33-00-479-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2050 Gurley Loop. Buncombe

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 33 11-1E pt NE SE 3.17 ac + 1.73 ac new addition

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [X] Other – *Specify* pole barn Concrete floor

Beginning construction date 7-25-06

Completion construction date 9-1-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,000

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size / Yr. Model
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED JUL 19 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions — 30x50 1500
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Harris Ashli Harris	2050 Gurley Loop Buncombe, Il	62912	833-1490
2. Contractor or Builder	Tru-Built	Marion, Il		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
John Harris		7-17-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Jill Jackson	$ 50.00	7-17-06	#819

Payment of CK #98 John Harris received by Union County Treasurer

Date 7-18-06 #

Bobby L. Myers Mg.

01-33-00-479-C

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

Copy

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 01-36-00-570-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 10891 Lick Creek Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: A Parcel of Land Being part of the S.E qtr of the NW Qtr, & a part of the NE Qtr of the SW Qtr of Section 36, Twp 11 South Range 1 East of the 3rd Principal Meridian.

N S E W 2 1/2 miles from Intersection of Rt 57 and Lick Creek Rd Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date Approx May or June 2006

Completion construction date Sept. 2006

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$ 124,000
To be installed but not included in the above cost	
a. Electrical	incl.
b. Plumbing	incl.
c. Heating, air conditioning	incl.
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 124,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [X] Other – Specify Propane

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1920
50. Total land area, sq. ft.	1920

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	0
52. Outdoors	NA

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Larry & Dorothy Kacinski	76 Lake Zurich Dr Lake Zurich IL 60047	60047	847-438-9343 618-303-6381 618-303-6382
2. Contractor or Builder	New Horizon Homes Inc	1707 E DeYoung St Marion, IL	62959	618-998-4663
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Larry Kacinski	76 Lake Zurich Dr Lake Zurich, IL 60047	2-20-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ 258.00	2/24/06	772

Payment of _____ received by Union County Treasurer

Date _____

01-36-00-570-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-03-00-629-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 403 E. Schlenker Ln. Buncombe

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E Sec 3 Pt NE SW 1.77 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Aprox 8/6/06

Completion construction date Aprox 3/16/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 139,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

RECEIVED AUG 2 8 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [x] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1395 ft2
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Aaron Stover	403 E. Schlenker Ln.	62912	833-1892
	Paula Stover	Buncombe, IL		
2. Contractor or Builder	Gaylon Cruse			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
A. Aaron Stover	403 E. Schlenker Ln. Buncombe	8/14/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 288.00	8-14-06	#831

Payment of #288.00 CK #1290 Aaron Stover received by Union County Treasurer

Date 8/24/06

02-03-00-629-A

Bobby A. Myers mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 02-05-00-685-(PT)

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Next to 95 Schlenker Rd.				

Legal Description: S½ SW NESW E½NWSW S5 T12 R1E 123.59

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 9/11/06

Completion construction date 10/30/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 2,000.
To be installed but not included in the above cost	
a. Electrical	440
b. Plumbing	1,500
c. Heating, air conditioning	0
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$ 3,940

MOBILE HOME INFO:

Date MH was set-up:	Not set up yet
Make Clayton	Size 14'x Yr. Model 89
Previous MH Owner	Tonia + Steve Benefield
Previous MH Location	95 Schlenker Rd. Anna
Current MH Owner	Tonia + Steve Benefield
Current MH Location	95 Schlenker Rd. Anna
Current Land Owner	Marian Watkins

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [X] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	980
50. Total land area, sq. ft.	1 acre

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	0
52. Outdoors	2

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Tonia Benefield	95 Schlenker Rd. Anna, IL	62906	697-1351
2. Contractor or Builder	N/A			
3. Architect	N/A			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Shelby A. Miller	5495 Lick Creek Rd Anna	9-6-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 17.00	9/7/06	815-A

Payment of CK #999 $17.00 received by Union County Treasurer

Date 9/20/06 John Clarinda Miller [signature]

02-05-00-685 (PT)

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

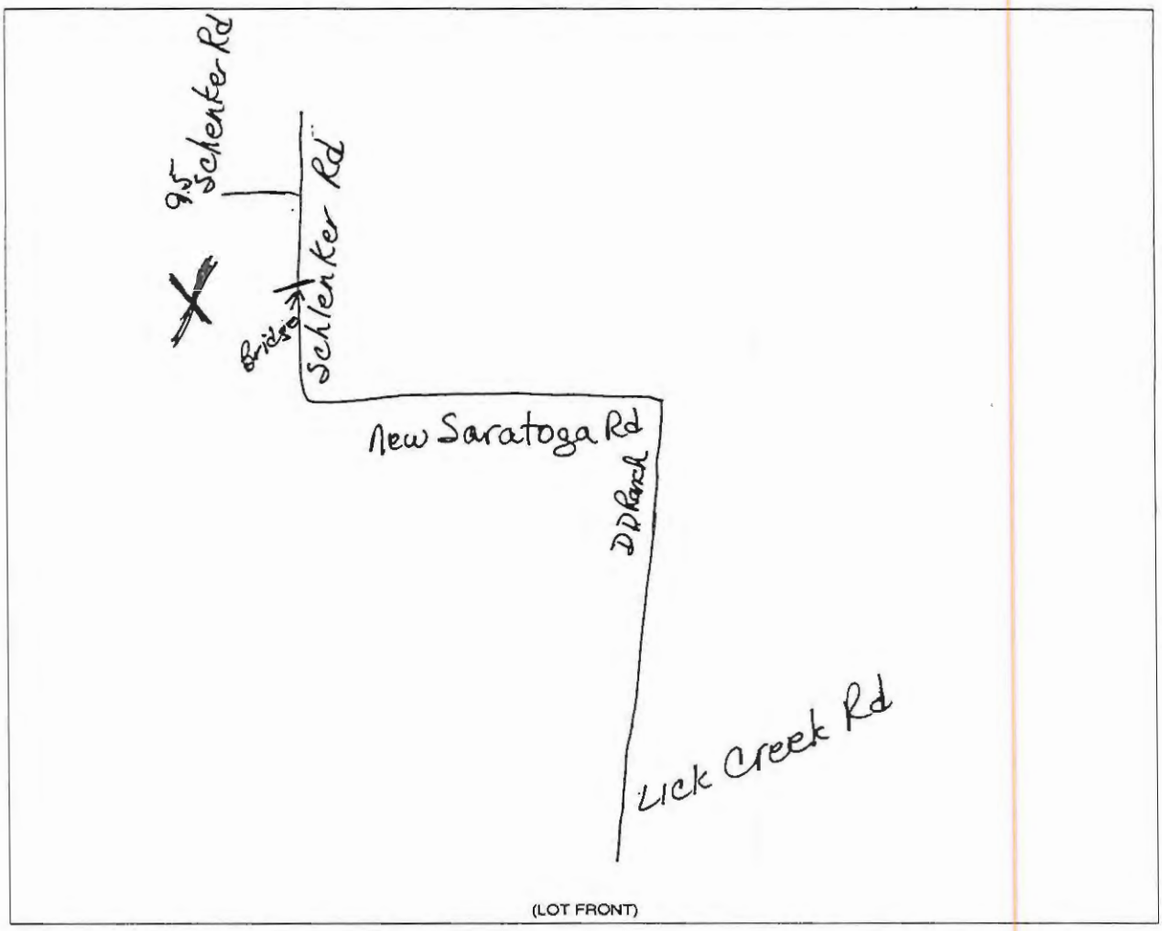
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



New Saratoga Rd
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prop. No. 02-07-00-706 (PT

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT N½ NW Sec 7 T13 R1E

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED DEC 14 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [✓] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date 12/10/06

Completion construction date 1/10/06

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 18,500
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 18,500

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions 40x80
- 50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed .....
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms .....
- 54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Brandon Harvel	P.O. Box 304 Jonesboro, IL	62952	618-833-8911
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Brandon Harvel	P.O. box 304 Jonesboro	11/27/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 47.00	11/27/06	849

Payment of $47.00 CK # 134 received by Union County Treasurer

Date 12/12/06 Bonny S. Mann Mg.

02-07-00-706 (PT)

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

535 Sharp Rd

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-08-00-727-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 5285 Lick Creek Rd.
Subdivision or Addition | Lot | Block | Census track
Legal Description: 12-1E Sec 8
Pt NW SW, N of Rd. 10 ac
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [X] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 3-26-2006
Completion construction date 6-26-2006

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 20,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED APR 0 6 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 990
- 50. Total land area, sq. ft.: 990

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full 1; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Boyd B. Holshouser Billie J. Holshouser	5285 Lick Creek Rd. Anna IL same	62906	833-2349
2. Contractor or Builder	STeve Hoffman	310 main Dongola IL		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. No Flood Plain

Signature of applicant	Address	Application date
[signature]	5285 Lick Creek Rd. Anna IL	3-22-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 50.00	3-27-06	#784

Payment of $50.00 Lloyd Holshouser received by Union County Treasurer
Date 4-4-06 CK#6958 [signature]

#02-08-00-727-B

COPY

UNION COUNTY Prop. No. 02-10-00-767 (PT)
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT E1/2 TR 1 37.74 AC TOTAL SPLIT 1.00 AC (PT) S10 T12 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date May 1/2006
Completion construction date May 1/2007

Beginning construction date _____
Completion construction date _____

02-225 DOPE PS

MOBILE HOME INFO:
Date MH was set-up:
Make Fleetwood Size Yr. Model 2006
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 0
52. Outdoors 0

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 3 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Tara Heath	2135 New Hope Rd. Buncombe IL, 62912	62912	922-0864
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. N/A – FLOOD Prone Area

Signature of applicant	Address	Application date
Joel A Heath	2135 New Hope Rd.	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 148.00 Cash Pd	6/7/06	802

Payment of Cash (Joel Heath) received by Union County Treasurer

Date 6/7/06 #02-10-00-767 (PT) Bailey L. Moore

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

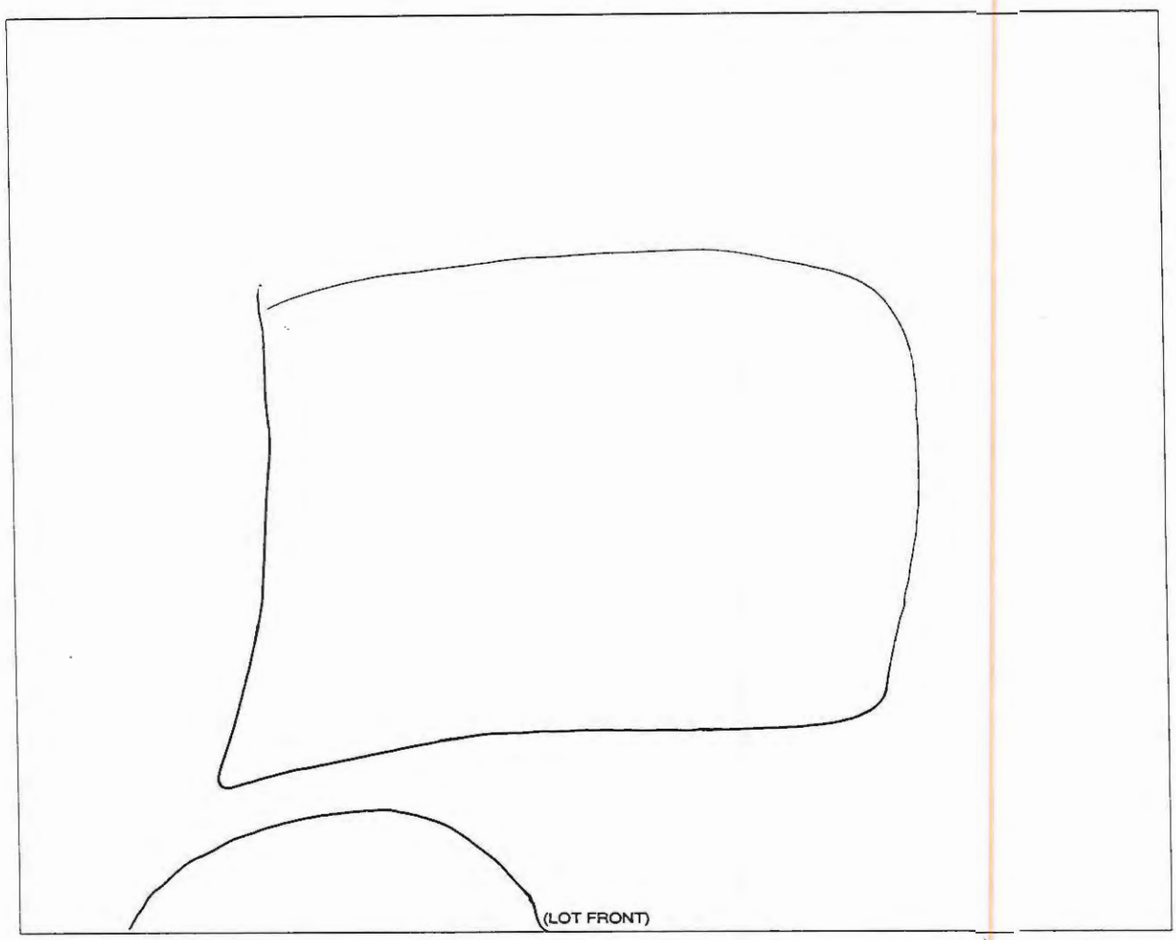
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



New Hope Rd
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 2-10-00-774-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

LOCATION OF BUILDING

Number and street: 1990 New Hope Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt SE Pt E½ SW & WPt SE S of Rd Sec 10 T R1E 38.08 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date 8-20-06

Completion construction date 5-1-07

Beginning construction date _____

Completion construction date _____

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)* — *(Omit cents)*

10. Cost of improvement	$20,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	768
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dean Corbit	1625 Gurley Loop Buncombe	62912	833-2877 527-4086
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Dean Corbit	1625 Gurley Loop	8-17-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Dick Jackson	$ 50.00	8/17/06	804 A

Payment of $50.00 CK# 4821 Dean Corbit received by Union County Treasurer

Date 8/29/06

Billy E. T. Mayer Mg.

02-10-00-774-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I 02-19-00-948-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: | Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: PT SWSW S19 T12 R1E MH PT 02-204

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [x] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [x] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date: aprox. 4/10/06

Completion construction date: unknown

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 6000.00
To be installed but not included in the above cost	
a. Electrical	N/A
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 6000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify none

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public none
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public none
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 30X40
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: NA
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: NA
- 54. Number of bathrooms: Full: ; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mary Darlene Nunez	600 Shawnee Mds Lane Anna	62906	833 3578 Unlisted
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mary Nunez	600 Shawnee Mds Lane Anna IL 62906	4/6/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 22.00	4/6/06	773

Payment of #22.00 CK# 154 received by Union County Treasurer

Date 4-18-06

Bailey A. Magnus Mag.

02-19-00-948-C

Prop. I. 02-20-00-962-A

UNION COUNTY BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 845 Tunnel Ln

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E Sec 20 Pt NE NW Sec

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 1-30-06
Completion construction date 3-1-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, Institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ _____

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 17,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 28x30 840 ft
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James S. Reynolds	245 Tunnel Ln Anna, IL	62906	833-4459
	Denise M. Reynolds	(612) 521-5604		833-5498
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant | Address | Application date

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-23-01-026

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description S 23 T12R1E
NPT S PT W1/4 NESW. NE CR S PT NE SW
PT N PT S PT NW SW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

RECEIVED
OCT 05 2006
CCAO

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 18,000

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 18,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 40X50
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	GARY HOWERTON	955 Mt. pleasant Rd. Jonesboro, Ill.	62952	833-4260
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gary Howerton		10-2-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 46.00	10/02/06	#838

Payment of #46.00 Cash received by Union County Treasurer

Date 10/3/06

Bruce A. Mayer

02-23-01-026

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. N 02-26-01-081
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 125 Mt. Pleasant Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: 12-1E Pt E½ NW 22.12 ac
(N) S E W from intersection of Rt. 146 and ~~Pleasant~~ New Smt. Road Streets
Applicable Zoning District

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [✓] Other – *Specify* Vacation/Hunting Cabin

Beginning construction date
Completion construction date

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify*

Beginning construction date
Completion construction date

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 28,000
To be installed but not included in the above cost	
a. Electrical	?
b. Plumbing	?
c. Heating, air conditioning	?
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [✓] Other – Specify Log

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [✓] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [✓] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning? 44 [ ] Yes 45 [✓] No
Will there be an elevator? 46 [ ] Yes 47 [✓] No

J. DIMENSIONS
- 48. Number of stories 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions 816
- 50. Total land area, sq. ft. 816

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed .....
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms 2
- 54. Number of bathrooms { Full ..... 1 / Partial ..... –

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Carol Johnson	P.O. Box 481 Dongola, IL.		
2. Contractor or Builder				
3. Architect				

RECEIVED
MAR 07 2006
CCAO

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Carol Johnson
Address
Application date: 3-1-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 66.00	3/01/06	775

Payment of $66.00 CK #579 received by Union County Treasurer
Date 3-7-06
Bobby A. Myers Mg.

#02-26-01-081

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

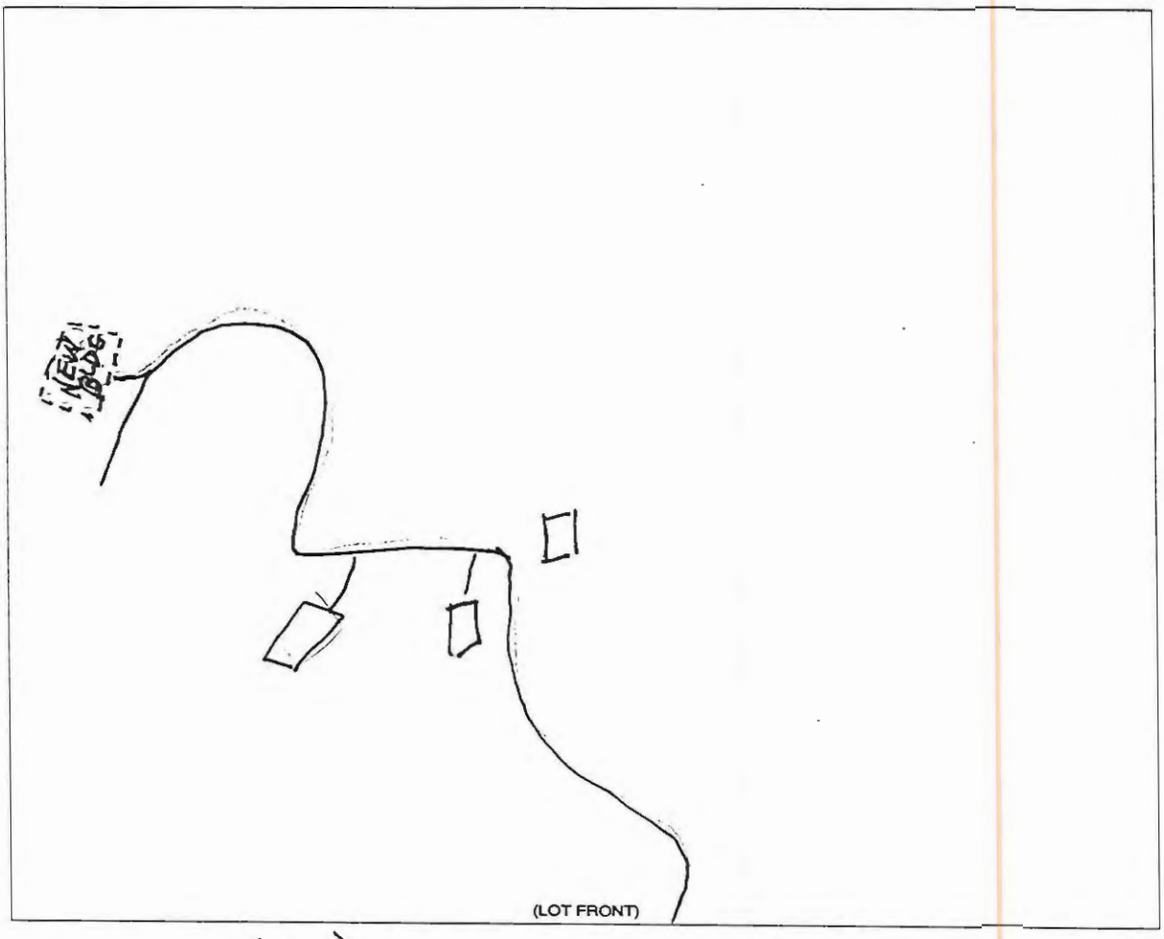
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



(New) Mt. Pleasant Road
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

paid by ✓ # 579
3-1-06
amount $66.00

Carol Johnson
Applicant

P.O. Box 481, Dongola, Al.
Address

827-3443
Phone Number

UNION COUNTY Prop. No. 02-26-01-089-A
BUILDING PERMIT APPLICATION

COPY

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description
NW CR SW SE
PT NW SE
PT NE SW E of Rd S26 T12R1E

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* FARM SHOP

Beginning construction date 6-5-06
Completion construction date 10-01-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* FARM SHOP

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of Improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 8700.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED JUN 06 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify POLE BARN

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify WOOD

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public NONE
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1500
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	MICHAEL YOUNGBLOOD	9870 ST. RT. 146 E. DONGOLA, IL.	62926	833-7151
2. Contractor or Builder	SELF			
3. Architect	SELF			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Michael Youngblood
Address: 9870 ST. RT. 146E DONGOLA IL
Application date

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 27.00
Date permit issued: 6/2/06
Permit number: 800

Payment of CK #3111 (27.00) Michael Youngblood received by Union County Treasurer

Date 6-6-06 Becky A. Myers mg.

02-26-01-089-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

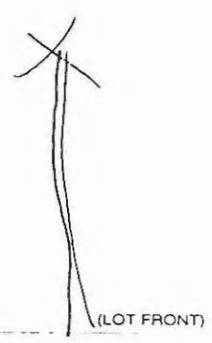
Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____



MOSCOW RD.

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-27-01-101-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: State Rt 146 E

Subdivision or Addition | Lot | Block | Census track

Legal Description: 527 12-1E
Pt SW NE
Pt NW SE 10.12 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 9-6-06

Completion construction date 11-6-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

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SEP 20 2006
CCAO

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 0

MOBILE HOME INFO:

Date MH was set-up:

Make DUTCHMAN Size 14X70 Yr. Model 1995

Previous MH Owner ESTHER E FRICK

Previous MH Location 380 Light LANE Dongola Ill

Current MH Owner Esther E FRICK

Current MH Location ~~Route 14.6 E Rout 380 Light Lane~~ Dongola, Ill

Current Land Owner MAXINE Pixley

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ester Frick c/o Barbara Hash + Maxine Pixley	380 Light Lane, Dongola	62926	214-405-1968
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Barbara Hash	Route Hwy 146 E Dongola Ill	9/06/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 10 00	9-6-06	#813-A

Payment of CK # 1834 $10.00 received by Union County Treasurer

Date 9-20-06 Barbara K. Hash

Barry L. Mayer Mg.

02-27-01-101-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 02-30-01-166 (PART)
BUILDING PERMIT APPLICATION getting from parents

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NE SW S30 T12S R1E Approximately (2-9 acres)

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 35000
To be installed but not included in the above cost	
a. Electrical	1500
b. Plumbing	2000
c. Heating, air conditioning	1250
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 39750

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 864 ft2
- 50. Total land area, sq. ft.: 2 ac

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: _____
- 52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 2
- 54. Number of bathrooms: Full 1; Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Wayne Funkhouser	655 Christian Chapel Anna, IL 62906		(618) 833-8308
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Wayne Funkhouser	655 Christian Chapel Rd	1-26-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00		764

Payment of _____ received by Union County Treasurer

Date _____

#02-30-01-166-(PT)

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

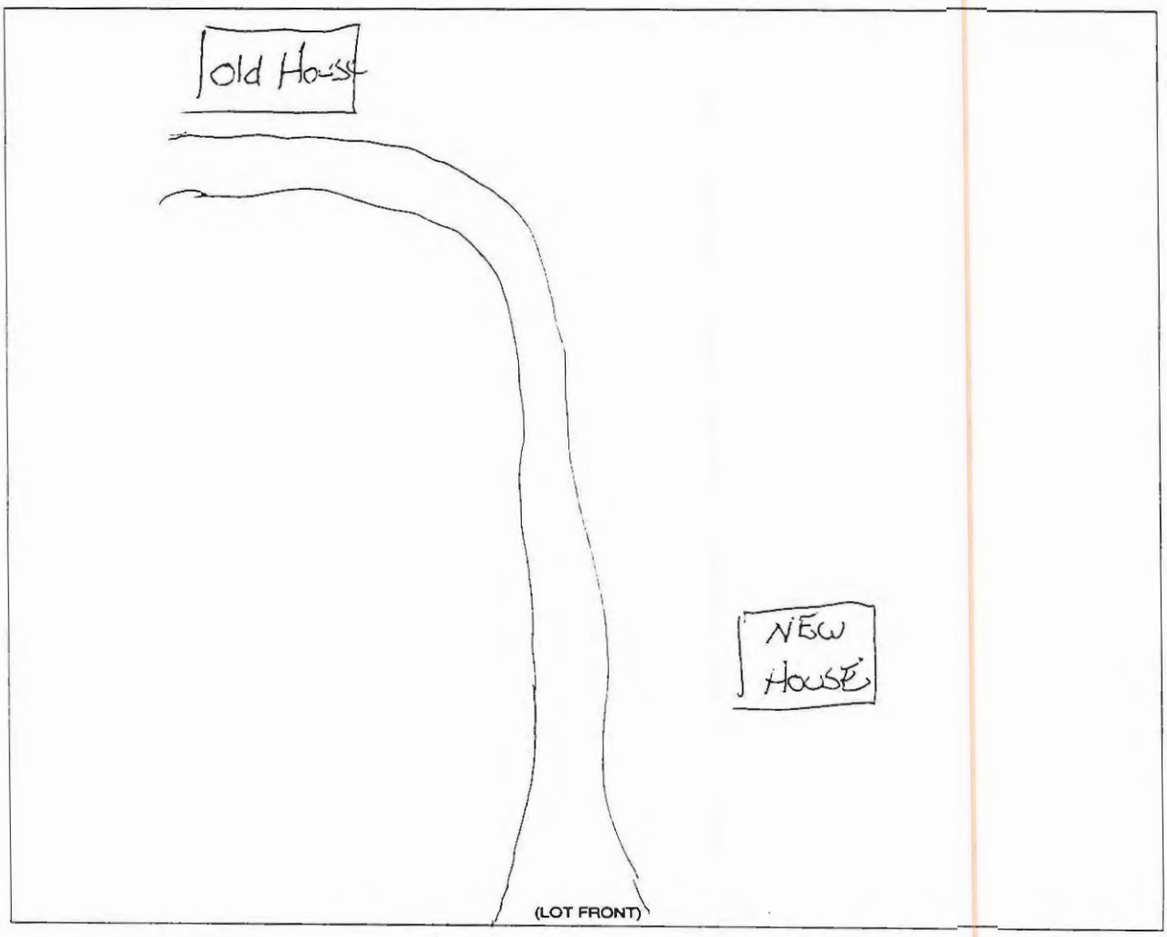
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Christian Chapel Rd

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY Prop. No. 02-36-01-280
BUILDING PERMIT APPLICATION

COPY

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: S½ NW SW NE S36 T12 R1E. 116.21 ACRES

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [✓] Other – *Specify* Pole Barn

Beginning construction date _____
Completion construction date 3-15-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement $15,300	$ 15,300
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED
JUL 20 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [✓] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 3200
50. Total land area, sq. ft. 3200

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Richard & Ruth Weaver	1215 Moscow Rd Dongola, IL	62926	
2. Contractor or Builder	Heartland Buildings	16933 Philips Cemetery Rd Ewing, IL	62836	
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Richard Weaver	1215 Moscow Rd Dongola, IL	2-9-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bob Jackel	$ ~~40.00~~	2/09/06	768

Payment of $40.00 Ck# 4742 received by Union County Treasurer

Date 3/10/06 #02-36-01-280 Bobby G Myers

Copy

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No 03-17-01-625

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

COPY

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: NENE + NWNE S17 T13 R1E 80 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [✓] Other – *Specify* BARN

Beginning construction date 4-10-06

Completion construction d 08-20-06

2 sizes 78 x 96 – 36 x 48 Attached

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$65,000.
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$65,000.

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [ ] Yes
- 45 [✓] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [✓] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Light	515 Light Ln Dongola IL	62926	618 827-4258
2. Contractor or Builder	Built-mor			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Robert Light	Dongola Ill	4-10-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$140.00	4/10/06	788

Payment of $140.00 CK# 1393 received by Union County Treasurer

Date 4-18-06

Bobby A. Moore Mg.

#03-17-01-626

UNION COUNTY Prop. 03-17-01-629
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

COPY

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: SE CR NE NW S17 T13 R1E 29.22 Ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 5-20-06
Completion construction date 12/31/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:
Date MH was set-up:
Make Fleetwood Size 16-72 Yr. Model 2006
Previous MH Owner Ivybote Home
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner Lori Amerman

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [✓] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [✓] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area .....

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K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Lori Amerman	PO Box 3395 Carbondale IL 62902		6187512293 6189676539
2. Contractor or Builder	GG mobil Homes			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant Bill Bo[illegible] Address PO Box 3395 Carbondale IL Application date 5-12-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by Bill Jackson Permit fee $ 64.00 Date permit issued 5/12/06 Permit number 794

Payment of $64.00 (Cash) received by Union County Treasurer

Date 5-16-06 Bobby D. Moyer mg.

03-17-01-629

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

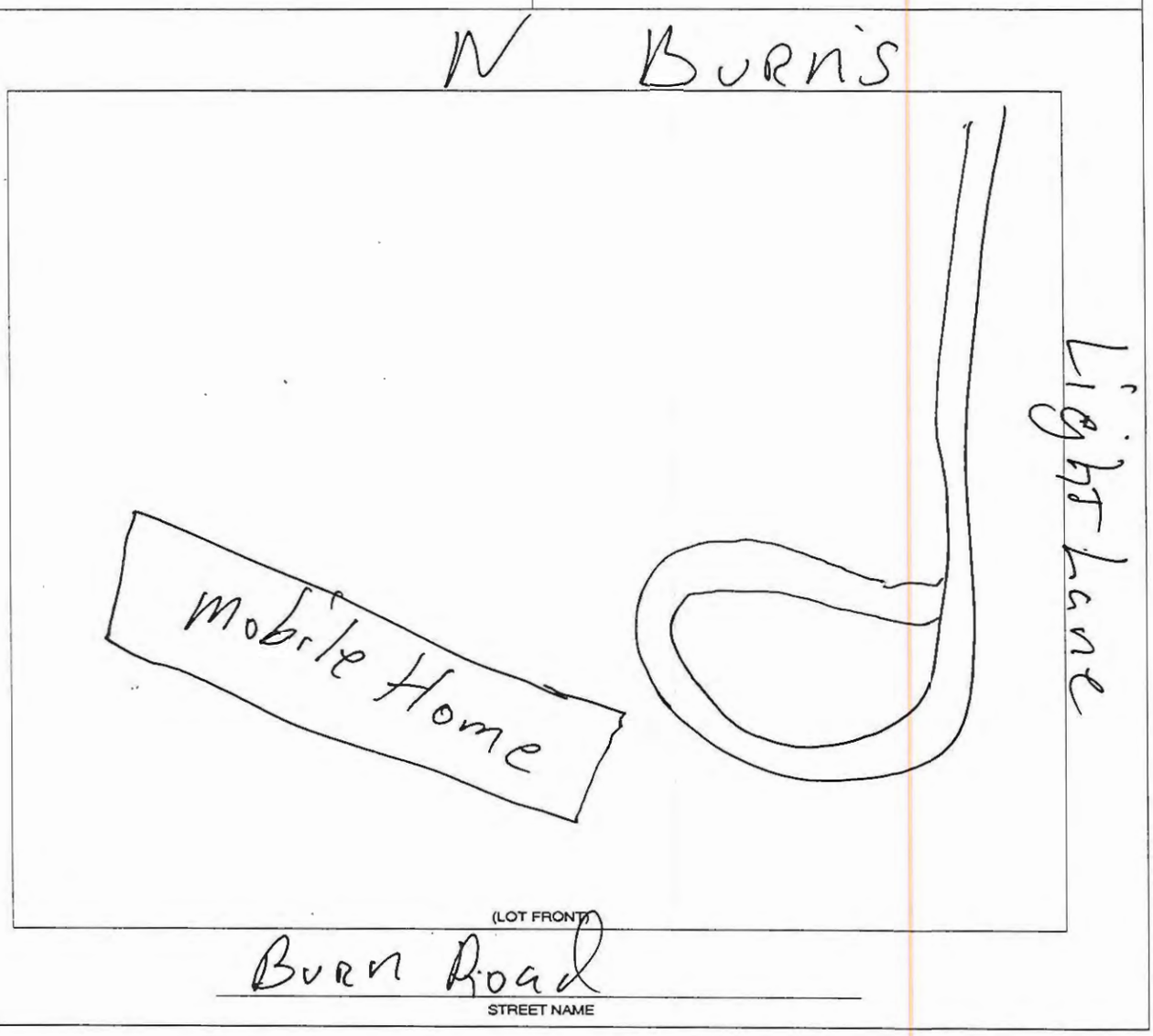
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Po Box 3395 Carbondale IL
Address

618 7512293 + 6187512886 + 6189676539
Phone Number

UNION COUNTY Pr... .o. 03-19-01-681
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1740 Cypress Rd Dongola
Subdivision or Addition | Lot | Block | Census track
Legal Description: Sec 19 13-1E
Pt SE NE
Pt NE NE 1.25 ac
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____
room addition with 10X14 covered porch
Beginning construction date July 3, 06'
Completion construction date Sept 3, 06'

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____
Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 20,000

MOBILE HOME INFO:
Date MH was set-up:
Make Size Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions 14X20 280
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full ..... / Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ray & Julia Schluter	1740 Cypress Rd. Dongola IL	62926	827-3924
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
	1740 Cypress Rd, Dongola IL	7-6-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Julia Schluter	$ 50.00	7-6-06	#813

Payment of ~~[illegible]~~ #6182 50.00 Ray G. Schluter received by Union County Treasurer
Date 7-18-06
Bobby L. Mayes Treas.

#03-19-01-681

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-18-01-651

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: NE NW EXC NE CR + 225' N½ NE Sec 18 T13 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* SHED

Beginning construction date 8-1-06
Completion construction date 7-31-07
* WRECKING OURSELVES

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	PATRICIA PAYNE	1495 CYPRESS RD	62926	(618) 827-4413
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Patricia Payne		

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 0	7/26/06	824

Payment of _____ received by Union County Treasurer

Date _____

03-18-01-651

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-27-01-850

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Mt Olive Rd
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 13-1E
E 1/2 W 1/2 SE 20 ac
N S E W from Intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building New house
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 12/19/05
Completion construction date 11/19/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 12/19/05
Completion construction date 11/19/06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$138,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	15,000.00
c. Heating, air conditioning	12,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$165,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make: Yr. Model:
Previous MH Owner:
Previous MH Location:
Current MH Owner:
Current MH Location:
Current Land Owner:

RECEIVED JUL 19 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 2500 sq
50. Total land area, sq. ft.: 20 Acres

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Larry Lingle	2105 Mt. Olive Rd Dongola Fl. 62926	62926	618-697-2803
2. Contractor or Builder	Jeff Aden	PO Box 70 Dongola Fl. 62926		618-967-1290
3. Architect	None			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Larry Lingle	2105 Mt. Olive Rd	7-12-06

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 340.00	7-12-06	#817

Payment of CK #6161 Larry Lingle received by Union County Treasurer

Date 7-18-06 Bobby L. Mayes

#03-27-01-850

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date: 11/19/05

Name: Lavry Lingle

Number & Street: 2105 Mt. Olive Rd.

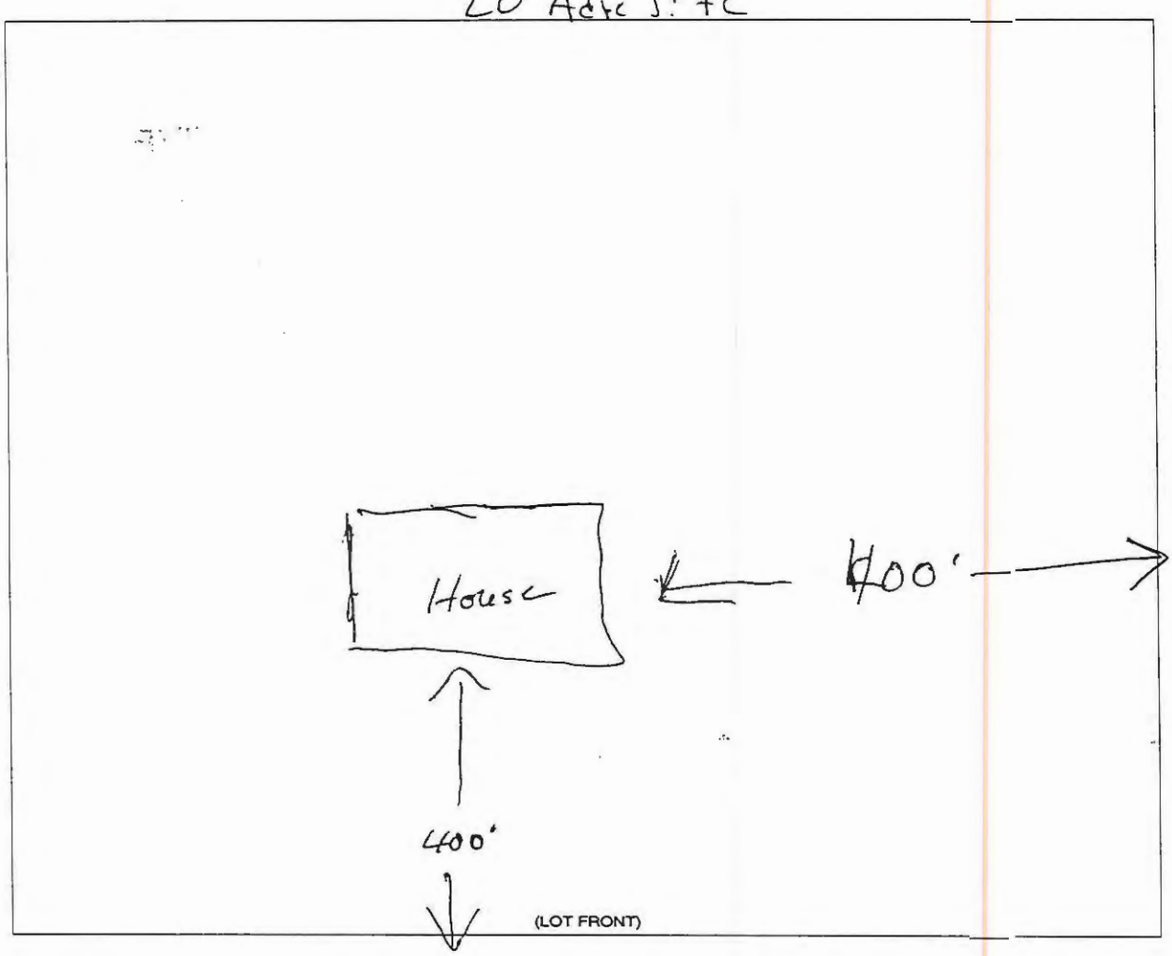
Lot Number:

Subdivision or Addition:

Zoning District:

Permit Number:

20 Acre Site



MT Olive Rd.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Lavry Lingle
Applicant

2105 MT. Olive Rd Dongola Il.
Address

618-697-2803
Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 03-28-01-878

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: SW SW S28 T13 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED DEC 14 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [✓] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 11-12-06
Completion construction date 3-1-07

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 8000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	~~70~~
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 8000.00

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify HEAT PUMP

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 150 S.F.
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors 2

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 1; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Bob LAYMAN	370 MT. ZION Rd DONGOLA, IL	62926	827-4892
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Bob Layman	370 MT. Zion Rd	11-22-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 26.00	11/22/06	848

Payment of $26.00 CK# 7534 received by Union County Treasurer

Date 12/12/06

Bailey A. Myers mg.

03-28-01-878

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-07-02-111

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

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Legal Description: SW Pt NW NW Sec 7 T11R1W 22.82 AC.

N S E W from intersection of _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 9/22/06

Completion construction date 3/22/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	$
11. TOTAL COST OF IMPROVEMENT	$ 231,160

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [X] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 2110
- 50. Total land area, sq. ft.: 1380

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Sally Murphy	750 Spring Hill Lane	62920	618-893-2269
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Sally Murphy	750 Spring Hill Lane	9/18/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Sue Jackson	$ 472.00	9/18/06	819 -A

Payment of CK 5724 #472.00 received by Union County Treasurer

Date 10-3-06

Sally Murphy

Sally S Murphy Mg.

04-07-02-111

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

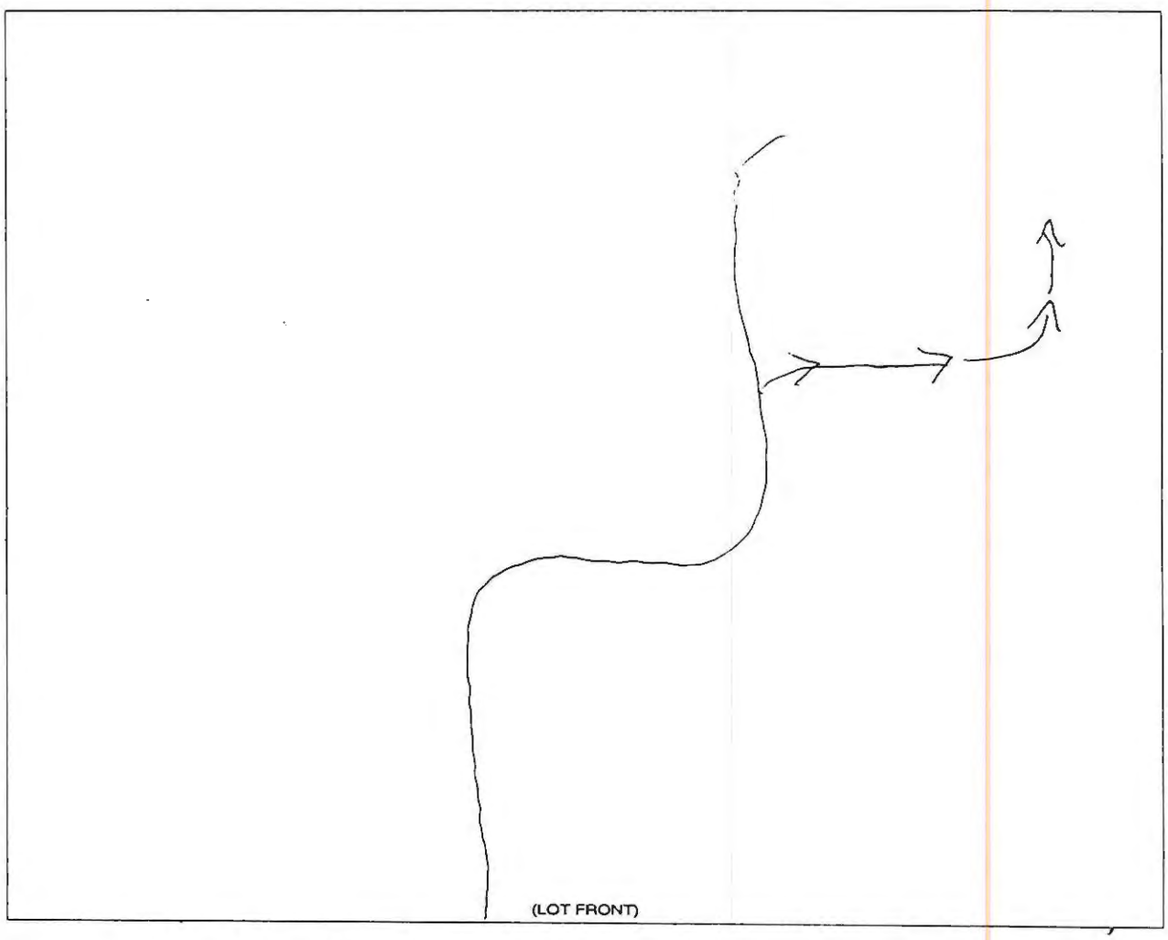
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Spring Hill Road
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY Prop. . . 04-16-02-266
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

COPY

I. LOCATION OF BUILDING

Number and street: 45 Depper Rd | Subdivision or Addition | Lot | Block | Census track

Legal Description: S16 T12 R2W 25.97

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify NONE

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 40X70
49. Total square feet of floor area, all floors, based on exterior dimensions 2800SqFT
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Bill Bass	P.O Box 526 Anna IL	62906	893-1364
2. Contractor or Builder	Bill Bass	x 45 Depper Road		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. No Flood Plain

Signature of applicant	Address	Application date
Bill Bass	x 45 Depper Road	5-2-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ $10.00		#795

Payment of $10.00 CK# 14031 received by Union County Treasurer

Date 5/16/06

Bobby L. Myers

04-16-02-266

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY Prop. ... 04-26-02-523-B
BUILDING PERMIT APPLICATION DONNA HAWK LAND OWNER

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt Mid Pt E½ SW Sec 26 T11 R1W 2.47 ACRE

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, social, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date Sept. 20th
Completion construction date Nov. 15th -06

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:

Date MH was set-up: Sept 20th 2006
Make Size 14x64 Yr. Model
Previous MH Owner Bill Bolanowski
Previous MH Location
Current MH Owner Joseph Hawk
Current MH Location
Current Land Owner Donna Hawk

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors 1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Joseph Hawk	345 Bethel Church Rd. Cobden, Il.	62920	618-697-3861
2. Contractor or Builder				
3. Architect	mailing address for now.	3775 Winghill Rd. Cobden, Il. 62920		

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Joseph Hawk	345 Bethel Church Rd. Cobden.	9-29-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$ 21.00	9/29/06	836

Payment of $21.00 CK# 191 received by Union County Treasurer

Date 10/3/06

04-26-02-523-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

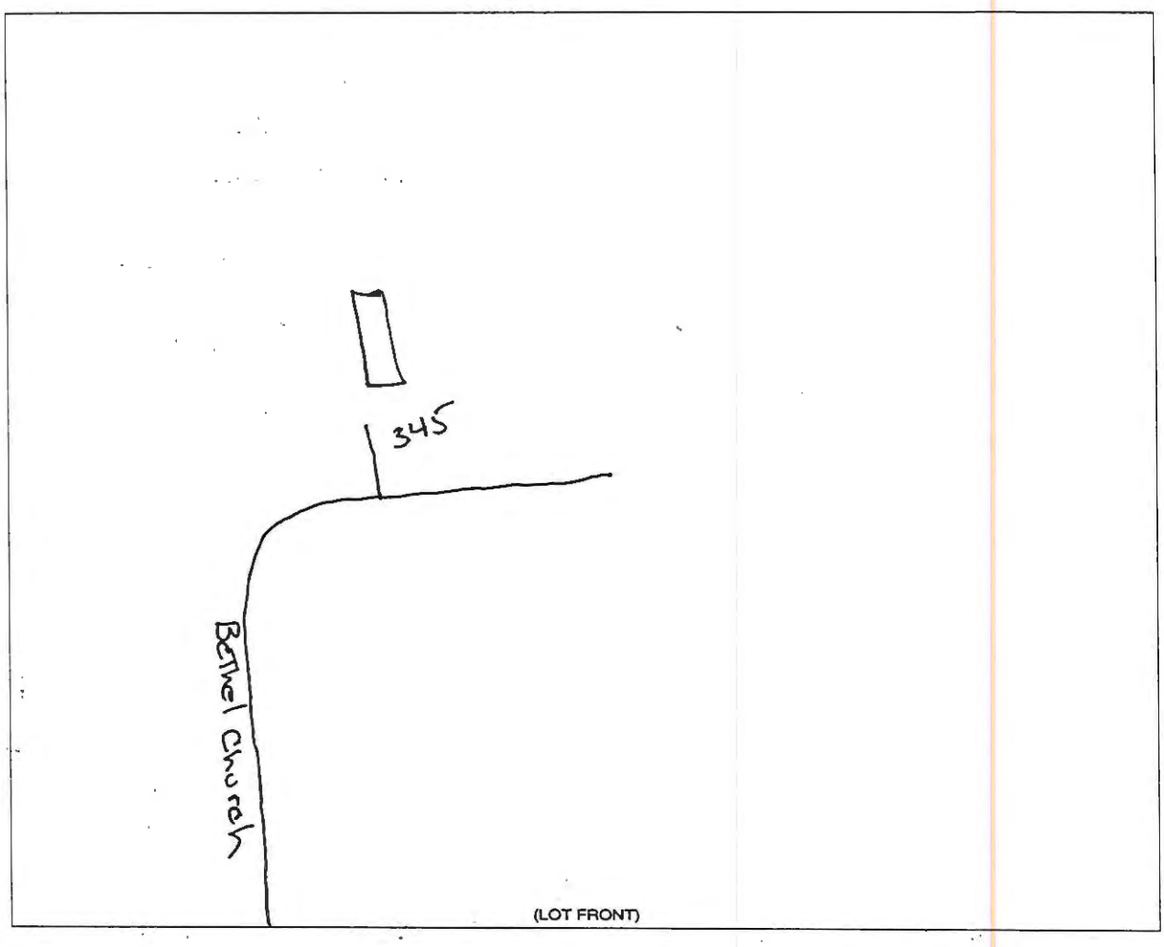
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Bethel Church Rd.

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-27-02-560-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: Part E½ SE SE; 11-1W; SE NE; Sec 27; NE SE; 93.22 ac

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED AUG 1 8 2006

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date Aug 2005

Completion construction date Aug 2006

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 150,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity – backup
- 38 [ ] Coal
- 39 [X] Other – Specify Geothermal

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS

48. Number of stories	1½
49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	2300

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	3
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Charles + Kristie Russell	3455 Wing Hill Rd Cobden IL 62920	62920	636 485 2313
2. Contractor or Builder	Sean White			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Charles E Russell DS.	3455 Wing Hill Rd Cobden IL 62920	7/28/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 310.00	7-28-06	#827

Payment of CK #2108 Dr. Charles E. Russell received by Union County Treasurer

Date 8/18/06

04-27-02-560-A

Bonny Mann mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 04-31-02-783
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 275 Vines Rd., Cobden IL
Subdivision or Addition | Lot | Block | Census track
Legal Description: 11-1W Sec 31 Pt NE NE
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building manufactured
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date Aug 1, 2006
Completion construction date Oct 1, 2006

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JUL 19 2006
CCAO

Beginning construction date _____
Completion construction date _____

DONE 04-246 KS

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$95,000

MOBILE HOME INFO:
Date MH was set-up:
Make Cavalier Size 76X32 Yr. Model 2007
Previous MH Owner Ivy Gate - Carbondale
Previous MH Location Carbondale
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 2280
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 4
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James Kohl	1300 W North Carbondale IL 62901	62901	618-457-2018 618-[illegible]-7381
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Cindy Kohl	1300 W North Carbondale IL 62901	7-7-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 200.00	7-7-06	# 815

Payment of CK #9186 James Kohl received by Union County Treasurer
Date 7-18-06

#04-31-02-783

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-34-02-869

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: HUGNEY LANE

Subdivision or Addition | Lot | Block | Census track

Legal Description: 534 T11 R1W 5½ NE SE SW 10. AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home #627

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

RECEIVED SEP 11 2006 CCAO

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* 2
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 9/5/06

Completion construction date 11/5/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 15000
To be installed but not included in the above cost	
a. Electrical	1000
b. Plumbing	7000
c. Heating, air conditioning	
d. Other (elevator, etc.)	2000
11. TOTAL COST OF IMPROVEMENT	$ 16,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner Terry Reynolds

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner CAROLYN NAGEL

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors X

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms 3
- 54. Number of bathrooms: Full 2; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CAROLYN + BRUCE NAGEL	240 HUGNEY LANE ANNA ILL	62906	618 893 4867
2. Contractor or Builder	SAME			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Carolyn A. Nagel	240 HUGNEY LN	9/5/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 42.00	9-5-06	#812A

Payment of $42.00 CK #2786 received by Union County Treasurer

Date 9-11-06 Bruce Nagel [signature]

#04-34-02-869

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

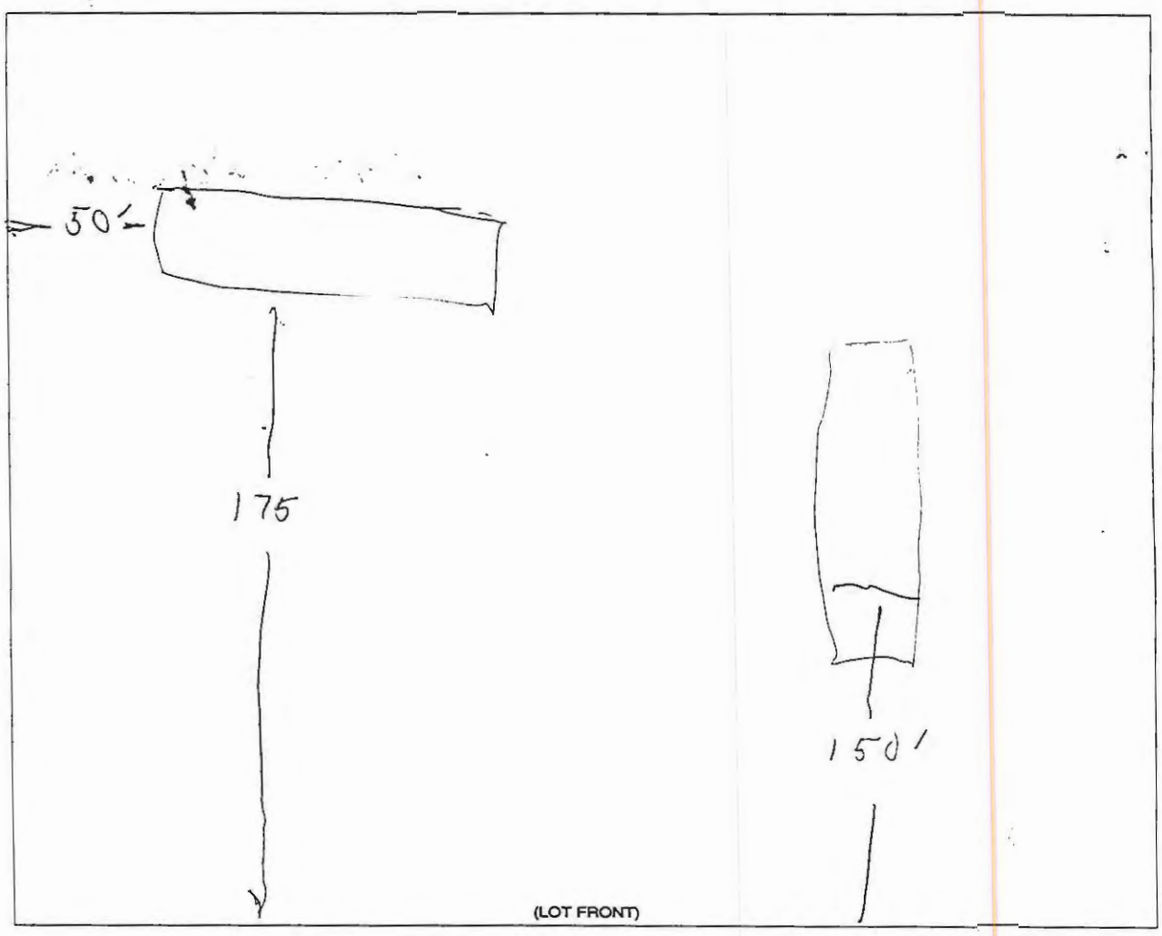
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



HUGHEY LANE

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

BRUCE & CAROLYN NAGEL

Applicant

240 HUGHEY LN

Address

893 4867

Phone Number

COPY

UNION COUNTY Prop. No. 04-35-02-885-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NE NW - PARCEL C
Sec 35 T11 R1W

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Pole Barn.

Beginning construction date 8-15-06
Completion construction date 8-15-06
24x40
lean to 16' each side.

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date ~~8-15-06~~
Completion construction date ~~8-15-07~~

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 5,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 5,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Clark Jr.	P.O. Box 284 Cobden Il.	62920	893-4547
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jamy Clark	P.O. Box 284 Cobden Il. 62920	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 20.00	9/14/06	817 A1

Payment of $20.00 / CK# 2854 received by Union County Treasurer

Date 10/3/06

Bailey L. Mann
Mg.

04-35-02-885-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

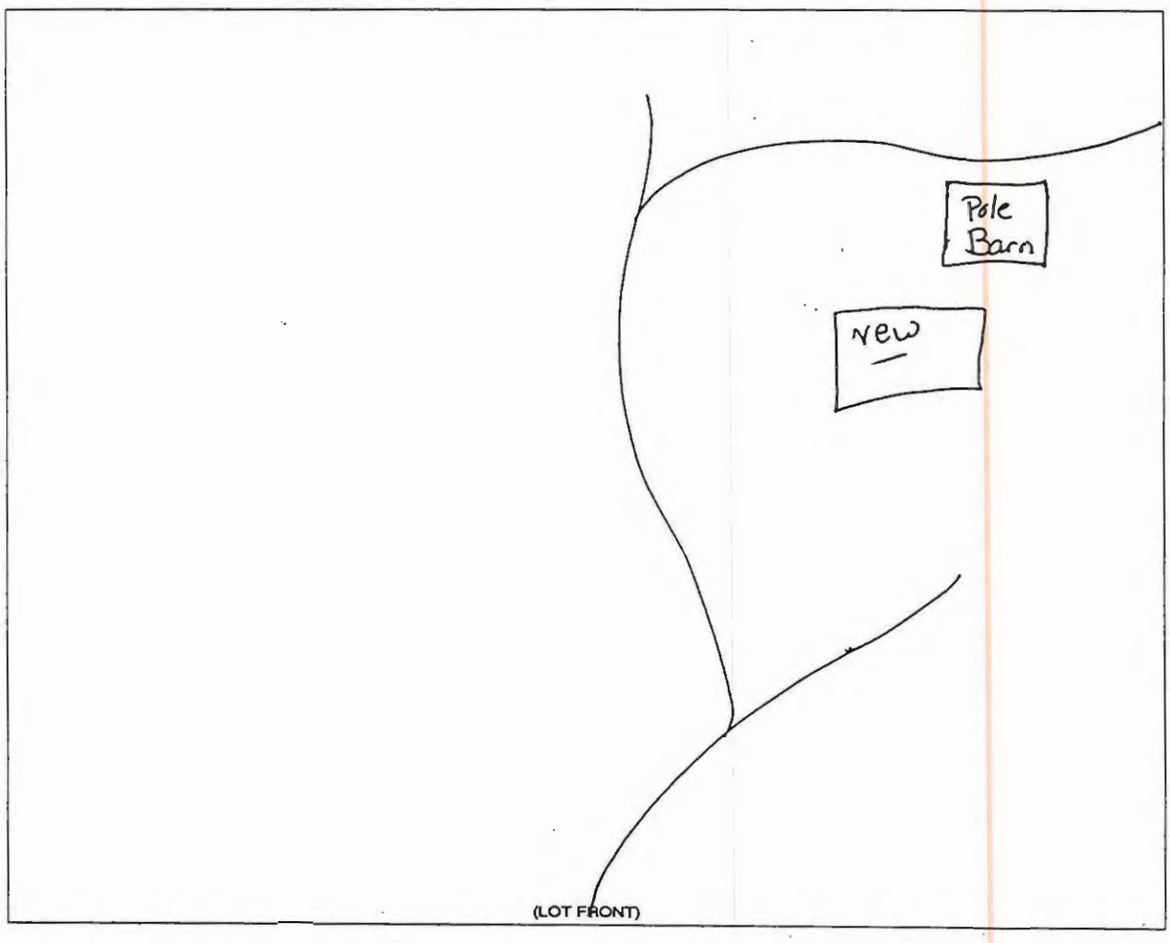
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Kelly Cem. Road.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-35-02-885-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 310 Quail Ln.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 535 11-1W
Pt NE NW 6.74 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 10-2-06
Completion construction date 4-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 10,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 20 X 30 600 ft
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mart & Lucille Clark	310 Quail Ln Cobden IL	62920	893-4361
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Lucille Clark
Address:
Application date: 9-27-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Diff Gaylor	$30.00	9-27-06	#835

Payment of $30.00 Cash received by Union County Treasurer

Date 10-3-06

04-35-02-885-D

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY Pro, o. 04-36-02-909 (PT)
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: NPt SWNE & SPt S½NE Sec 36 T11 R1W 48 AC (PT)

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 150000
To be installed but not included in the above cost	
a. Electrical	3000
b. Plumbing	12000
c. Heating, air conditioning	10000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 175000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 2
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 2500
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: 2
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 4
- 54. Number of bathrooms: Full 2; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CRAIG W. McLAUGHLIN	231 MAC DR Murphysboro, IL	62966	713-0117
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Craig W McLaughlin		

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 360.00	7/28/06	826

Payment of CK# 4981 Craig McLaughlin received by Union County Treasurer

Date 8/18/06

04-36-02-909 (PT)

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

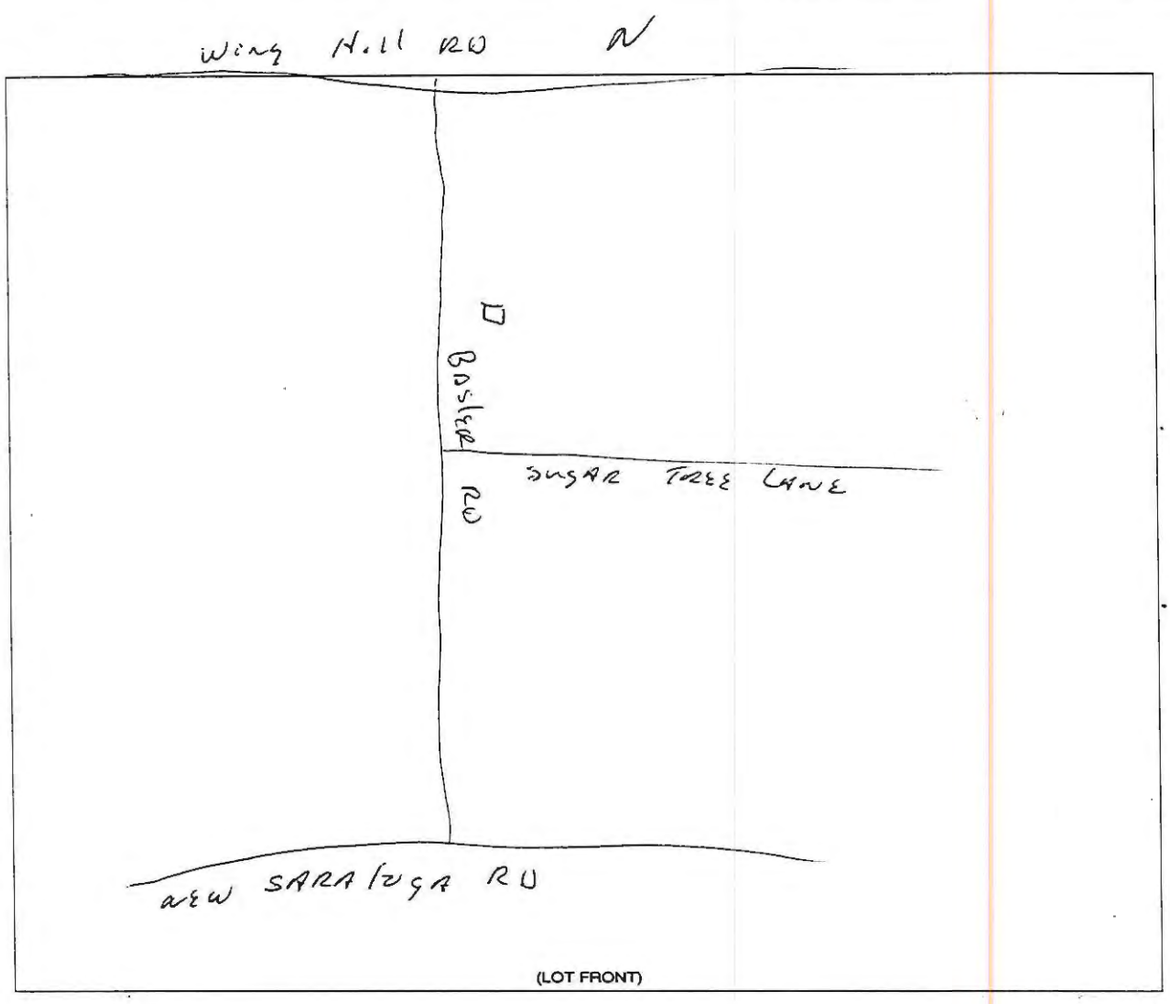
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY Pr. No. 05-06-03-032-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NW SE + PT E½ NE SW Sec 6 T12 R1W 34.27 Ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other

RECEIVED JUL 06 2006 CCAO

Beginning construction date 7-15-06
Completion construction date 8-10-06

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Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 90,000.
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 90,000

MOBILE HOME INFO:
Date MH was set-up:
Make Crystal Valley Size 32' x 70' Yr. Model 2006
Previous MH Owner Kentucky Oaks Homes
Previous MH Location Carterville, Il.
Current MH Owner Kentucky Oaks Homes
Current MH Location Carterville, Il
Current Land Owner Darrell Switzer

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 2240
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jonathan & Betsy Oxford	3304 Old Hwy. 51 North Cobden, Il 62920		Jonathan 697-4021 Betsy 697-3483
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jonathan Oxford	3304 Old Hwy 51 North 62920	6-29-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 190.00	6/29/06	811-A

Payment of $190.00 CK# 3635 Jonathan Oxford received by Union County Treasurer

Date 7-5-06

Pro. No. 05-06-03-032-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

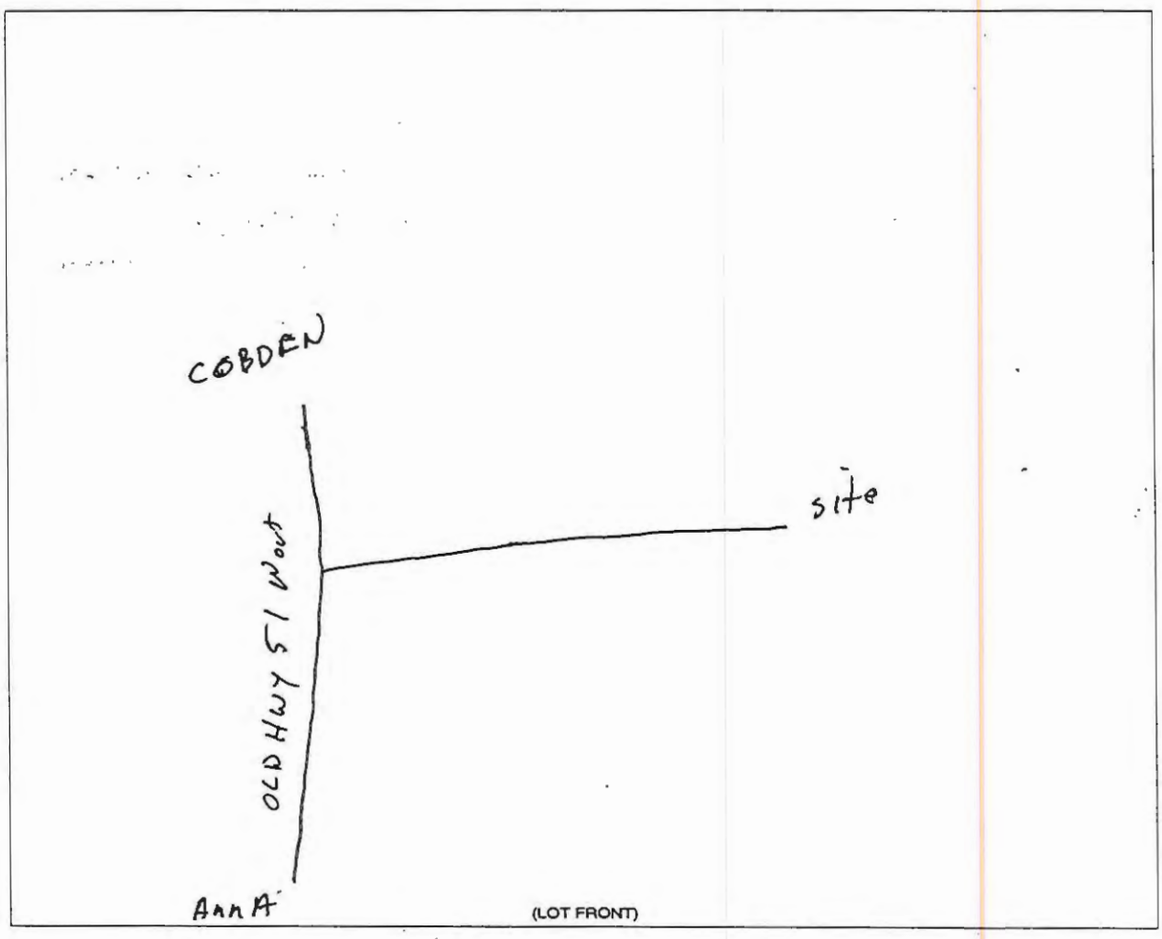
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



OLD Hwy 51 N.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-06-03-032-C2

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description 12-1W Sec 4 Pt SE SW 1 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Aug 1, 06
Completion construction date Oct 1, 06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

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C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 10,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 16 x 32 512 ft
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full ..... 1 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Randy Buelna	800 N. Green St. Anna IL. 62906 #19		8337968
2. Contractor or Builder	Randy Buelna	" "		" "
3. Architect	Randy Buelna	" "		" "

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Randy	800 N. Green St. #19 Anna IL.	7-28-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jeehs	$ 30.00	7-28-06	# 828

Payment of CK #146 Randy R. Buelna received by Union County Treasurer

Date 8/18/06 05-06-03-032-C2 Bobby J. Magee Mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

File No. 05-07-03-045-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2830 OLD Hwy 51 N

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 7 T12R1W PT NENW, PT NW NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 08-08-06

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	EDWIN S BENNETT	2830 OLD Hwy 51 N, COBDEN	62920	833-9068
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Edwin S Bennett | Address | Application date 8-7-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by | Permit fee $ 0 | Date permit issued | Permit number 829

Payment of _____ received by Union County Treasurer

Date _____

05-07-03-045-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 05-09-03-046-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census tract

Legal Description: PT S½ SE NE S9 T12 R1W 16.49

COPY

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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JUN 22 2006
CCAO

II. TYPE AND COST OF BUILDING – All applicants complete Parts A – D

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Wrecking (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
8 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – For "Wrecking" most recent use

Residential
12 [X] One family
13 [ ] Two or more families – Enter number of units _____
14 [ ] Transient hotel, motel, or dormitory – Enter number of units _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – Specify _____

Beginning construction date 6/05
Completion construction date 2/3/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – Specify _____

Beginning construction date _____
Completion construction date _____

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$208,430

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J; for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories: 1½
49. Total square feet of floor area, all floors, based on exterior dimensions: 1,855
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed: 2
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms: 3
54. Number of bathrooms: Full 3; Partial

IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Bruce & Donna Bible	500 McDuffee Lane Anna, IL 62906	62906	618/ 303-5440
2. Contractor or Builder	Gaylen Crice			618/697-1441
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
W. Bruce Bible	500 McDuffee Lane, Anna, IL 62906	3-13-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$426.00	6/12/06	378

Payment of $426.00 CK# 7445 received by Union County Treasurer

Date 6/9/06

Bobby A. Myers mg

778

Jun 05 2006 8:08AM HP LASERJET 3200 p.1

05-09-03-104-D

UNION COUNTY Pr
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description S9 T12 R1W
Pt NW SW 2.05 ac

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage 1 attached & 1 not attached
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 07-01-06
Completion construction date 21-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 80,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	2,000
c. Heating, air conditioning	5,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 87,000

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size / Yr. Model
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2000
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	—
52. Outdoors	—

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JON M. LUTZ	211 W. SPRING ST. ANNA, IL	62906	618-833-8166
	JOYCE LUTZ	" "	"	"
2. Contractor or Builder	SELF &	" "		
	JACK SEASMEIER			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jon M. Lutz Joyce Lutz	211 W. SPRING ST. ANNA, ILL.	05-30-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 184.00	5-30-06	#798

Payment of Ck #1074 Jon Lutz (184.00) received by Union County Treasurer

Date 6-6-06

Barry A. Meyer Mg.

05-09-03-104-D

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date: MAY 30, 2006

Name: JON M. LUTZ & JOYCE LUTZ

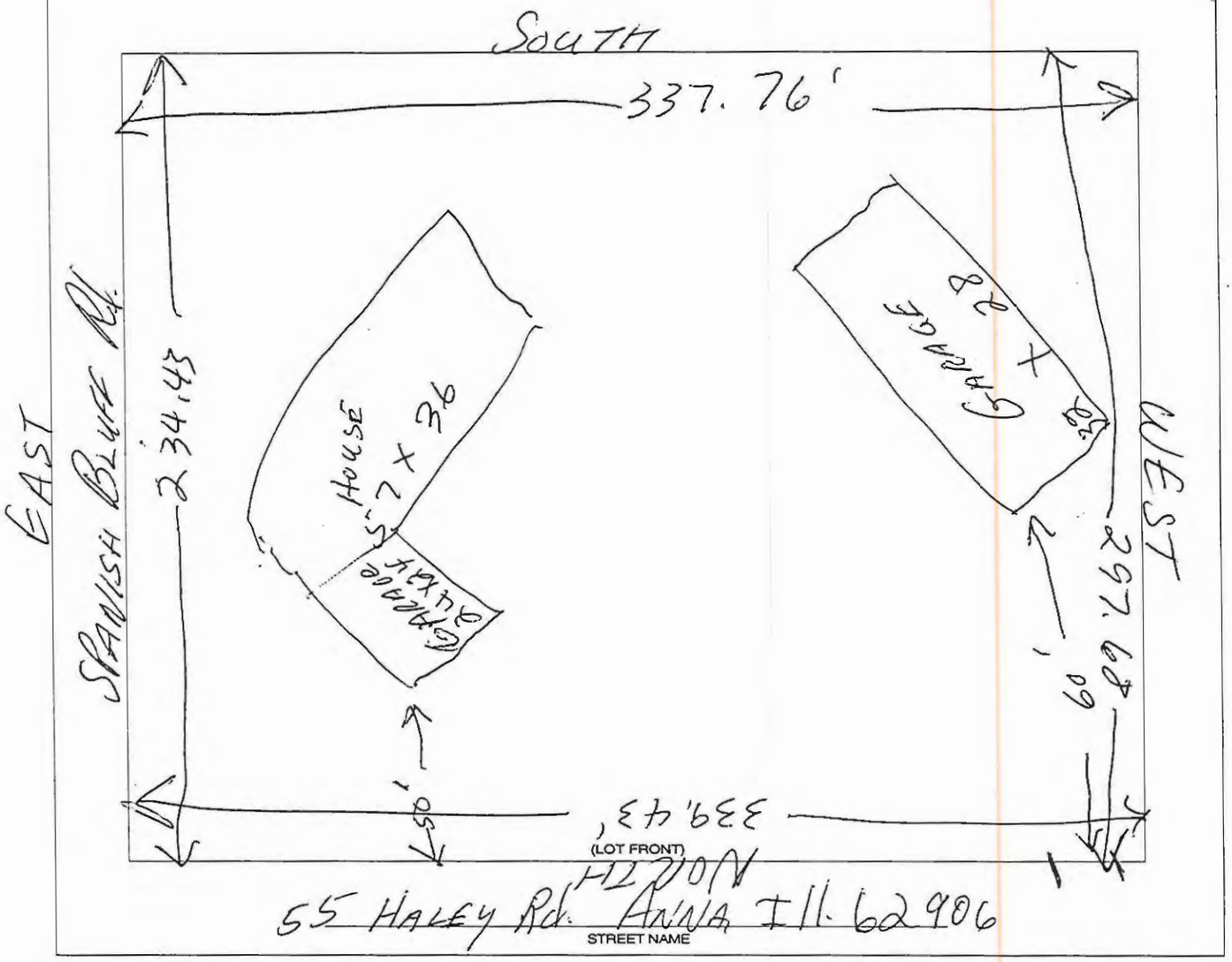
Number & Street: 211 W. SPRING ST. ANNA ILL.

Lot Number:

Subdivision or Addition:

Zoning District:

Permit Number:



I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant: Jon M Lutz Joyce Lutz

Address: 211 W. SPRING ST. ANNA ILL. 62906

Phone Number: 618-833-8166

UNION COUNTY Prop. . . . 05-10-03-112-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: SW CR NWNE 510 T12 R1W 1.00 Ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 One family
13 Two or more families – *Enter number of units* . . . . . _____
14 Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 Carport
17 Other – *Specify* replacing 8x10 storage

Beginning construction date 6-1-06
Completion construction date 8-1-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement . . . . . $ 7500.00

To be installed but not included in the above cost
a. Electrical . . . . . .
b. Plumbing . . . . . .
c. Heating, air conditioning
d. Other (elevator, etc.)

11. TOTAL COST OF IMPROVEMENT . . . . . $ 7500.00

MOBILE HOME INFO

Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED
JUN 0 6 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify none

G. TYPE OF SEWAGE DISPOSAL

40 Public
41 Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 Public
43 Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 Yes 45 [X] No

Will there be an elevator?
46 Yes 47 No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 24x36
50. Total land area, sq. ft. 840

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed . . . . . .
52. Outdoors . . . . . .

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms . . . . . .
54. Number of bathrooms { Full . . . . . / Partial . . . . . }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Larry Barnhart	130 Barringer School Ln	62906	618 833-8469
2. Contractor or Builder	self			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Larry Barnhart	130 Barringer School Lane	6-1-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 25.00	6/01/06	799

Payment of $25.00 CK # 2873 Larry Barnhart received by Union County Treasurer

Date 6-6-06 Betty [illegible]

05-10-03-112-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

Barringer School Lane

STREET NAME

existing driveway

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Larry Barnhart

Applicant

130 Barringer School Ln.

Address

618-833-8469

Phone Number

UNION COUNTY Prop. No. 05-11-03-136
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: NW¼ Sec. 11 12-1W

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New Building
2 ☐ Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Working (if multifamily residential, enter number of units in building in part D, 13)
6 ☐ Moving (relocation)
7 ☐ Foundation only
8 ☐ Mobile Home

B. OWNERSHIP

8a ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 ☐ One family
13 ☐ Two or more families – *Enter number of units* .....
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☒ Other – *Specify* Used Grain Bin

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 1000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public
41 ☐ Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public
43 ☐ Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gene Pelatt	3820 US Hwy 51 S Anna, Ill.	62906	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gene Pelatt	3820 US HWY 51 S ANNA IL. 62906	11-05-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ – 0 –		757

Payment of _____ received by Union County Treasurer

Date _____

#05-11-03-136

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. part of 05 - 15 - 03 - ~~226~~ 219 parcel correction 8-14-06

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description S15 T12 R1W ~~NE SE~~ SE NE 1.00 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [✓] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 8/15/06

Completion construction date 7

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 47000
To be installed but not included in the above cost	
a. Electrical	1000
b. Plumbing	1000
c. Heating, air conditioning	1000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 50,000

MOBILE HOME INFO:

Date MH was set-up:

Make Size Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

RECEIVED SEP 11 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [✓] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [✓] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [✓] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1700
50. Total land area, sq. ft.	1 ACRE

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	2
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	B&C. BUILDERS	1790 LICK CREEK RD ANNA IL	62906	618833 7006
2. Contractor or Builder	DW BUILDER	RR ANNA		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
B&C Builders A. Jay Bigler	1790 Lick Creek Rd Anna, IL	8/29/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$ 110.00	8-30-06	805A

Payment of $110.00 CK #1069 received by Union County Treasurer

Date 9-11-06 B&C Builders Bobby L. Mayes

#05-15-03-~~226~~ 219 (PT) parcel correction 8-14-06 mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date: 8/29/06

Name: B & C. BUILDERS

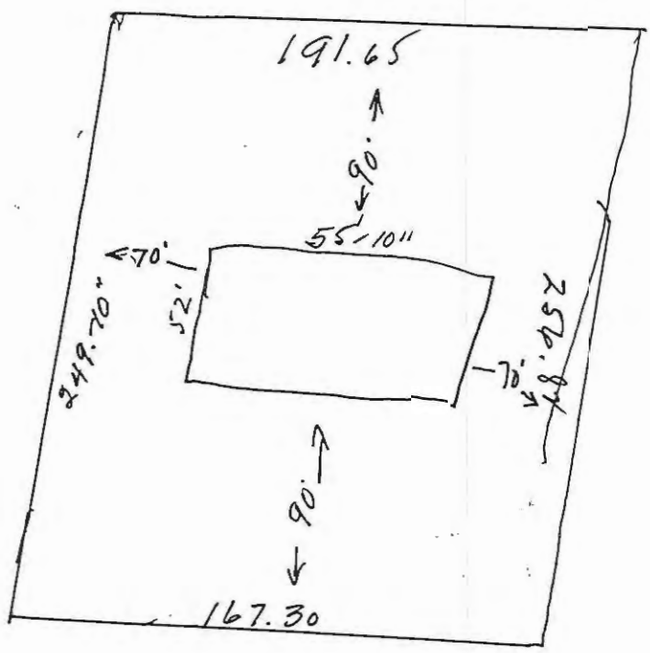
Number & Street: 1 ACRE LOT

Lot Number: —

Subdivision or Addition: —

Zoning District:

Permit Number:



(LOT FRONT)

PRIVATE DRIVE
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

A. Jay Bigler
Applicant

1790 Lost Creek Rd Anna, IL
Address

618-833-7006
Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-15-03-225-K

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt SESW Sec 15 T12 R1W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED NOV 13 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 10-23-06
Completion construction date 10-23-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$165,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$165,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1978
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial ..... }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Lyle Teeter Pamela J. Teeter	1155 E. Vienna #174 Anna, IL 62906	62906	918-348-8647
2. Contractor or Builder	Dean Corbit Construction	1625 Gurley Loop Buncombe, Il. 62912	62912	618-833-4086
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lyle Teeter	1155 E. Vienna #174 Anna, IL 62906	10-23-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Goodman	$340.00	10/23/06	843

Payment of $340.00 CK #3858 Lyle Teeter received by Union County Treasurer

Date 11-13-06

Bobby L. Mayes

05-15-03-225-K

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME _____

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-18-03-295

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description S 18 T12 R1W
W3/4 S1/2 NW
E 5D SW 96.38 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED
OCT 0 5 2006
CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 3/1/06
Completion construction date 11/1/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$175,000
To be installed but not included in the above cost	
a. Electrical	4,500
b. Plumbing	4,200
c. Heating, air conditioning	12,400
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$196,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1.5
49. Total square feet of floor area, all floors, based on exterior dimensions 1800
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 2 ; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Patricia Fombelle David Fombelle	820 Kratzinger Hollow Rd Cobden, Il	62920	618-833-6100
2. Contractor or Builder	Mangan Builders			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
David Fombelle	820 Kratzinger Hollow Rd	9/1/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jeeler	$402.00	9-1-06	#811

Payment of $402.00 CK# 1015 received by Union County Treasurer

Date 10/3/06

Bobby L. Myers mg.

05-18-03-295

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

2/2

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-21-03-717-B1

COPY

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description

N S
E W from intersection of _____ and _____ feet

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

9a [X] Private (individual, corporation, nonprofit institution, etc.)
9b [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Tanning Salon

Beginning construction date _____
Completion construction date _____

Beginning construction date 9/5/06
Completion construction date 12/20/06

C. COST (*Estimated*)

(*Omit cents*)

10. Cost of improvement $ 563,928

To be installed but not included in the above cost
a. Electrical 110,000
b. Plumbing 33,735
c. Heating, air conditioning 64,337
d. Other (elevator, etc.) 0

11. TOTAL COST OF IMPROVEMENT $ 772,000

MOBILE HOME INFO

Date MH was set-up _____
Make _____ Size _____ Yr. Model _____
Previous MH Owner _____
Previous MH Location _____
Current MH Owner _____
Current MH Location _____
Current Land Owner _____

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J; for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 3456
50. Total land area, sq. ft. 13000

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 0
52. Outdoors 14

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel.
1. Owner	Dottie Holcomb	1255 Kaolin Rd Cobden, Illinois	62920	618 833-3944
2. Contractor or Builder	Morton Buildings	2807 State St. Chester, Illinois	62233	618 826-5005
3. Architect	Wayne Nauman Allied Design	100 S. Pershing P.O. Box 110 Morton, Illinois	61550	309 263-4105

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant [signature] | Address 2807 State St. Chester IL. | Application date 8/21/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE 62233

Approved by	Permit fee	Date permit issued	Permit number
	$ 1235.00	August 31, 06	808 A

Payment of _____ received by Union County Treasurer

Date _____

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-28-03-920-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: COPY

Subdivision or Addition | Lot | Block | Census track

RECEIVED JUN 22 2006 CCAO

Legal Description: Pt SENE + Pt SWNE Sec 28-12-1W 6.00 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 7/10/06

Completion construction date 7/15/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 20,000.00
To be installed but not included in the above cost	
a. Electrical	100.00
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,100.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 260
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	LARRY WALTER	590 Tollgate Rd Anna IL 62	62906	833-8895
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Larry Walter

Address: 590 TOLLGATE RD

Application date

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson

Permit fee: $ 50.00

Date permit issued: 6/09/06

Permit number: 804

Payment of $50.00 CK # 4459 received by Union County Treasurer

Date 6/27/06

Larry Walter

Bobby L. Moore mg.

#05-28-03-920B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

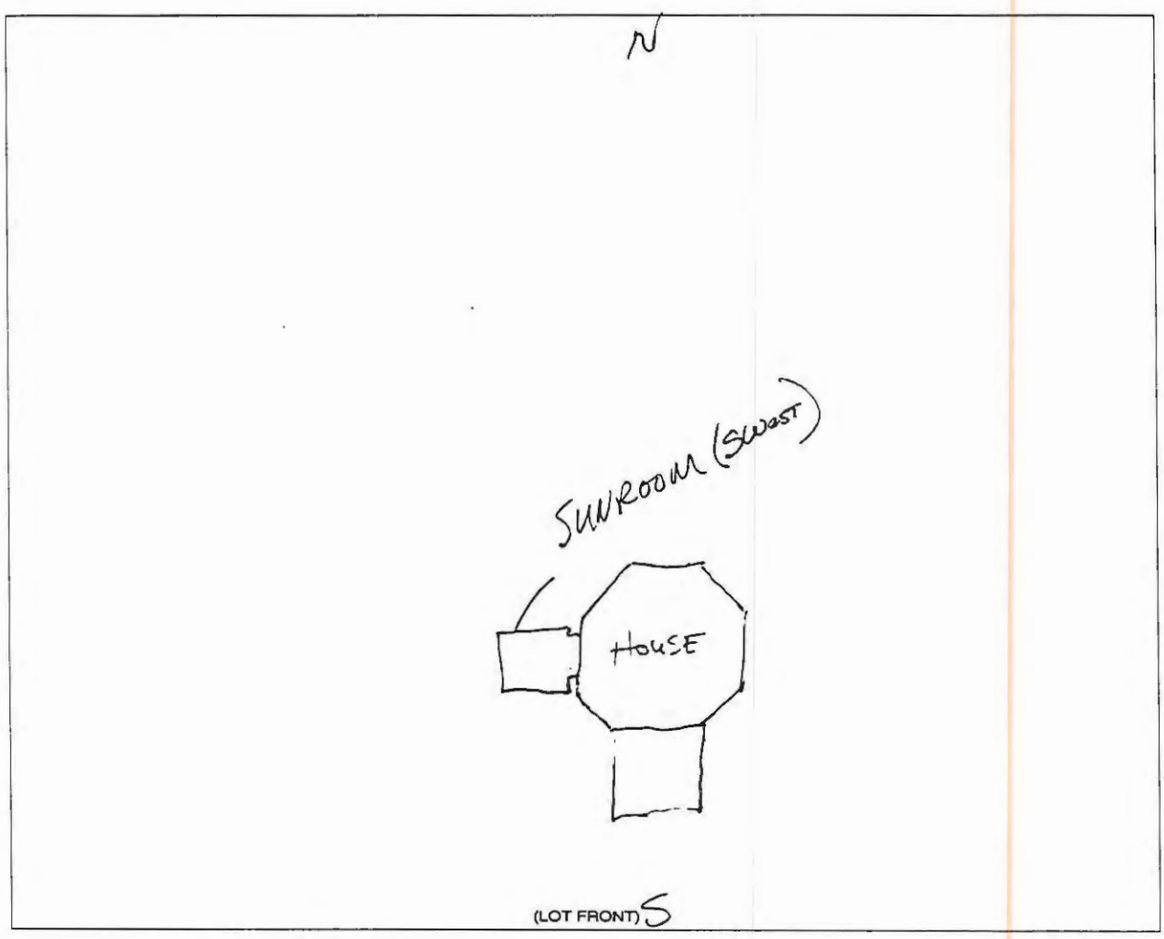
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



590 TOLLGATE RD

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prop. 05-28-03-966
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: | Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: Pt Lt 2 west Hwy 51 S28 T12 R1W 1.00 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED NOV 13 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [✓] Other – *Specify* BOARD & CARE

Beginning construction date 10/06

Completion construction date 12/06 ?

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 66,560.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 66,560.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 832
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: 2
- 52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 6
- 54. Number of bathrooms: Full 3; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Independent Living Service	158 E. Vienna Anna, IL	62906	618-833-5070
2. Contractor or Builder	Brian Smith	Makanda Development 503 Stone Creek Drive	62958	
3. Architect	none			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jacob Allen	810 US Hwy 51 South	10/24/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 143.00	12/24/06	844

Payment of $143.00 CK #4703 Independent Living Services, Inc. received by Union County Treasurer

Date 11-13-06 Bobby L. Magee

05-28-03-966

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

#. 1113 12 #2 1000 +10

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-28-03-972-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: W½ SE E of Hwy S28 T12sW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Barn Addition

Beginning construction date 1-20-06

Completion construction date 1-27-06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 2,500.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2,500.00

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify N/A

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	400
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Scott E. Wilkins	1305 US Hwy 51 S, Anna	62906	833-7157
			62906	
2. Contractor or Builder	Terry Panici			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Scott E Wilkins	1305 US Hwy 51 S, Anna, Il.	1-13-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ -0-	01/13/06	760

Payment of N/A received by Union County Treasurer

Date _____

#05-28-03-972-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 05-31-04-121-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 815 Bauer Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 31 12-1W 1/4 of NW

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

05-007

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

14x60 DONE KS

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	MARCH 2006
Make	LEGEND · Size 924 sq ft. Yr. Model 1996
Previous MH Owner	NEW
Previous MH Location	OLIVE BRANCH, IL.
Current MH Owner	CHARLES L. DELASHMUTT
Current MH Location	OLIVE BRANCH, IL.
Current Land Owner	CHARLES L. DELASHMUTT

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories .....
- 49. Total square feet of floor area, all floors, based on exterior dimensions .....
- 50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed .....
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms .....
- 54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CHARLES L. DELASHMUTT	815 BAUER RD. JONESBORO, IL. ~~62952~~	62952	833-2456
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Charles L. DeLashmutt	815 BAUER RD. JONESBORO, IL.	1-12-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 50.00	1-12-06	# 759

Payment of $50.00 CR# 11184 received by Union County Treasurer

Date 2-9-06

[signature]

#05-31-04-121-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 5-31-04-121-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 815 Bauer Rd

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: 31 12-1W 11 SE NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units edded, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	MARCH 2006
Make	LEGEND · Size 924 sq ft. Yr. Model 1996
Previous MH Owner	NEW
Previous MH Location	OLIVE BRANCH, IL.
Current MH Owner	CHARLES L. DELASHMUTT
Current MH Location	OLIVE BRANCH, IL.
Current Land Owner	CHARLES L. DELASHMUTT.

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms { Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CHARLES L. DELASHMUTT	815 BAUER RD. JONESBORO, IL. ~~62952~~	62952	833-2456
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Charles L. DeLashmutt	815 BAUER RD., JONESBORO IL.	1-12-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 50.00	1-12-06	# 759

Payment of _____ received by Union County Treasurer

Date _____

new parcel

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-33-04-155-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 200 Wyatt LANE, ANNA

Subdivision or Addition | Lot | Block | Census track

Legal Description: W 1/2 NE Sec 33 12-1W 19.06 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

- 12 [X] One family BURM Home
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [X] Garage
- 16 [ ] Carport
- 17 [X] Other – *Specify* BARN-30'x60' CONC. PAD

Beginning construction date 9-3-06?

Completion construction date 7-3-07

Nonresidential

- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 200,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

RECEIVED JUL 06 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [X] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [X] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	3200
50. Total land area, sq. ft. 2400 SF HOUSE / 800 SF GARAGE	3200

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	—
52. Outdoors	—

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JOHN E. & JUDY A. Wyatt	490 KNUPP SCHOOL LN ANNA	62906	618-833-5653
2. Contractor or Builder	DAVID STEWART & JASON Wyatt	310 WILSON ST. ANNA, IL.	62906	618-833-1495
3. Architect	X			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Judy A. Wyatt	490 Knupp School LN, ANNA	6-21-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 410 00	6-22-06	#810

Payment of $410.00 CK# 1123 John & Judy Wyatt II received by Union County Treasurer

Date _____ Bobby J. Mason Mag.

PROP. NO. 05-33-04-155-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-33-04-160-PT

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: PT SW NW + PT NW NW S33 T12 R1W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 11-7-06

Completion construction date 12-24-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 72,700

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:

Date MH was set-up:

Make Southern Homes Size 12 x 68 Yr. Model '06

Prev MH Owner

Prev MH Location

Curr H Owner

Cur H Location

Curren ind Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wre ng, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tar .)

H. TYPE OF WATER SUPPLY

- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 2176
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 4
54. Number of bathrooms { Full ..... 3 ; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Frankie Williams	1205 old Route 51 N.	62906	833-9005
	Kristen Williams	Anna, IL		833-9005
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Frankie Williams	1205 old Route 51 N. Anna IL 62906	11-2-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 155.00	11/06/06	846

Payment of $155.00 CK# 2700 Frankie Williams received by Union County Treasurer

Date 11-13-06 Bobby A. Mayne mg.

05-33-04-160-(PT)

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

Boyd Road

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-34-04-182 (PT)

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NWNW S34 T12 R1W

N S / E W from intersection of _____ and _____ Streets

7.67 Acres

Applicable Zoning District

RECEIVED

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

CCAO

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 6-12-06

Completion construction date 7-15-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 133,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

RECEIVED

Date MH was set-up:

JUN 2 2 2006

Make | Size | Yr. Model

Previous MH Owner

CCAO

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning? 44 [ ] Yes 45 [ ] No

Will there be an elevator? 46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dan Monti	360 Friendship School Road, Anna, IL.	62906	(618) 925-2909
2. Contractor or Builder	New Horizon Homes	1707 E. Deyoung Marion, IL. ~~62959~~	62959	(618) 998-4663
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Dan Monti	360 Friendship School Road, Anna, IL. 62906	6-12-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 276.00	6/12/06	805

Payment of $276.00 CK # 111 Daniel Monti received by Union County Treasurer

Date 6/22/06 Barry L. Mayne

#05-34-04-182-(PT)

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

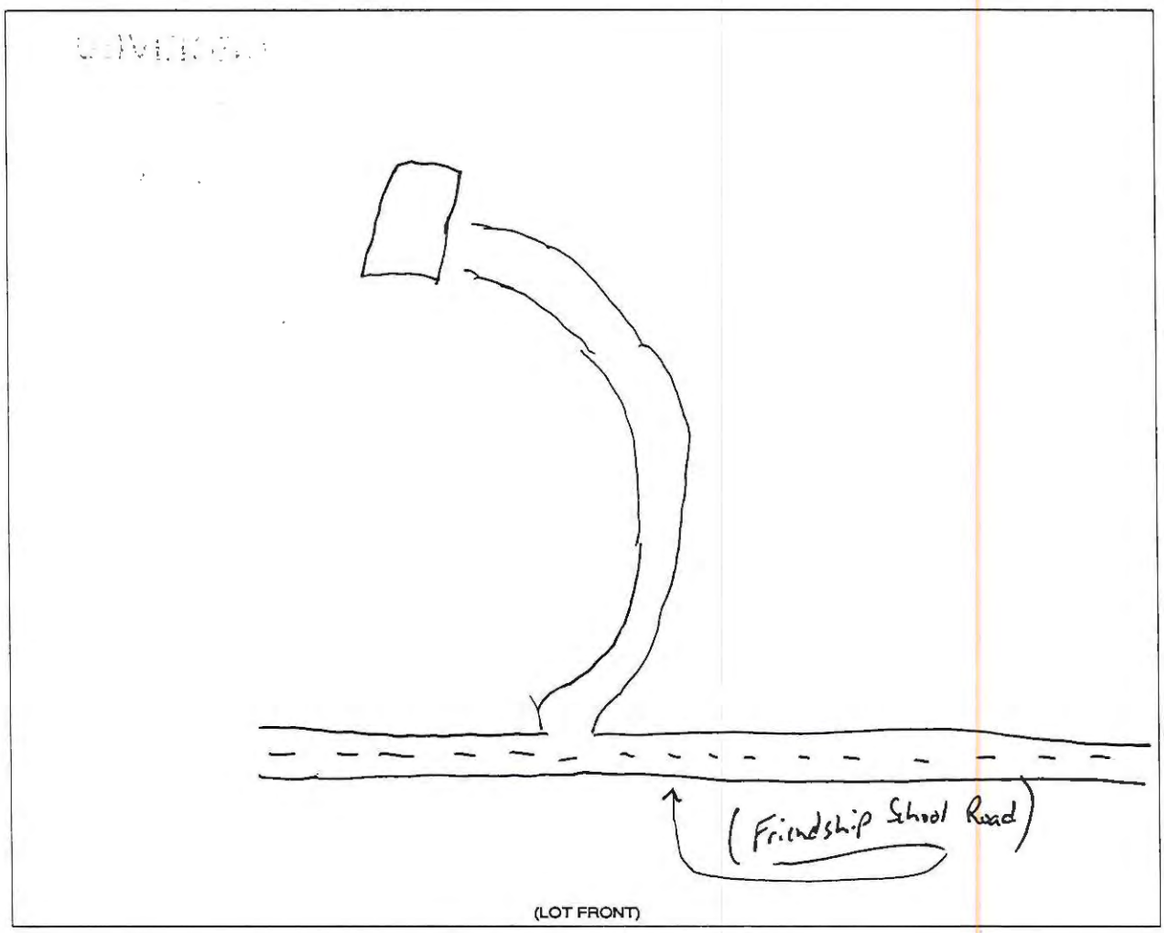
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Friendship School Road
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-03-04-289-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 345 FOSTER RD

Subdivision or Addition | Lot | Block | Census track

Legal Description: N 1/2 NE NW NW Sect 3 TSP 13 Range 1 W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 8-5-06

Completion construction date 12-31-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 148,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 148,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity – Geothermal
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Timothy & Christina Ritter	345 Foster Rd Anna IL 62906		618-827-4927
2. Contractor or Builder	Dean Consit Const			527-4086
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Timothy C Ritter

Address: 345 Foster Rd Anna IL 62906

Application date

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 306.00		818-A

Payment of Ck #2324 $306.00 received by Union County Treasurer

Date 9-20-06 Timothy Ritter 06-03-04-289-B

Bobby A. Mayer Atty.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

Foster RD 1st house on left

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N. 06-10-04-435-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NWNW SEC 10 T13 R1W

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 24,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 24,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make • Size Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [ ] Yes
- 45 [X] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS
- 48. Number of stories _____
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 20 X 26
- 50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: N/A
- 52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: YES 0
- 54. Number of bathrooms: Full 0; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ronald PIND Bernice PIND	205 NEELY Rd Anna IL	62906	833-3370
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Bernice A Pind	205 Neely Rd Anna IL	1-10-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 25.00	01/10/06	758

Payment of $25.00 CK # 5954 received by Union County Treasurer

Date 2-9-06

[signature]

#06-10-04-435-C

LOT PLAN

[illegible] INSTRUCTIONS

1. Show Lot [illegible] (all sides)
2. Show adj[illegible] lot numbers and Streets or Alleys
3. Draw exis[illegible] with dotted lines
4. Draw prop[illegible] with solid lines
5. Give Dista[illegible] structures to Street, Alley or side Lot li[illegible]
6. In Rural a[illegible] location of structure to township, [illegible] quarter section.

Date

Name

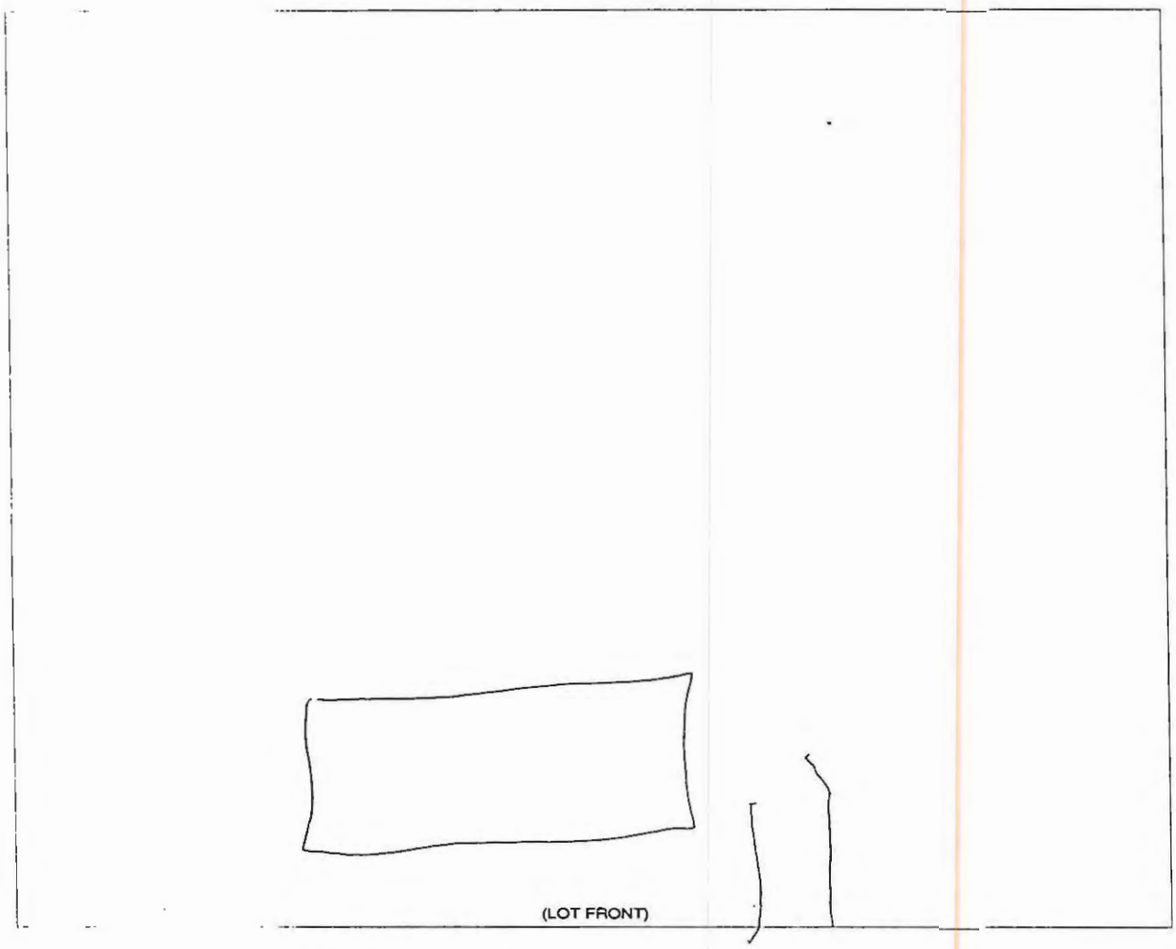
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



NEELY Rd

STREET NAME

I hav[illegible] the above Lot Plan and to the best of my knowledge it is accurate and complete.

Barrie Pond

Applicant

205 Neely Rd Anna IL

Address

618-833-3370

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-10-04-444-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt SWSE S10 T13 R1W 20. Ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED OCT 0 5 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [✓] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 09-26-06

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 80,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [✓] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1500
- 50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: _____
- 52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full 2; Partial 1/2

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	KEN LUEBKE	1435 BODY BARN RD ANNA, IL	62906	262-515-5628
2. Contractor or Builder	SAME			
3. Architect	SAME			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Ken Luebke	1435 BODY BARN RD ANNA IL.	09-25-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Yoder	~~$170.~~	9/25/06	834

Payment of $170.00 CK# 1162 received by Union County Treasurer

Date 10-3-06 06-10-04-444-A Kelly A. Morris Mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

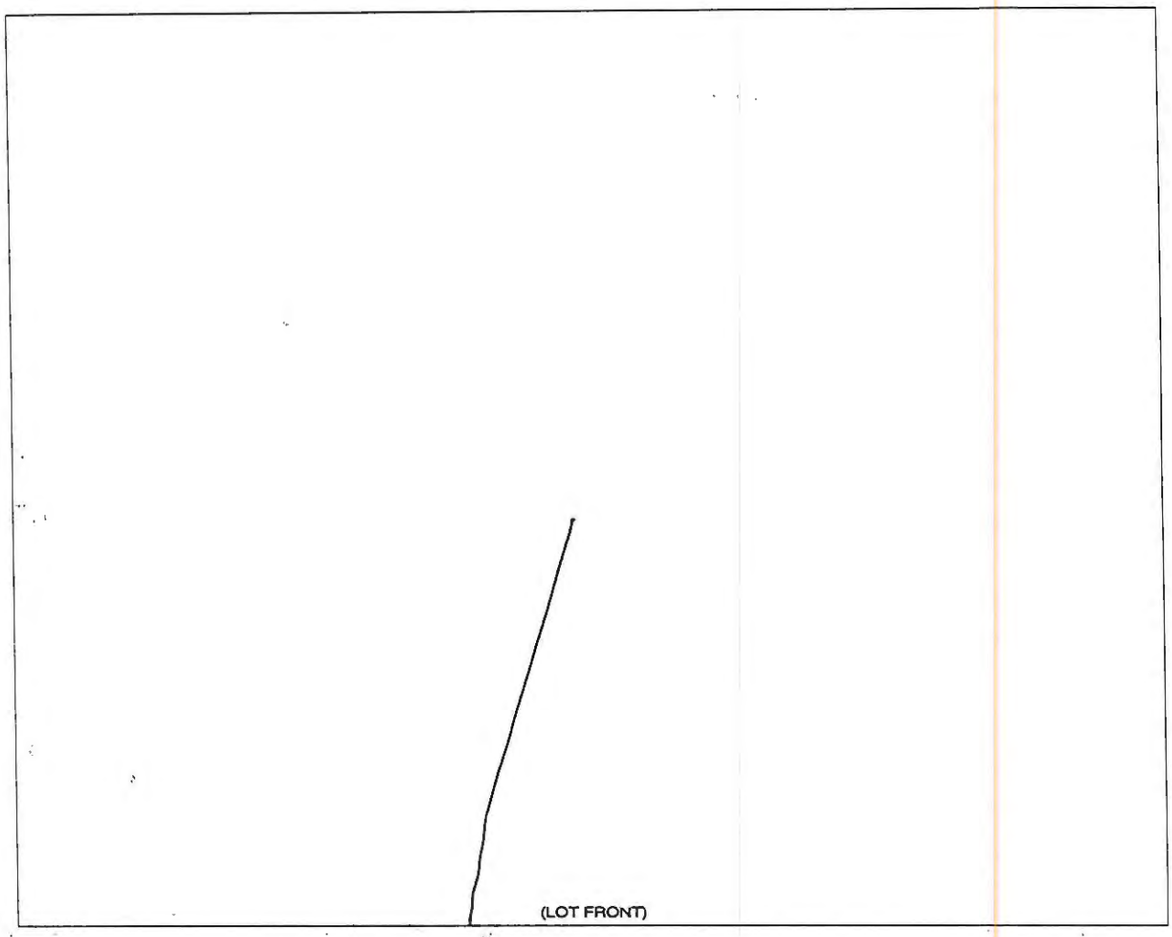
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



BODY BARN RD

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . 06-11-04-460-A1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 530 Body Barn Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 11 13-1W Pt S1/2 SW NW 3.80 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn

Beginning construction date 9-18-06

Completion construction date 10-18-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement $ _____

To be installed but not included in the above cost
a. Electrical _____
b. Plumbing _____
c. Heating, air conditioning _____
d. Other (elevator, etc.) _____

11. TOTAL COST OF IMPROVEMENT $ 3000

MOBILE HOME INFO:
Date MH was set-up:
Make _____ Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED SEP 20 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 24x32 768 SF
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Lloyd Goodman	530 Body Barn Rd, Anna IL	62906	827-4849
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lloyd D. Goodman		9-11-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$ 16.00	9-11-06	816-A

Payment of Cash $16.00 received by Union County Treasurer

Date 9-26-06 Lloyd Goodman Bobby L. Myers Mg.

06-11-04-460-A1

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 9-11-04-467

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NE SE S11 T13 R1W 22.13 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 9-1-06

Completion construction date 3-1-07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 60,000 ~~80,000~~
To be installed but not included in the above cost	
a. Electrical	10,00
b. Plumbing	10,00
c. Heating, air conditioning	5,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 85,000 ~~100,000~~

MOBILE HOME INFO:

Date MH was set-up:

Make Size Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 2
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1200-1st 600 2nd
- 50. Total land area, sq. ft.: 18,004 ~~1.75 acre~~

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full 1; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John + Nancy Murray	5875 Hwy 51 South Dongola IL	62926	827-4151 833-5502
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
John Murray	5875 Hwy 51 South Dongola IL 62926	9-1-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill [illegible]	$ 180.00	Sept. 1. 06	810 A

Payment of $180.00 CK # 5460 received by Union County Treasurer

Date 9-11-06 John Murray #06-11-04-467 Bobby A. Mayer Mgr.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

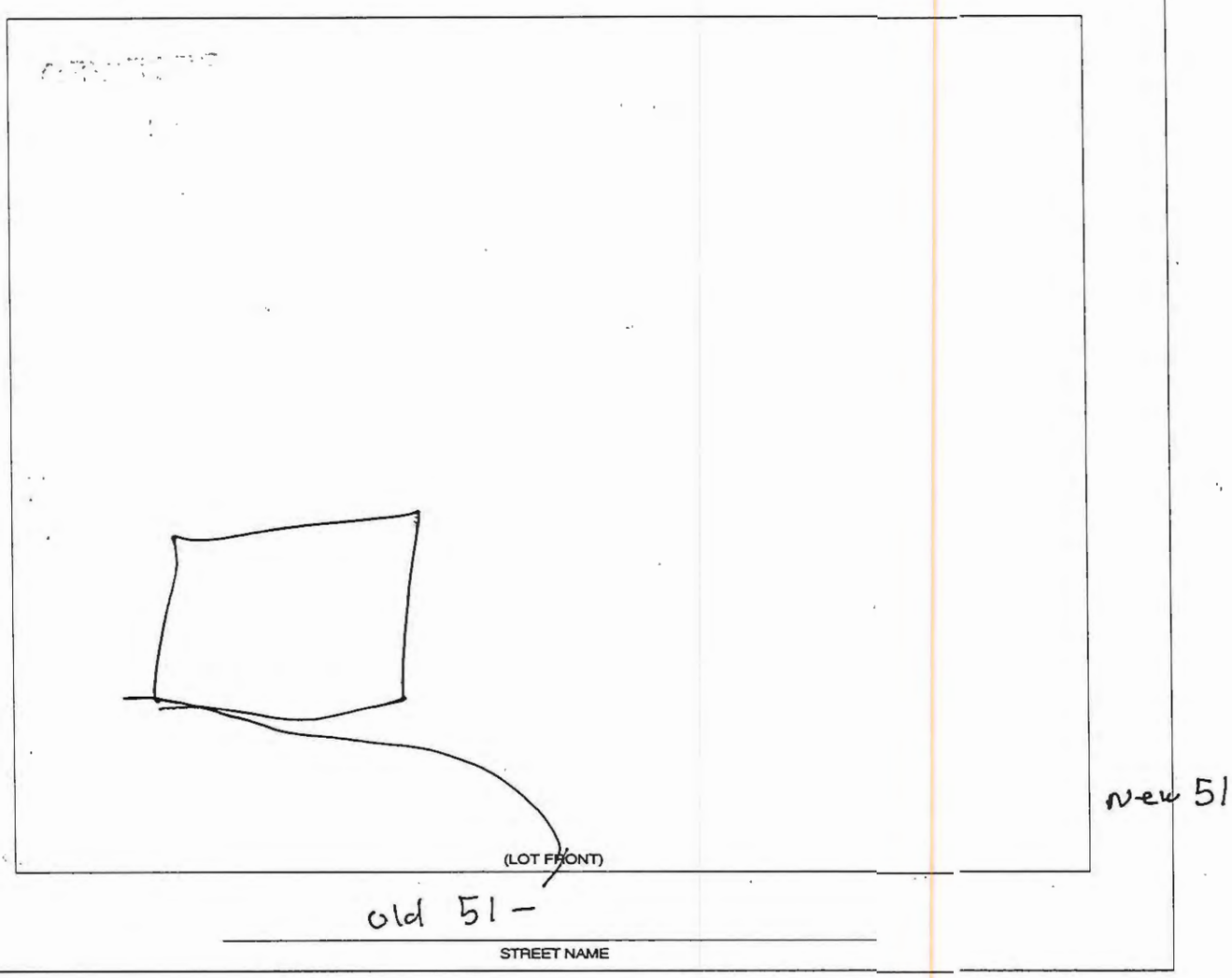
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prc o. 06-17-04-578
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT SE NE, SW, W½ SE, SW N½ NE SE, S¼ SE SE S17 T13 R1W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 20,000.-
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,000.-

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify NONE

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 45x80 3600 sq ft
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	RAY D. MORELAND	1920 ST JOHN RD ANNA IL	62906	618-827-3567
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Ray D Moreland	1920 ST. JOHN RD ANNA IL 62906	4-11-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00	4/11/06	789

Payment of $50.00 CK# 2660 received by Union County Treasurer

Date 4-18-06

Billy L Moore Mg.

06-17-04-578

UNION COUNTY Prop. No. 06-25-04-870-A1
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 346½ WETAVG RD
Subdivision or Addition:
Lot: X
Block:
Census track:
Legal Description: PT NW SE S25 T13 R1W ,12 AC
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [✓] Other – *Specify* HORSE SHELTER

Beginning construction date 4-8-06
Completion construction date 10-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement $ 0
To be installed but not included in the above cost
a. Electrical 0
b. Plumbing 0
c. Heating, air conditioning 0
d. Other (elevator, etc.) 0
11. TOTAL COST OF IMPROVEMENT $ 0

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED
APR 20 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)
DOES NOT APPLY

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)
DOES NOT APPLY

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [✓] No
Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions NO FLOOR
50. Total land area, sq. ft. 22 X 22

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed None
52. Outdoors None

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms None
54. Number of bathrooms { Full None; Partial None

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CLIFTON BENNETT	POBOX 415 DONGOLA IL	62926	618 697 1987
2. Contractor or Builder	None			
3. Architect	None			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Clifton Bennett	346½ WETAVG RD DONGOLA IL	4-7-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 10.00	4/7/06	# 787

Payment of $10.00 Cash received by Union County Treasurer

Date 4/18/06

[signature]

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-27-04-913-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2025 Kimber Rd, Dongola

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: 15-1W 529 Pt E1/2 NW 12.32ac

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6-2-06
Completion construction date 8-2-06

Nonresidential
18 [X] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 30,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED JUN 06 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1200
50. Total land area, sq. ft. 1500

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors 5

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kevin Cox	2025 Kimber Rd Dongola	62926	618-827-4119
			cell	697-2622
2. Contractor or Builder	Kevin Cox			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Kevin Cox	2025 Kimber Rd Dongola	5-25-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bob Jackson	$ 70.00	5-25-06	#797

Payment of $70.00 CK #1004 Hoggy's B.B.Q. Kevin Cox received by Union County Treasurer

Date 6-6-06 Bobby L. Mayes Treas

06-27-04-913-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-28-04-929-A property owned by Philip Dillow

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 470 Two-Cylinder lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1W W½ NW 80ac Section 28

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn- partial concrete pad 1/3 electricity
Beginning construction date 3-25-06
Completion construction date 6-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____
Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$6,000.00
To be installed but not included in the above cost	
a. Electrical	$500.00
b. Plumbing	$250.00
c. Heating, air conditioning	N/A
d. Other (elevator, etc.)	N/A
11. TOTAL COST OF IMPROVEMENT	$6,750.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED JUN 22 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft.

on back →

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed N/A
52. Outdoors N/A

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms None
54. Number of bathrooms: Full None; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James Dillow	470 Two-Cylinder lane Dongola, IL	62926	618-827-4499
2. Contractor or Builder	James Dillow			
3. Architect	None			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
James Dillow	470 Two-Cylinder lane, Dongola IL 62926	3-16-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$23.50	6-6-06	#801

Payment of #23.50 CK #3422 received by Union County Treasurer

Date 6/22/06 Philip Dillow #06-28-04-929-A

Bonny A. Myers Mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

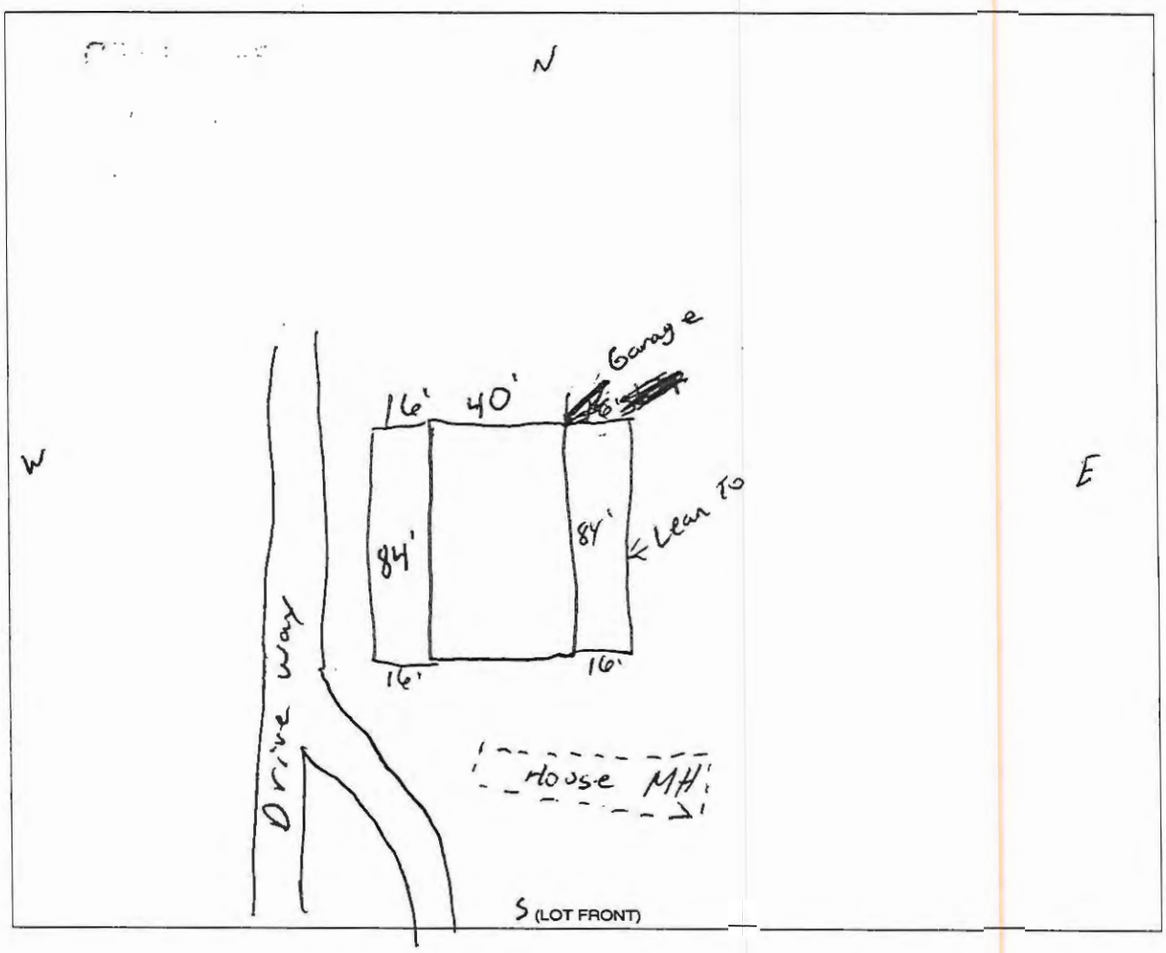
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



470 Two-Cylinder lane

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

James Dillow

Applicant

470 Two-Cylinder lane Dongola, IL 62942

Address

618-827-4499

Phone Number

UNION COUNTY Prop. No. 06-32-05-027-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 305 Lake Rd, Dongola
Subdivision or Addition | Lot | Block | Census track
Legal Description: 13-1W Sec 32 Pt SW 10.21 ac
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn w concrete pad; electric

Beginning construction date 4-20-06
Completion construction date 5-20-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 40,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, airconditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 40,000

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricit
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 4,600
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	MIKE LYNCH	128 S. First ST GURNEE Il	60031	847 820-1088
2. Contractor or Builder	B-S Const.	Cobden Il		697-1130
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applican	Address	Application date
Mike Lynch	128 S. First ST Gurnee Il	4-18-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 90.00	4-18-06	#790

Payment of 90.00 CK# 6321 received by Union County Treasurer

Date 5-3-06

Bobby S. Mayes by

#06-32-05-027-B

COPY

UNION COUNTY Prop. No. 07-03-05-156
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT SESWSE, PT SESE Sec 3 TH R2W 41.36 Acres

N S E W from Intersection of _____ Streets

Applicable Zoning District

RECEIVED OCT 0 5 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 10-06
Completion construction date 6-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$25,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$25000.00

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 1400
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: DNA.
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 2
54. Number of bathrooms: Full 1; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Sandra + Donald Reimbold	1196 Alto Water Works Rd Cobden, IL	62920	618-893-4506
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Sandra A. Reimbold	1196 Alto Water Works Cobden, IL	9-13-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$60.00	9/13/06	817 A

Payment of $60.00 CK #3273 received by Union County Treasurer

Date 10-3-06

Bobby L Mayne Mg.

07-03-05-156

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

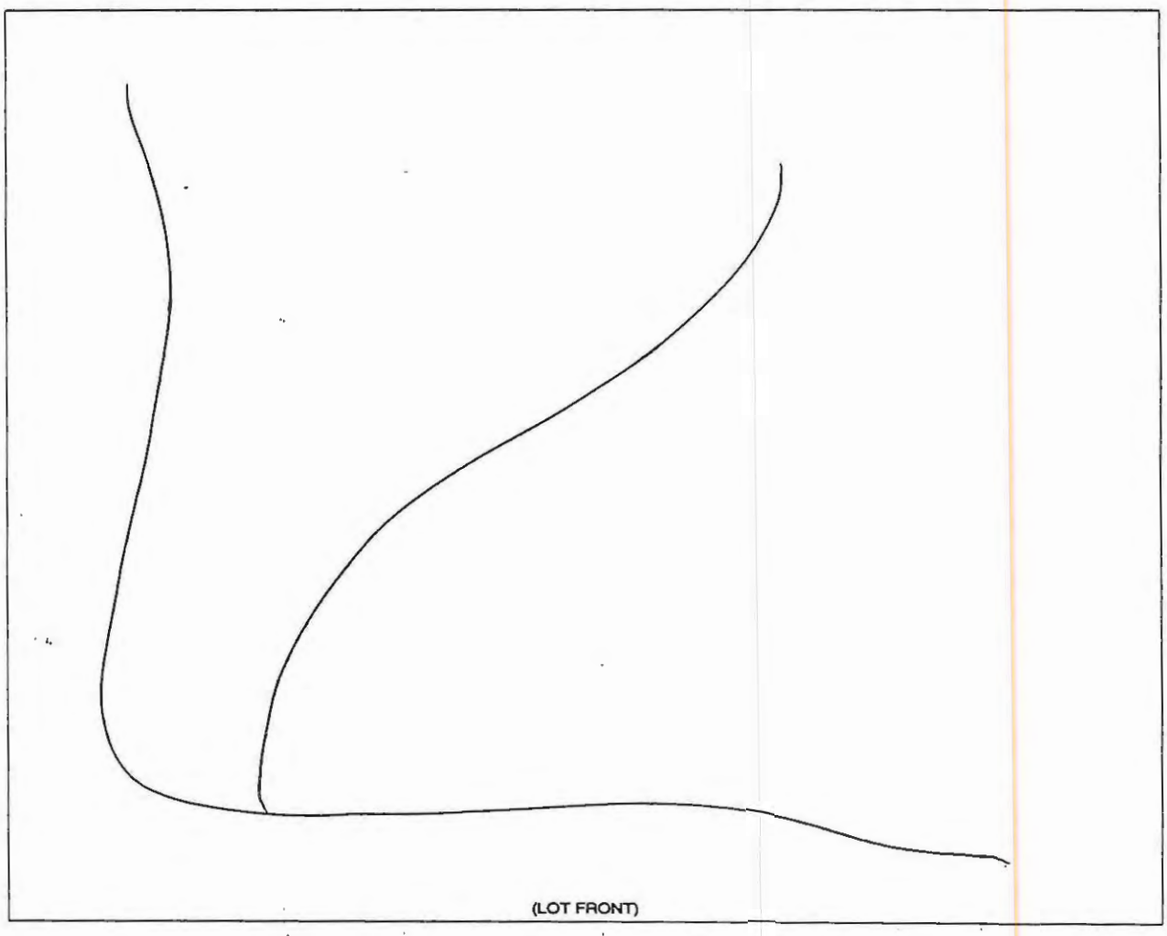
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Alto Water Works Rd.

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prop. No. 07-09-05-233-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT SE TRACT #3 S9 T11 R2W 1.71 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [✓] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
18 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 9/25/06
Completion construction date 11/1/06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$45,000.00
To be installed but not included in the above cost	
a. Electrical	–
b. Plumbing	–
c. Heating, air conditioning	–
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$45,000.00

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [✓] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	576
50. Total land area, sq. ft.	1.71a

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	0
52. Outdoors	1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	4
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	—

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mary Lou Kowalski	830 Chestnut, PO Box 84 Alto Pass IL	62905	618. 893.4168
2. Contractor or Builder	T&J Construction	4775 St Rt 147 Vienna IL	62995	618. 771.6233
3. Architect	—			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mary Lou Kowalski	830 chestnut, Alto Pass	9/21/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bud Jackson	$ 100.00	9/21/06	833

Payment of Mary Lou Kowalski received by Union County Treasurer

Date 9-22-06 CK# 1063 Betty J. Myers

07-09-05-233-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

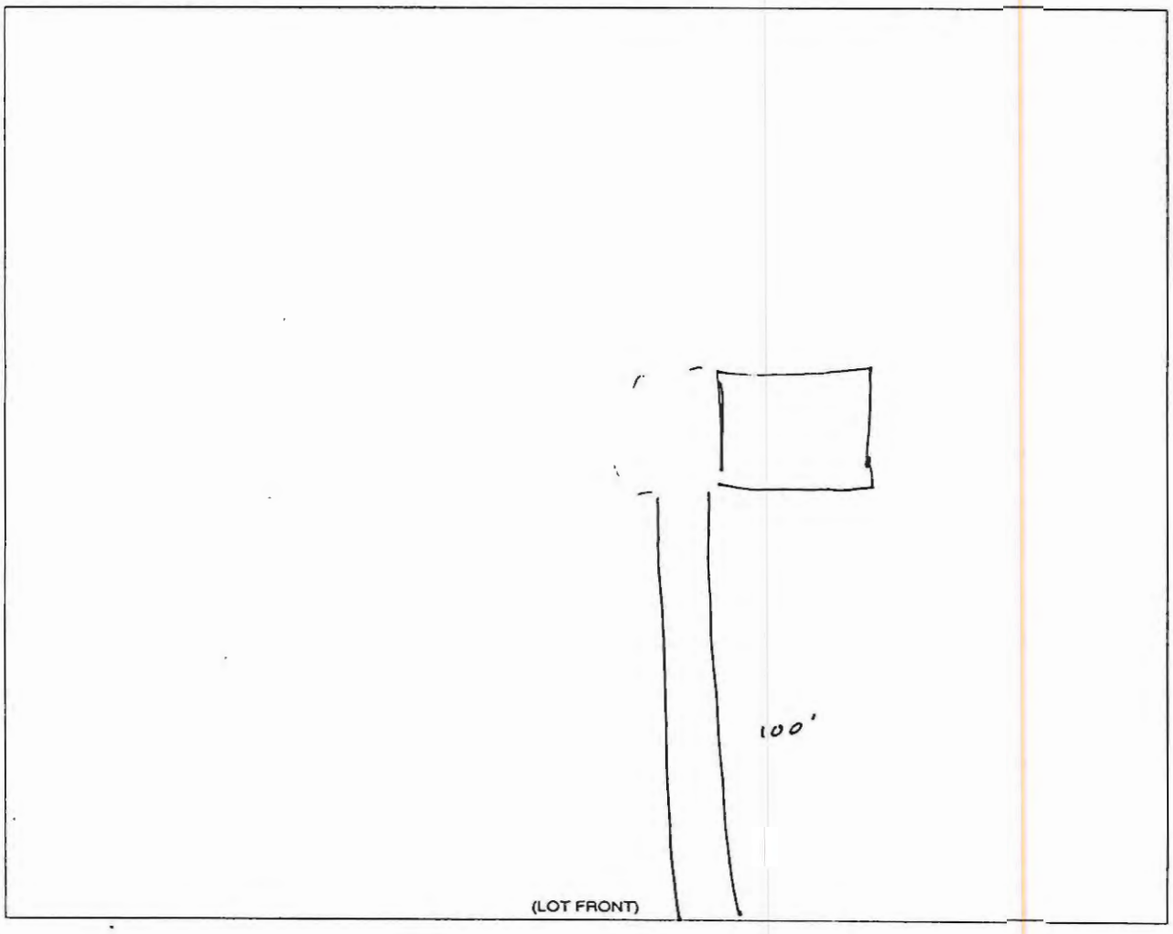
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Chestnut
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-11-05-291-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1350 WINSTEAD ROAD

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 11 T11R2W PT N 1/2 NENE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [redacted] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [redacted] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [redacted] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 8-21-06
Completion construction date 8-24-06 ?

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 12,300.00
To be installed but not included in the above cost	
a. Electrical	?
b. Plumbing	—
c. Heating, air conditioning	?
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED AUG 28 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [redacted] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify ?

G. TYPE OF SEWAGE DISPOSAL NA

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [redacted] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [redacted] No

Will there be an elevator?
46 [ ] Yes 47 [redacted] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	30 X 40
50. Total land area, sq. ft.	30 X 40

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	NA
52. Outdoors	NA

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	NA
54. Number of bathrooms – Full	NA
54. Number of bathrooms – Partial	NA

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Tom & Rebecca SMITH	1350 WINSTEAD RD. Cobden IL.	62920	618-893-6120
2. Contractor or Builder	TRUE-BUILT	9328 FOYT RD. MARION IL	62959	618-982-2110
3. Architect	NONE			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Rebecca Smith	1350 WINSTEAD RD. Cobden IL	8-8-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 34.00		830

Payment of #34.00 Ck # 1988 Tom Smith received by Union County Treasurer

Date 8/29/06

[signature]

07-11-05-291-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

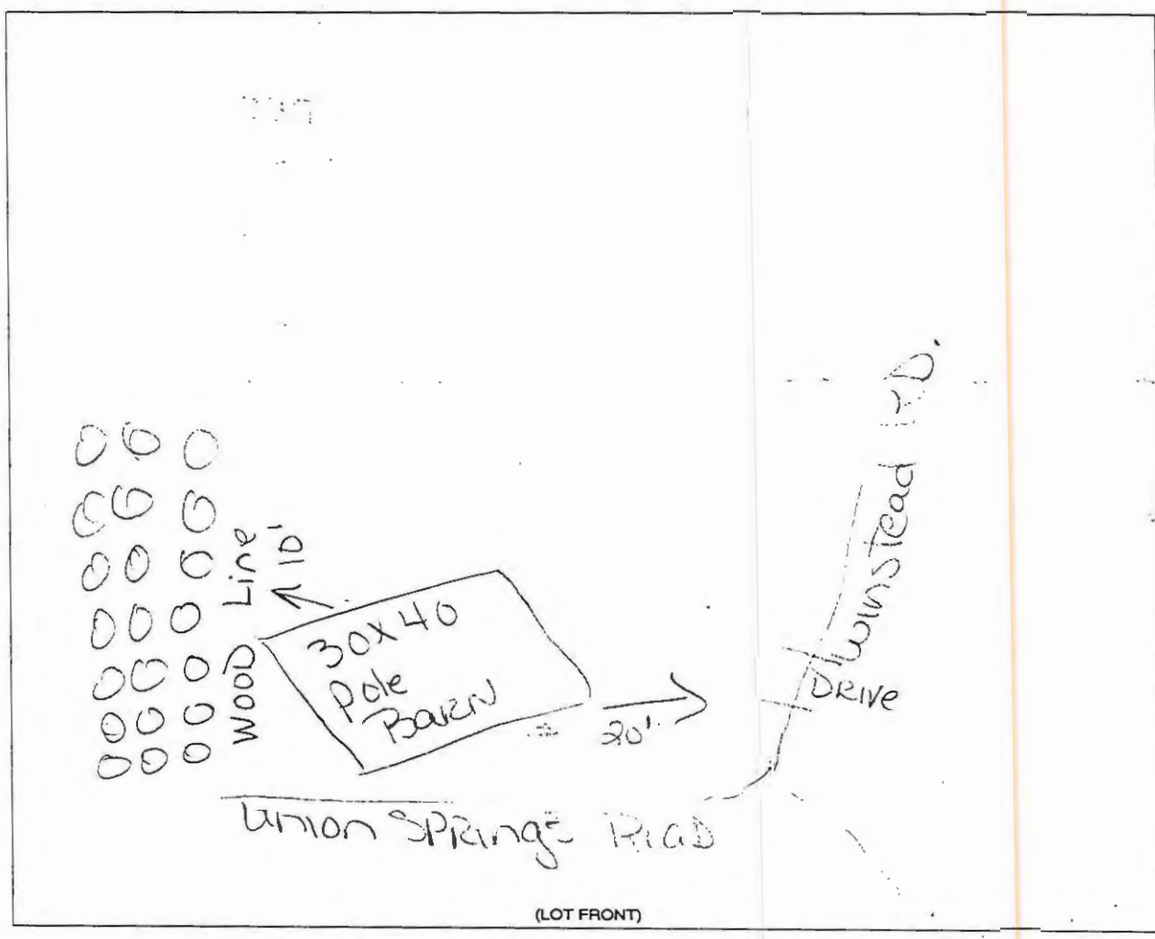
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



WINSTEAD ROAD
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant: Gloria Smith

Address: 1350 WINSTEAD RD Cobden IL 62920

Phone Number: 618-893-6120

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-14-05-367-A1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NW SW TR 1 S14 T11 R2W 10.64 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date AUG 15, 06

Completion construction date AUG 15, 07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 50,000.–

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED AUG 28 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning? 44 [X] Yes 45 [ ] No

Will there be an elevator? 46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	1056

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	DNA
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	–

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JAN W. MAZUREK	470 DAFFODIL WAY COBDEN ILLINOIS	62920	893 2881
2. Contractor or Builder	SELF			
3. Architect	SELF			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jan W Mazurek	470 DAFFODIL WAY COBDEN	28 AUG 06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 110.00	8/15/06	832

Payment of $110.00 CK #488 Jan Mazurek received by Union County Treasurer

Date 8/29/06

Bobby L. Magee

07-14-05-367-A1

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

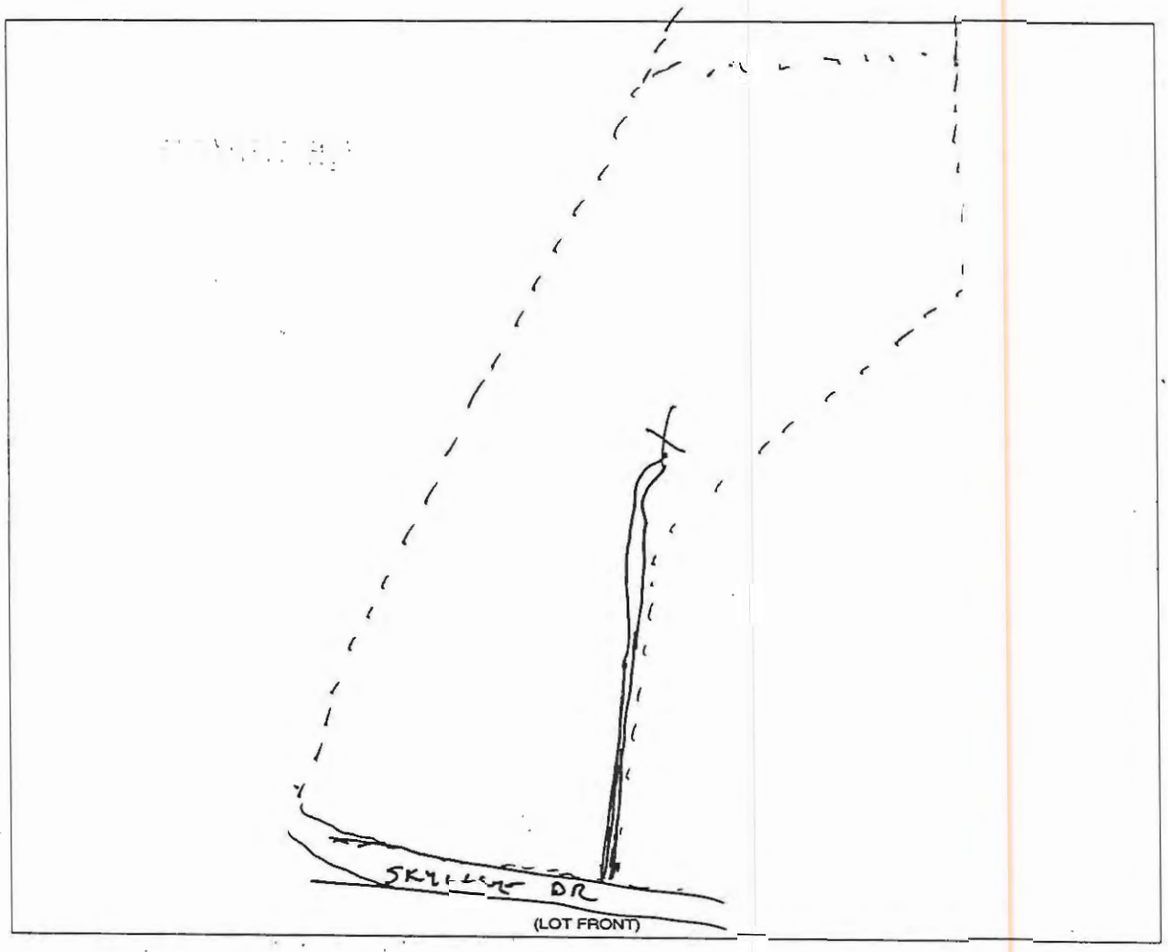
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



SKY LINE DRIVE, ALTO PASS

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 07-14-05 372-A2 07

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: SEC 14 T11-R2W PT SE SW

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED NOV 13 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 10-9-06

Completion construction date 4-9-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 211,000.00
To be installed but not included in the above cost	
a. Electrical	6,000.00
b. Plumbing	7,500.00
c. Heating, air conditioning	8,300.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 211,000.00

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1800
50. Total land area, sq. ft.	3 AC.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	RICHARD/RUBY LINGLE	2633 STRATFORD DRIVE		
		SPRINGFIELD, IL.		
2. Contractor or Builder	JAMES CONST. CO.	20 CARBON LAKE RD.		687-4607
		MURPHYSBORO, IL 62966		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	20 CARBON LAKE RD. MURPHYSBORO, IL	10-16-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 432.00	10-16-06	840

Payment of $432.00 CK #10164 James Const. received by Union County Treasurer

Date 11-13-06 [signature]

07-14-05-372-A2

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY Pr lo. 07-14-05-372-A3

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2510 Skyline Dr. Alto Pass

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 14 11-2W Pt SE SW 15.37AC

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED AUG 1 8 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn concrete pad.

Beginning construction date June 1, 06

Completion construction date Sept 1, 06

Nonresidential
18 [ ] Amusement, recreation
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 18,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 48x50 2400 ☒
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ronald & Carol Stolz	2800 Skyline Dr. Alto Pass	62905	893-4907
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Carol Stolz | Address | Application date: 7-19-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Graham | Permit fee $ 46.00 | Date permit issued 7-19-06 | Permit number # 820

Payment of CK #4302 R.T. Stolz received by Union County Treasurer

Date 8/18/06

07-14-05-372-A3

Betty A. Mayer

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 07-24-05-523-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NWSE Sec 24 T11 R2W

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Feb 12, 06
Completion construction date May 12, 06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, Institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 82,100.00
To be installed but not included in the above cost	
a. Electrical	3500
b. Plumbing	5600
c. Heating, air conditioning	6500
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$ 110,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [X] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 1640
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 2
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 2
54. Number of bathrooms: Full 1; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Cliff Walter Linda Walter	108 Peach Dr. Anna Il.	62906	618 833 8309
2. Contractor or Builder	Self			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Linda Walter	108 Peach Dr. Anna Ill.	

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

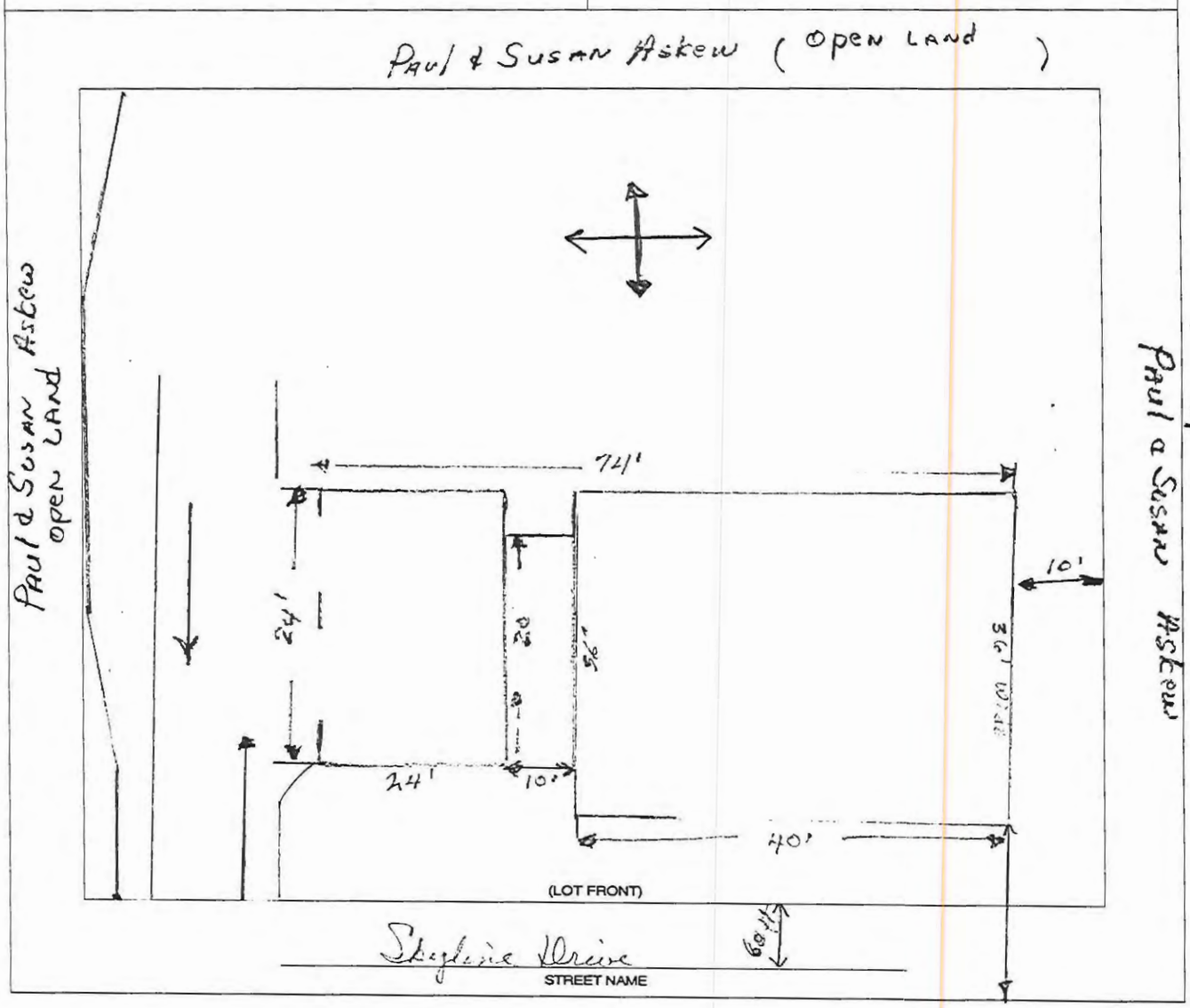
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Chiff & Linda Waller
Applicant

108 Peach Dr Anna Il. 62906
Address

618-833-8309
Phone Number

UNION COUNTY Prop. No. 07-25-05-556
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: MT GLEN RD | Subdivision or Addition: | Lot: | Block: | Census track: 9501

Legal Description: SEE ATTACHED 11-2W Sec 25 N S

SE Pt NE SE & E1/2 NW SE

E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family * Cabin
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date MAR 15 2006
Completion construction date AUG 15 2006

Beginning construction date _____
Completion construction date _____

RECEIVED MAR 07 2006 CCAO

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 50,000
To be installed but not included in the above cost	
a. Electrical	1,000
b. Plumbing	1,000
c. Heating, air conditioning	2,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 54,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 864
50. Total land area, sq. ft.: 1 ac+

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: –
52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 1
54. Number of bathrooms: Full 1; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	RAYMOND HOGAN ROSE HOGAN	103 S GREEN ANNA, IL 62906	62906	833 5807
2. Contractor or Builder				
3. Architect				

RECEIVED MAR 07 2006 CCAO

RECEIVED MAR 07 2006 CCAO

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	103 S GREEN, ANNA, IL	2-23-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 118.00	3-1-06	# 774

Payment of $118.00 CK #6743 received by Union County Treasurer

Date 3-7-06

Bobby A. Meyer

#07-25-05-556

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name: Ray Hogan

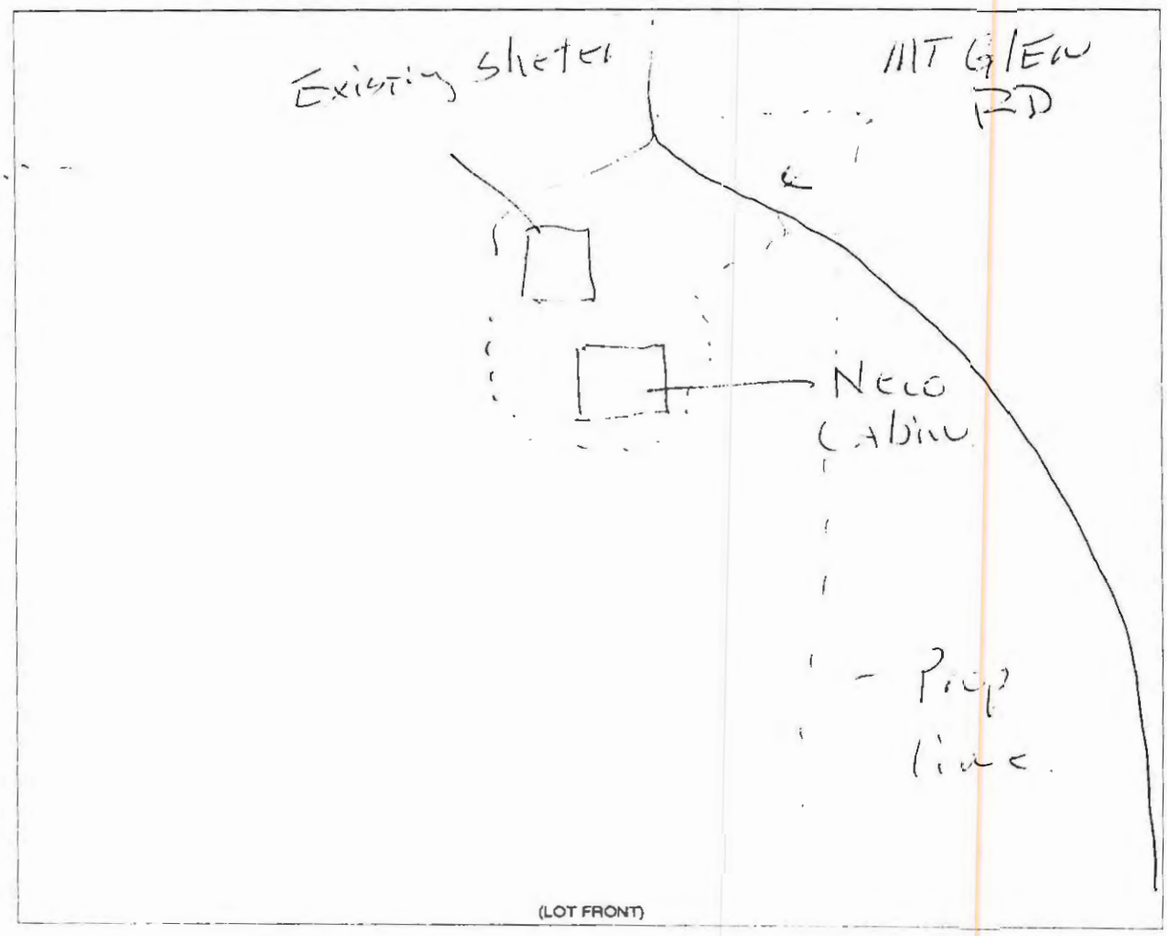
Number & Street: 11T Glen Rd Cobden

Lot Number

Subdivision or Addition

Zoning District

Permit Number



11T Glen Rd Cobden

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Ray Hogan

Applicant

135 Green St Thurn IL

Address

633-5807

Phone Number

UNION COUNTY Prop. No. 07-25-05-559
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description S-25 T11-R2W PT SE SE

COPY

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 1 May 2006
Completion construction date 1 Jan 2007

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 30,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED
JUL 19 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Monte Bridges	P.O. Box 401 Cobden Ill ~~62920~~	62920	893 2958 / 521 2252
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. MCB

Signature of applicant	Address	Application date
Monte Bridges	P 1022 Mt Olen Rd Cobden	7-7-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Jill Jackson	$ 70.00	7-7-06	816

Payment of CK# 1425 Monte Bridges received by Union County Treasurer

Date 7-18-06

Billy A. Mann Mg.

#07-25-05-559

COPY

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

Martha said I told her to go ahead & I did. This to her Nephew. I just forgot to get a copy.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-01-05-682 (PT)

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt SW S 1 T 12 R 2W 6.64 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Pole Barn Restaurant

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 3/10/06
Completion construction date 12/31/06

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 34,482.?

MOBILE HOME INFO:
Date MH was set-up:
Make
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Approved Martha Mabel

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify Propane

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms { Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mike Isaacs	250 Isaacs Lane Cobden	62920	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mike Isaacs Jr.	250 Isaacs Lane, Cobden	3-1-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$ 78.00	3/01/06	773

Payment of $78.00 CK# 6969 received by Union County Treasurer

Date 3-7-06 : Barry A. Moyna

PROP. No. 08-01-05-682 (PT)

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-02-05-687-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NE NW S2 T12 R W 6.00 AC

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000.00

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size / Yr. Model
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [X] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify Wood

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	864
50. Total land area, sq. ft.	6.0

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	—
52. Outdoors	—

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	1
54. Number of bathrooms – Full	1
Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Derral	752 Marney Ln.		618
	BATSON	Waterloo IL ~~62298~~	62298	939-4854
2. Contractor or Builder	~~SCPP~~	155 Hartline Ln.		618
	Gary Hartline	Cobden IL	62920	893-2298
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Derral Batson		3/29/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 70.00	3/29/06	785

Payment of $ 70.00 CK # 25.56 received by Union County Treasurer

Date 4-18-06

[signature] Mg.

COPY

UNION COUNTY Pl... No. 08-10-05-763- 12.49 AC
BUILDING PERMIT APPLICATION HERMAN RALLS OWNER

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: PT S 2/3 W 1/2 SE Sec 10 T12 R 2W S
12.49 AC

E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

RECEIVED
AUG 2 8 2006
CCAO

Beginning construction date _____
Completion construction date _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* — *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:
Date MH was set-up:
Make Concord Size 12x70 Yr. Model 74
Previous MH Owner Sammy & Robert Baker
Previous MH Location Cape Girardeau Mo.
Current MH Owner Donald & Lindsey Pettigrew
Current MH Location 1400 St. Rt. 127 N. Jonesboro Il.
Current Land Owner Herman & Shirley Ralls

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [X] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 70
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed 0
52. Outdoors 0

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 1 ; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Donald & Lindsey Pettigrew	1400 St. Rt. 127 N. Jonesboro Il.	62952	618-833-5780
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lindsey Pettigrew	1400 St. Rt. 127 N. Jonesboro	8-16-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Foster	$ 10.00	06/08/06 1st 08/16/06 2nd	803

1st was lost 2nd permit

Payment of _____ received by Union County Treasurer

Date _____ 08-10-05-763-

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

new parcel

COPY

UNION COUNTY Pro. No. 08-11-05-784-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: STATE POND RD.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-2W Sec. 11
Pt E½ SW 29.90 ac

N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [✓] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6-19-06
Completion construction date 3-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 130.000.00

MOBILE HOME INFO: RECEIVED JUN 22 2006
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner CCAO
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 2000 ☒
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	GERALD F CRYAN	P.O. Box 334 JONESBORO, IL.		833-9353
	NANCY J. CRYAN		62952	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gerald F. Cryan	P.O. Box 334 Jonesboro, IL 62952	6-15-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 370.00	6-16-06	#808

Payment of $370.00 CK # 1062 received by Union County Treasurer

Date 6/22/06 Gerald F. Cryan Bonley A. Mann Mg.

#08-11-05-784-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date: 6-15-06

Name: Gerald F. Crawl

Number & Street: State Pond Rd.

Lot Number:

Subdivision or Addition:

Zoning District:

Permit Number:

STATE POND RD.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prop. No. 08-22-05-946
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: SPT NENE WPT SENE SWNW S½ NENW S22 T12 R2W 138.79

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, Institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify*

Beginning construction date Aug 1, 2006
Completion construction date Aug 15, 2006

Replacing shed that we will be removing.

RECEIVED JUL 06 2006 CCAO

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $20,000.

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT $20,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED JUL 05 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify no

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30'X50'
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Joe Rumfelt Doris Rumfelt	4520 State Rt. 146 W. Jonesboro, IL	62952	833-7895
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Doris Rumfelt
Address: 4520 State Rt. 146 W Jonesboro, IL 62952
Application date: 06-29-2006

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00	6/29/06	812

Payment of $50.00 CK# 7630 Joe + Doris Rumfelt received by Union County Treasurer

Date 7-5-06 Bobby L. Moore Mg.

#08-22-05-946

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

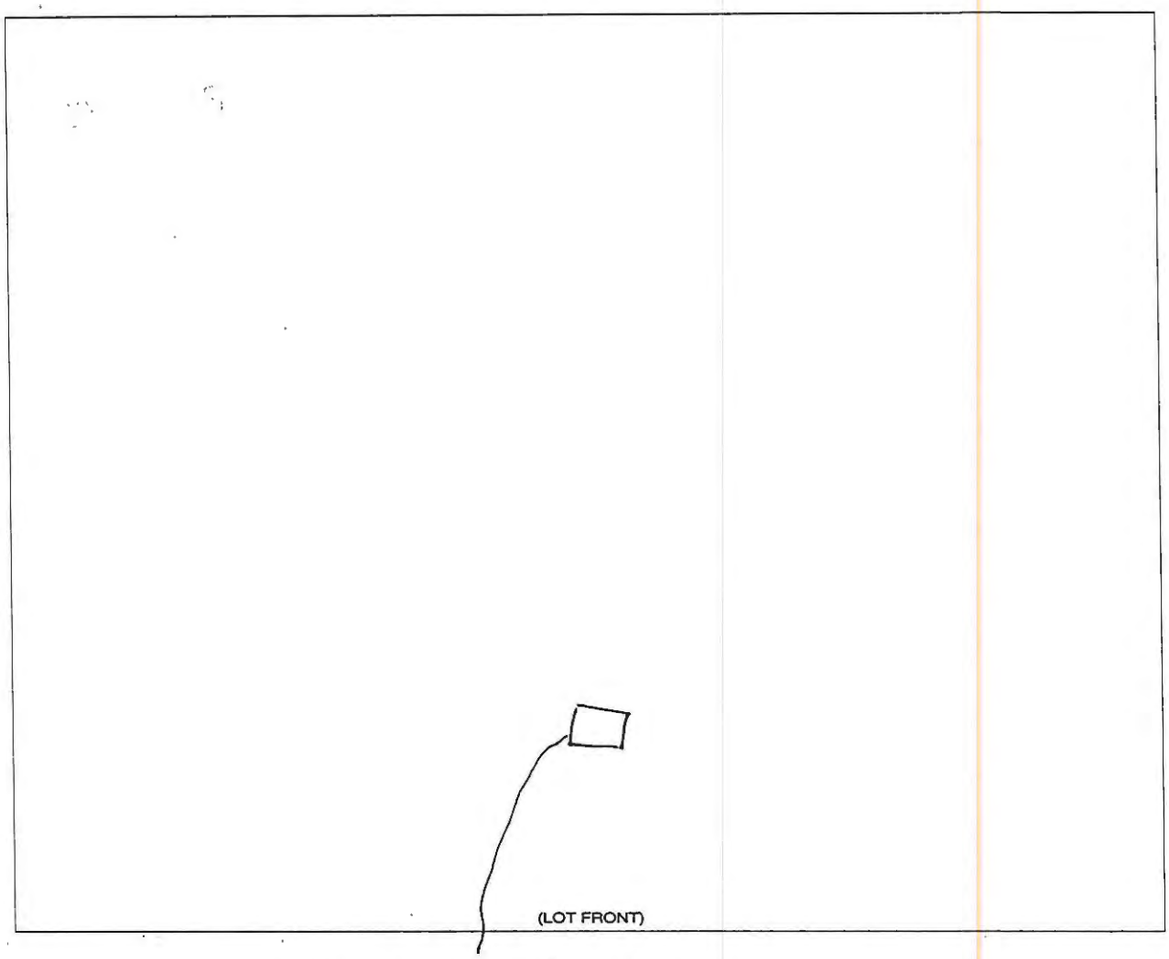
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



146 State Rt. West.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 08-20-05-911-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 400 Dug Hill Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: Section 20 12-2W Pt NE SW 1.12

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify*

Beginning construction date 12/11/06

Completion construction date 01/31/07

RECEIVED FEB 06 2007 CCAO

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 80,000

MOBILE HOME INFO:

Date MH was set-up:	Dec 2006
Make SS9861 Size 32 x 76 Yr. Model	2007
Previous MH Owner	NONE
Previous MH Location	NONE
Current MH Owner	Van & Beth Morgan
Current MH Location	400 Dug Hill Ln, Jonesboro
Current Land Owner	Van Morgan

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions 2432
- 50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed ..... NA
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms 4
- 54. Number of bathrooms { Full ..... 2 / Partial ..... Ø

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Van & Beth Morgan	400 Dug Hill Ln, Jonesboro	62952	833-9604
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Van Beth Morgan	400 Dug Hill Ln, Jonesboro IL	12/8/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 170.00	12-8-06	#850

Payment of $170.00 CK #1593 received by Union County Treasurer

Date 2/6/07 Beth Morgan [signature]

08-20-05-911-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 08-20-05 917-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT NE NW 4 PT NW NE S20 T12R1W 2.21 ACRES

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [x] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [x] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 2/1/06

Completion construction date 2/5/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$5,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$5,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify Pole Barn

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify none

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 24 x 30 x 8
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed:
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms:
- 54. Number of bathrooms: Full: ; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Karen C Alsip	1650 Morgan School Rd Jonesboro, Il.	62952	618-833-8152 618-614-2569
2. Contractor or Builder	Tom Smith	1650 Morgan School Rd. Jonesboro Il.	62952	618-833-8152 618-614-2569
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Karen Alsip	1650 Morgan School Rd Jboro, Il. 62952	1/30/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 25.00		765

Payment of _____ received by Union County Treasurer

Date _____

#08-20-05-917-C

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date: 11/30/06

Name: Karen Alsip

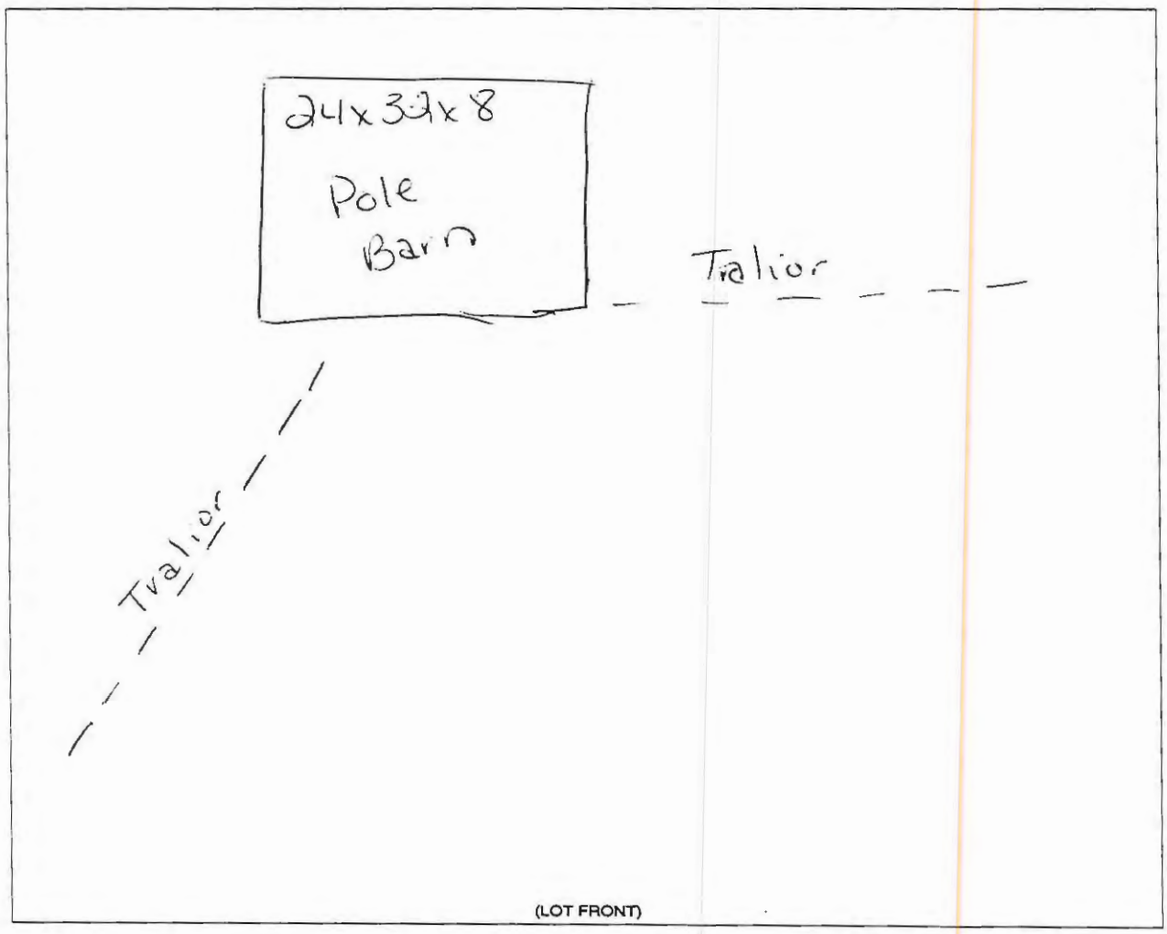
Number & Street: 1650 Morgan School Rd

Lot Number:

Subdivision or Addition:

Zoning District:

Permit Number:



1650 Morgan School Rd
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Karen Alsip
Applicant

1650 Morgan School Rd Jbo
Address

618-233-8152 or 618-614-25
Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. Prop # 08-20-05-922-B3

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

LOCATION OF BUILDING

Number and street: 750 Morgan School Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt SW NE + Pt SE NE S20 T. 12 R2W 9.86 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [X] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential

- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 12,000.00

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED SEP 11 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____ None

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public DNA
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [ ] Public DNA
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [X] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	24 x 30
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	X
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	N/A
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Loveless	750 Morgan School Rd Jonesboro, Il	62952	833-4569
	Tanya Loveless	Same		same
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Tanya Loveless	750 Morgan School Rd JBORO, IL	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Pedan	$ 34.00	8/31/06	806A

Payment of $34.00 CK# 11808 received by Union County Treasurer

Date 9-11-06 Robert Loveless Barry L. Magee

#08-20-05-922-B3

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

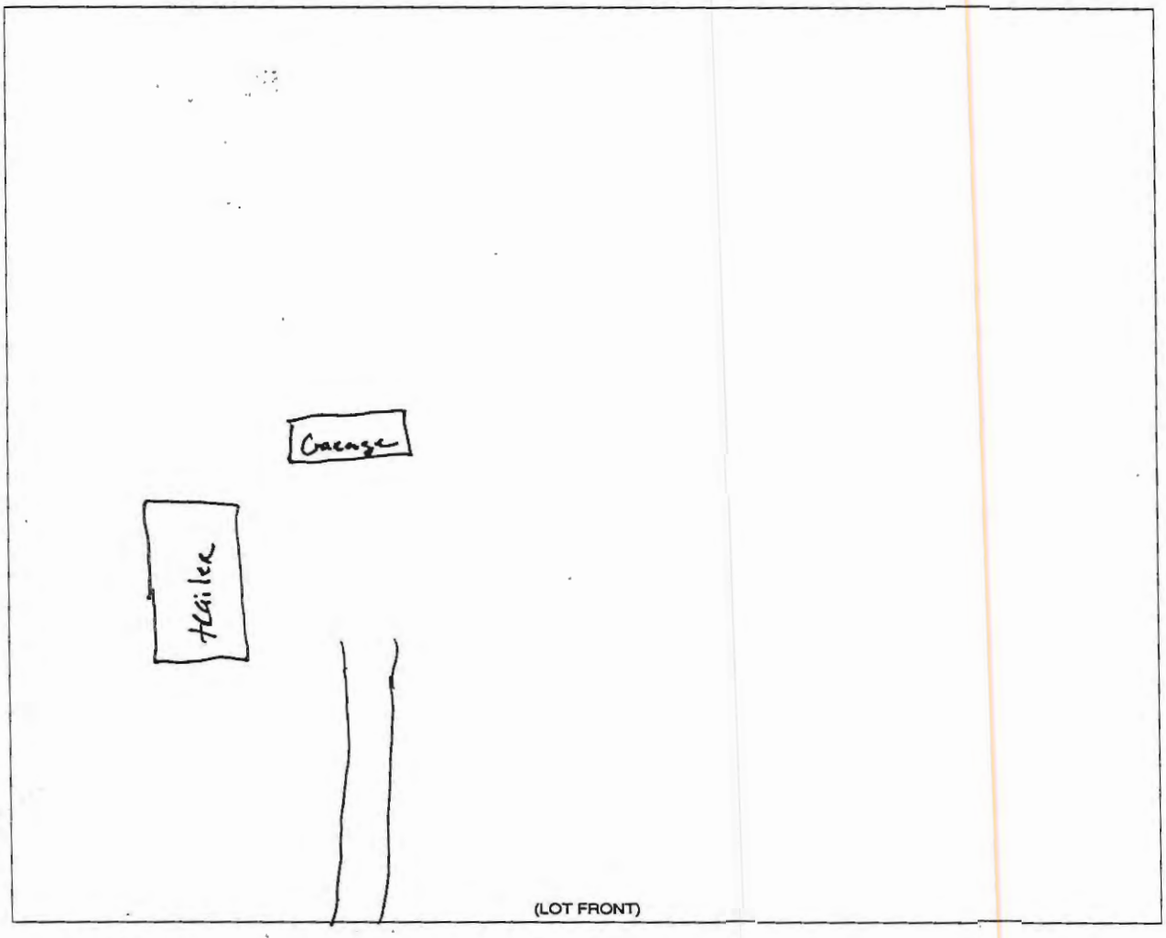
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



750 Morgan School Rd J'Boro, Il
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

Prop. No. 08-22-05-961

UNION COUNTY BUILDING PERMIT APPLICATION

COPY

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NE SW S22 T12 R2W AC ?

N S E W from intersection of _____ Road Streets

Applicable Zoning District _____

RECEIVED NOV 13 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [ ] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 10/6/06

Completion construction date 10/17/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, Institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:

Date MH was set-up:	10/13/06
Make	Conner
Size	28X60
Yr. Model	88
Previous MH Owner	Tony Mairmen
Previous MH Location	Kaolin Rd
Current MH Owner	Tara & Joseph Rowan
Current MH Location	345 Wheaton Dr
Current Land Owner	Tara & Joseph Rowan

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [/] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [/] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [/] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [/] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [/] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [/] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1,680
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Joseph Rowan Tara Rowan	345 Wheaton Dr Jonesboro, IL	62952	618 833 1679
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Joseph Rowan	345 Wheaton Dr Jonesboro IL, 62952	10/13/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Graham	$ 38.00	10/13/06	839

Payment of Cash Rowan, Joseph received by Union County Treasurer

Date 11-13-06

Bobby L. Mayes Mg.

08-22-05-961

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 08-24-06-054
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: PT SPT. NWSW LT3 EXCEPT 54' WSD .29 AC

Sec 24 T12 R2W

N S E W from intersection of _____ and _____ Streets

Application Zoning District _____

RECEIVED OCT 05 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [ ] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date Oct. 13

Completion construction date Mar. 30 2007

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 5,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 5000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify NONE

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 18X28
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: 0
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 0
- 54. Number of bathrooms: Full 0; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Frank A. Spurlock	PO Box 218 125 Berryville Rd Jonesboro, IL.	62952	618 833-4047
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Frank A. Spurlock	P.O. Box 218 125 Berryville Rd	9-29-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Crosslin	$ 20.00	9/29/06	837

Payment of $20.00 Cash received by Union County Treasurer

Date 10/3/06

Barry A. Myers Mgr.

08-24-06-054

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

Berryville Rd

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prc). 08-24-06-040
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt SW Sec 24 T12 R2W

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED OCT 10 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 01/17/05
Completion construction date 09/20/05

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 75,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 75,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas ?
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms: Full 2 / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	W. W. + MARY CASPER	2765 STRT 146 W Jonesboro IL 62952		833-6803
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
W. W Casper - Mary Casper	2765 ST. RT. 146 W Jonesboro IL 62952	01/05/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill [illegible]	$50.00	01/05/06	756

Payment of $50.00 Cash Mary Casper received by Union County Treasurer.

Date 10/10/06 Billy L. Mayes Treas.

08-24-06-040

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 08-30-06-223-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 8090 St Rt 146W
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: PT NENW S30 T12 R2W 1.37 ACRES
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [X] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 5-1-06
Completion construction date 6-1-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 650.
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 650.

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Received 2-21-06

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Keith Livesay	8090 St Rt 146W Jonesboro IL	62952	833-1807
2. Contractor or Builder	Self			
3. Architect	None			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Keith Livesay	8090 St Rt 146W	2-17-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 11.00	2-17-06	#771

Payment of $11.00 Cash received by Union County Treasurer
Date 2-22-06 Bailey A. Myers

Received by Supervisor of Assessments office March 1, 2006

14-2-22-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

2-17-06
Date

Keith Livesay
Name

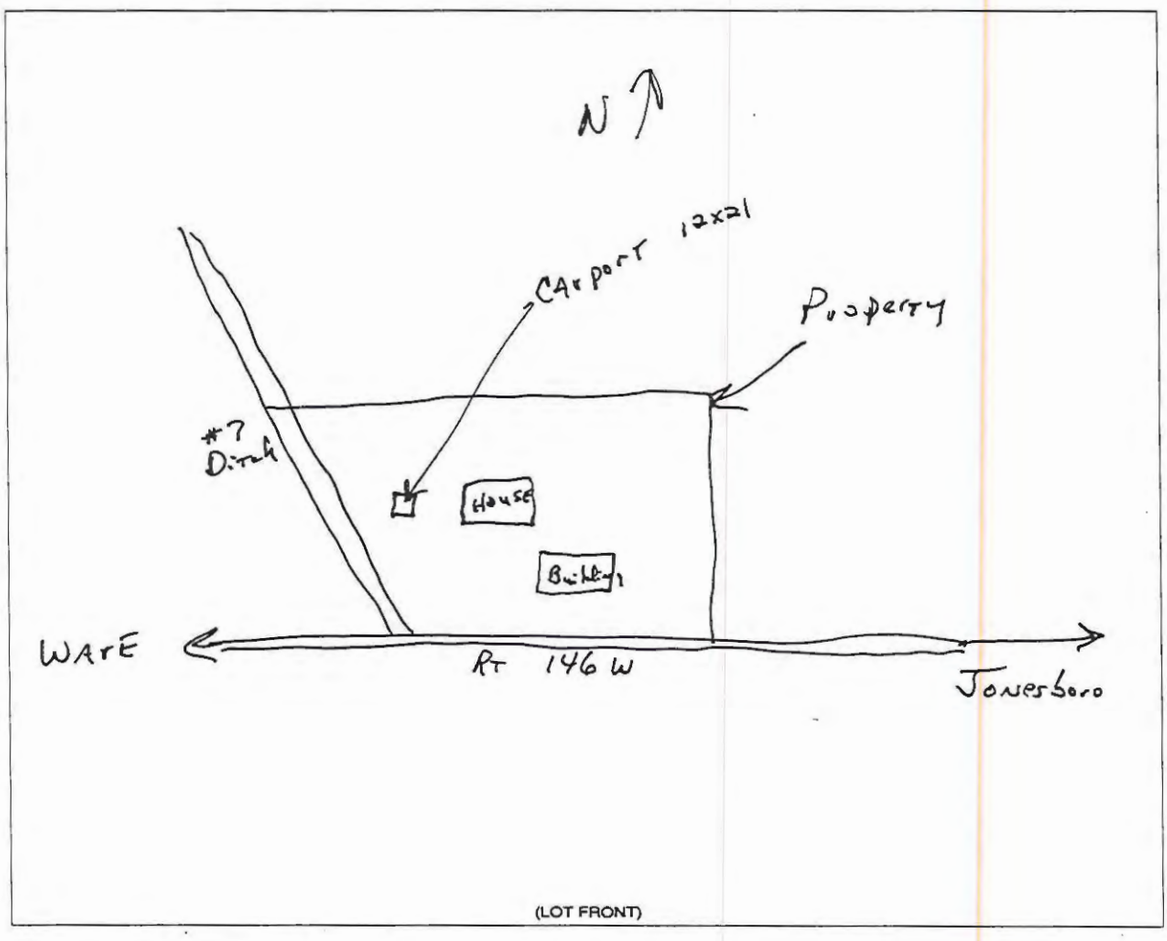
8090 St Rt 146 W
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



8090 St Rt 146 W Jonesboro IL
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Keith Livesay
Applicant

8090 St Rt 146 W
Address

618 833 1807
Phone Number

UNION COUNTY Prop. No. 08-36-06-259-A1
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NE Sec 36 T12 R2W 16.20 Ac

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 6/3/06

Completion construction date 11/01/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 7,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 7,000

MOBILE HOME INFO:

Date MH was set-up:

Make Size Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

RECEIVED JUL 06 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify NA

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft. 2,000

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gerald L. Brown	509 S. MAIN Jonesboro IL	62952	833 5506
2. Contractor or Builder	My SELF			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gerald L Brown	509 S. MAIN Jonesboro IL	6-26-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$24.00	6/26/06	811

Payment of $24.00 CK #5948 Gerald Lor Betty Brown received by Union County Treasurer

Date 7-5-06 Bobby A. Myers

PROP. No. 08-36-06-259-A1

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

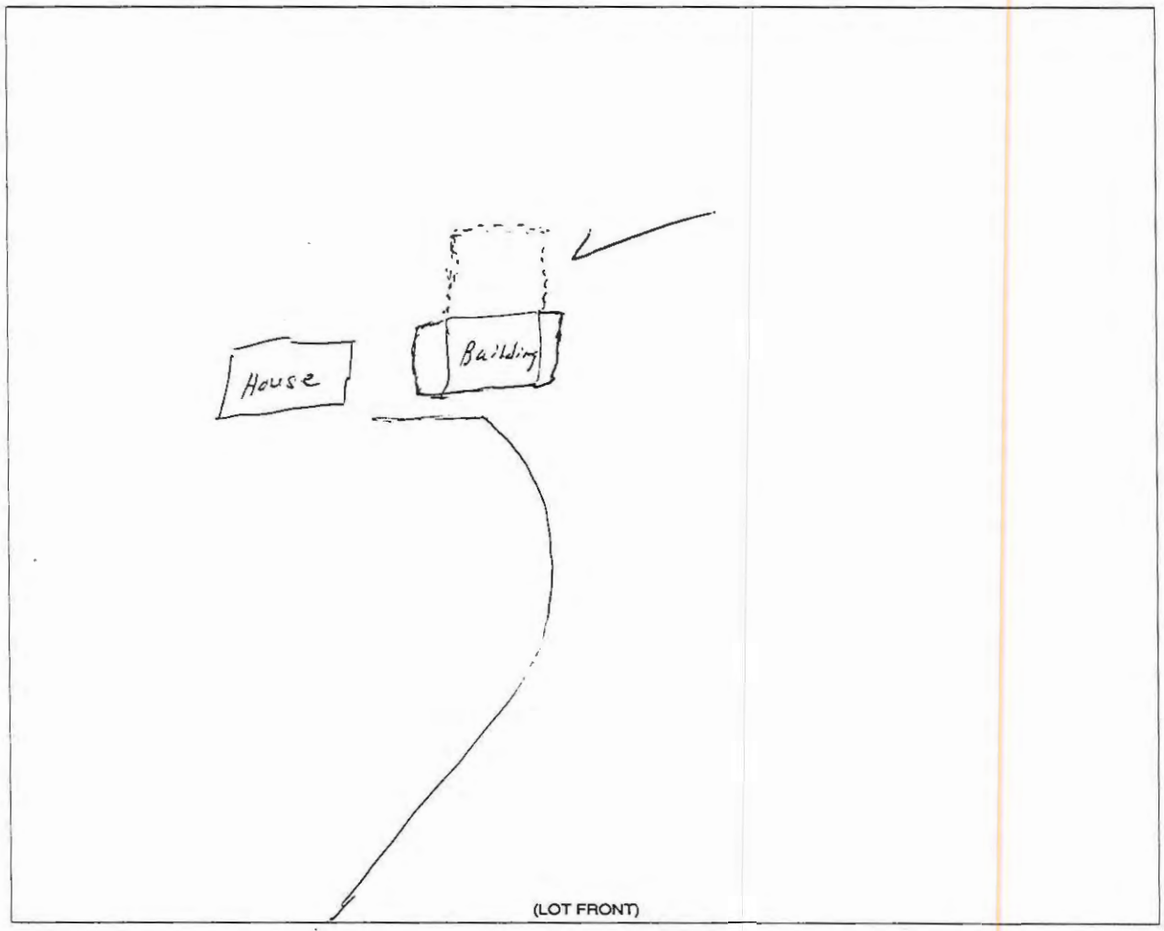
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



1190 Rt. 127

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prop. 09-01-06-317 (PT)
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Route 127 Jonesboro
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 3.7 acres ± 1 [illegible]

N (S) E W from intersection of 127 and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Gave 09-050

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO: Moving to Rt 127 Jonesboro
Date MH was set-up: Has not been set up yet
Make ? Size 80 x 16 Yr. Model 1996
Previous MH Owner Jack Johnson
Previous MH Location 110 N. Horehane Jonesboro
Current MH Owner Jack Johnson
Current MH Location 110 N. Horehane Jonesboro
Current Land Owner Jack Johnson

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Jack Johnson	304 W. Ill. Bird Rd Jonesboro Ill.	62952	618-833-2533
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jack Johnson	304 W. Ill. Bird Rd Jonesboro	3-20-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 10.00	3/21/06	781

Payment of 10.00 CK # 1084 received by Union County Treasurer

Date 4-20-06

Bonny L Mayes

#317 (PT) - ft

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Pr... o. 09-12-06-370

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 345 Lingle Creek Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-2W Sec 12 S 1/2 NW 26.50 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED AUG 18 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Aug 1, 06
Completion construction date Feb 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 40,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 32x48 1536
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____ 2
54. Number of bathrooms { Full _____ 1; Partial _____ 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Clyde Lingle, Jr	385 Lingle Creek Rd. Jonesboro, Ill 62952		618-833-2627
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Clyde Lingle, Jr		7-27-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Dick Jackson	$ 90.00	7-27-06	#825

Payment of CK# 1998 Clyde Lingle Jr. received by Union County Treasurer

Date 8/18/06 Bobby A. Mayes Mg.

09-12-06-370

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 10-17-06-679

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

COPY

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: PT SW S17 T11 R3W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Grain Bin

Beginning construction date Aug 1, 05
Completion construction date Sept 1, 05

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 35,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wal bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____ ?

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories ..... 36'x10'Ring
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kuhnert Farms	Box 100 AVA, Ill	62907	618-318-0448
2. Contractor or Builder	Kenny Davis	Jacob, Ill		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Terry Kuhnert		June 13, 05

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Billy Jackson	$ -0-	6/13/05	692

Payment of _____ received by Union County Treasurer

Date _____

#10-17-06-679

COBA

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

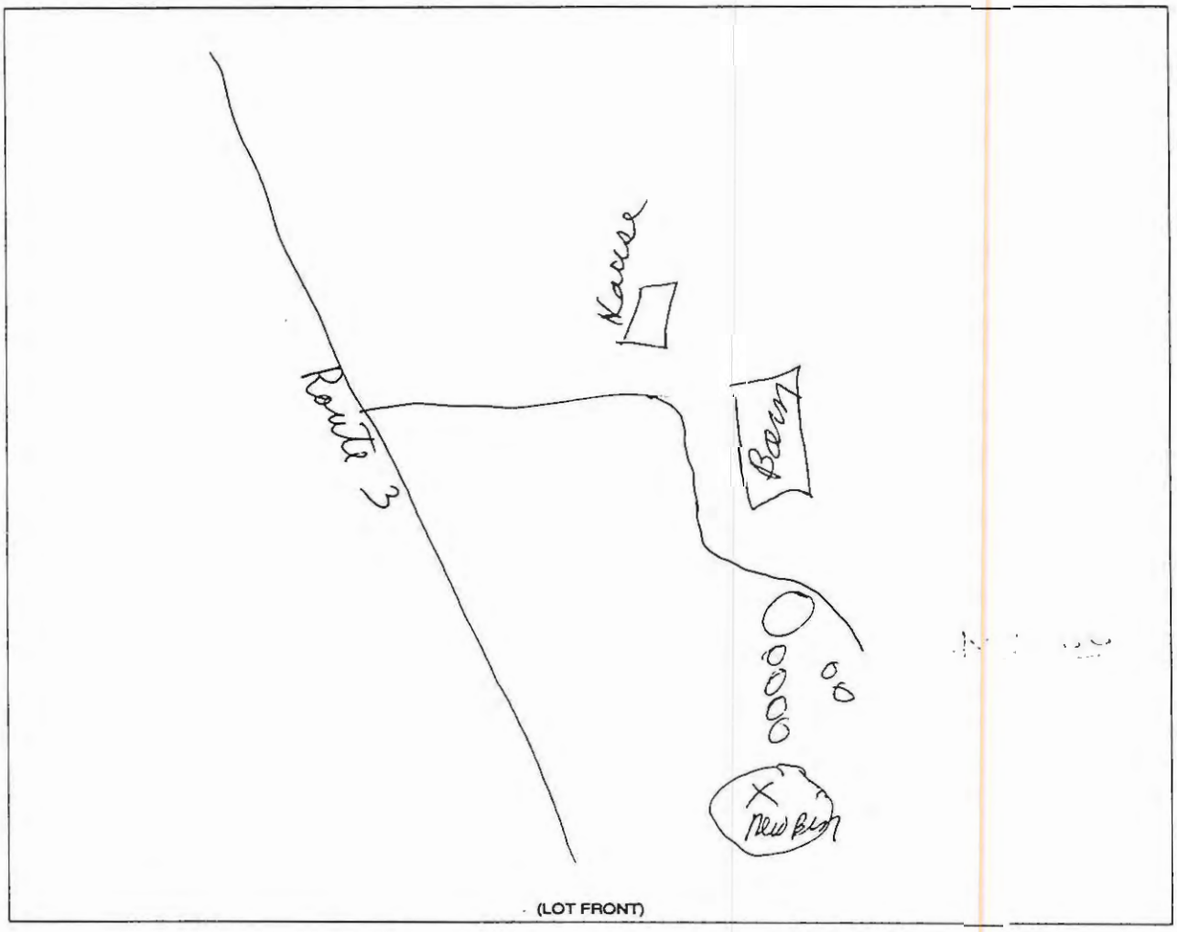
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



RT 3

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 10-17-06-679

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: N½ SW Sec 17 T11 R3W 87.74 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Grain Bin

Beginning construction date Sept 1, 06
Completion construction date Oct 15, 06

Copy of Previous Bldg Permit Attached

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 50,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories ..... 48 ft 10 Ring
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kuhnert Farms	Box 100 AVA, Ill	62907	618-318-0448
2. Contractor or Builder	Underford Const	Centralia, Ill		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Terry Kuhnert		July 17, 06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Gil Jackson	$ 110.00	7/17/06	818-A

Payment of CK# 4843 Kuhnert, Terry received by Union County Treasurer

Date 7-19-06

Bobby L. Myers Mg.

#10-17-06-679

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

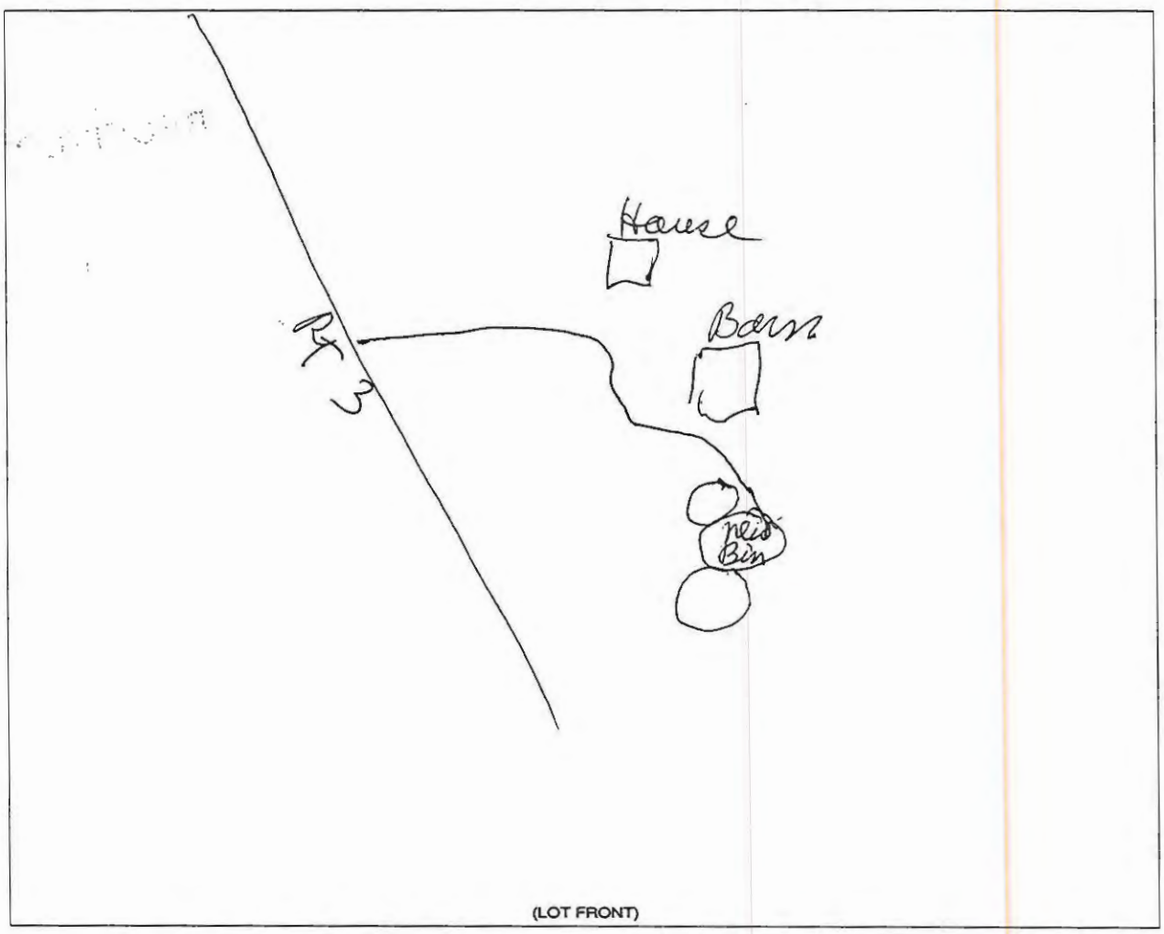
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



RT 3

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY P... No. 10-19-06-691-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NW SE 24 NE 24 1/3 SE NE, 24 1/3 NE SE Sec. 19 11-3W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Grain Bin

Beginning construction date _____
Completion construction date _____

Beginning construction date July 15, 06
Completion construction date Sept 15, 06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,000

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED
JUL 19 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dennis R & Linda Faye Ballance		618-833-	9262
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Linda Ballance	2650 Springs Rd Wolf Lake, Ill. 62998	July 12, 06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Sue Jackson	$ 50.00	July 12, 06	818

Payment of CK# 6397 Dennis Ballance received by Union County Treasurer

Date 7-19-06

Bobby L Mayes Mg.

#10-19-06-691-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME _____

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 10-33-06-805
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

COPY

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-3W Sec 33 Pt W Pt SW SE 2.45ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* porch/deck

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 7-1-06
Completion construction date 7-31-06

RECEIVED JUN 22 2006 CCAO

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4,500
To be installed but not included in the above cost	
a. Electrical	—
b. Plumbing	—
c. Heating, air conditioning	—
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$ 4,500

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify N/a

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	618
50. Total land area, sq. ft.	618

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	David McMahan	PO Box 73 Wolf Lake IL	62998	618/833-5084
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	PO Box 73 Wolf Lake IL 62998	6-19-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 19.00	6/19/06	809

Payment of $19.00 CK# 8599 received by Union County Treasurer

Date 6/22/06 David McMahan [signature] Mgr.

#10-33-06-805

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

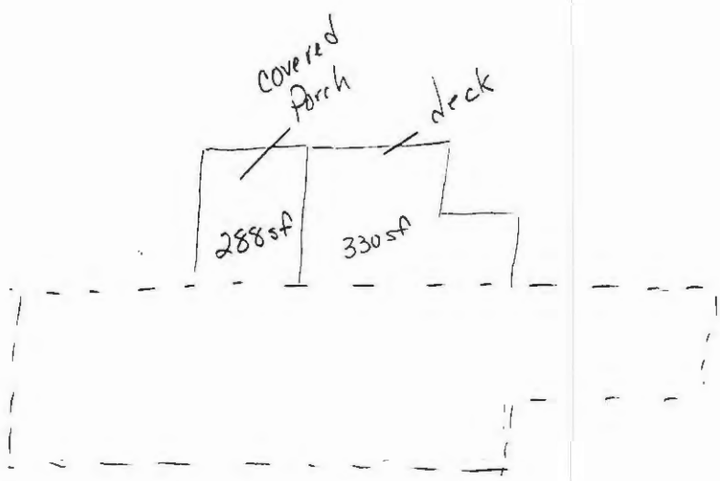
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



(LOT FRONT)

State Rt 3 North

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COF 1

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-06-06-873-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

LOCATION OF BUILDING

Number and street: 260 Wagon Wheel Rd, Wolf Lake

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-3W Sec 6 SE CL SESE .75 ac

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED AUG 18 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn

Beginning construction date Aug 7.06
Completion construction date Sept 7.06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 24x24 576 sq ft
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Darin Goodman	260 Wagon Wheel Rd Wolf Lake, IL	62996	618-833-1560
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Darin Goodman	260 Wagon Wheel Rd Wolf Lake, IL 62998	7-24-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 18 00	7-24-06	#823

Payment of Cash Darin Goodman received by Union County Treasurer

Date 8/18/06

Bobby L Mann Mg.

11-06-06-873-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 11-09-06-899
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 3985 Ware-Wolf Lake Rd.
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 12-5W
SW, SW CR SW NW. Pt NWSE
191.63 ac
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

COPY

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole brn/shop
50'x70
Beginning construction date 7-1-06
Completion construction date 8-1-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____
Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 60,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED
MAY 15 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 60x88 5280
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Rody Lambdin	3985 Ware-Wolf Lake Rd Wolf Lake IL	62998	833-3625
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Variance - Ag-Storage Building

Signature of applicant: Randall Lambdin
Address: Bill R Dyer
Application date: 3-22-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Dyer	$ 130 00	03-22-06	# 783

Payment of $130.00 CK# 7380 received by Union County Treasurer

Date 5-3-06

Bobby L Mayes
Mg.

#6899

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and conplete.

Applicant _____

Address _____

Phone Number _____

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Randy Lambdin

Address: 3985 WARR-WOLF LAKE Rd

City: WOLF LAKE State: IL Zip: 62998

Phone: (home) 833-3625 (work) 618-660-7608

Address of subject property (if different from above):

Parcel (tax) Identification Number 11-09-06-899

Legal Description: 17-3W SW, SE CR SW NW Pt NWSE 191.63 AC.

Size of Subject Parcel (contiguous parcel under on ownership): 191.63

Floodplain Map Panel Number: 170656 0125 B X

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) _____

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) ✓
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no

2. Is the building constructed with flood resistant materials:
   yes no

3. Are all incoming electrical lines above the base flood elevation?
   yes no

4. Are the main electrical switch boxes above the base flood elevation?
   yes no

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no

6. Is the building used only for parking or limited storage?
   yes no

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site _____ X

2. Lowest floor elevation (including basement) of proposed structure _____ X

VARIANCE BOARD DETERMINATION

The variance board can not vary the regulation of its floodplain ordinance unless they make findings based upon evidence admitted in each specific item below.

The variance board shall fill out the findings of fact and keep on file with the application.

A. The proposed development cannot be located outside of the Special Flood Hazard Area (SFHA) because:

_____
_____
_____
_____

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

_____
_____
_____
_____

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

_____
_____
_____
_____

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

_____
_____
_____
_____

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

_____
_____
_____
_____

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Bill R Bogl 5-1-06
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The _____ County Variance Board at the _____, 20__ meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

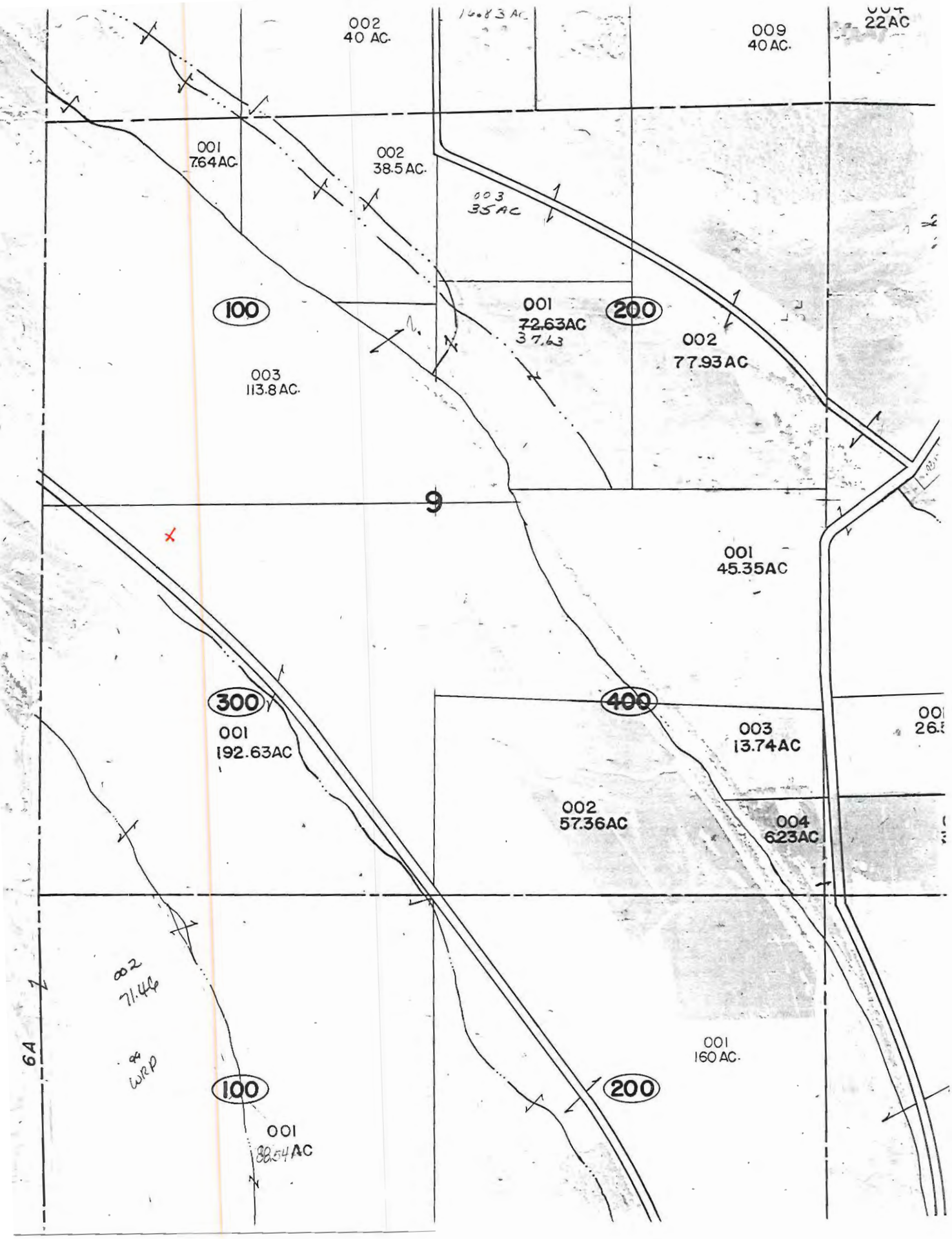
2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

_____ _____
Grantee Date

_____ _____
Chairman-Variance Board Date

TOTAL P.05


002
40 AC.
009
40 AC.
22AC
001
7.64AC
002
38.5 AC.
003
35AC
100
001
72.63AC
37.63
200
002
77.93AC
003
113.8AC.
9
001
45.35AC
300
001
192.63AC
400
003
13.74AC
002
57.36AC
004
6.23AC
002
71.46
WRP
001
160 AC.
100
001
88.54AC
200
6A

UNION COUNTY Prop. No. 11-10-06-923
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Arrowhead Lane
Subdivision or Addition | Lot | Block | Census track
Legal Description: S-10 T12 R3W PT SE
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT
- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [X] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP
- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [X] Garage
- 16 [ ] Carport
- 17 [X] Other – *Specify* Equipment

Beginning construction date 4/10/06
Completion construction date 3/10/06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, Institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*
- 10. Cost of improvement $20,000
- *To be installed but not included in the above cost*
  - a. Electrical .....
  - b. Plumbing .....
  - c. Heating, air conditioning .....
  - d. Other (elevator, etc.) .....
- 11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

RECEIVED MAY 15 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [X] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories .....
- 49. Total square feet of floor area, all floors, based on exterior dimensions 3000
- 50. Total land area, sq. ft. 3000

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed .....
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms .....
- 54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Randall D Myers	PO Box 135	62998	
	Wolf Lake Ill.			
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Vinyl cover - Ag-Storage Building. Bill R Bond

Signature of applicant	Address	Application date
Randall D Myers	54 Forest Rd Wolf Lake Ill	3/10/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00		775

Payment of $50.00 CK# 1002 received by Union County Treasurer

Date 5-3-06

Buddy L. Myers Mag. #6923

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

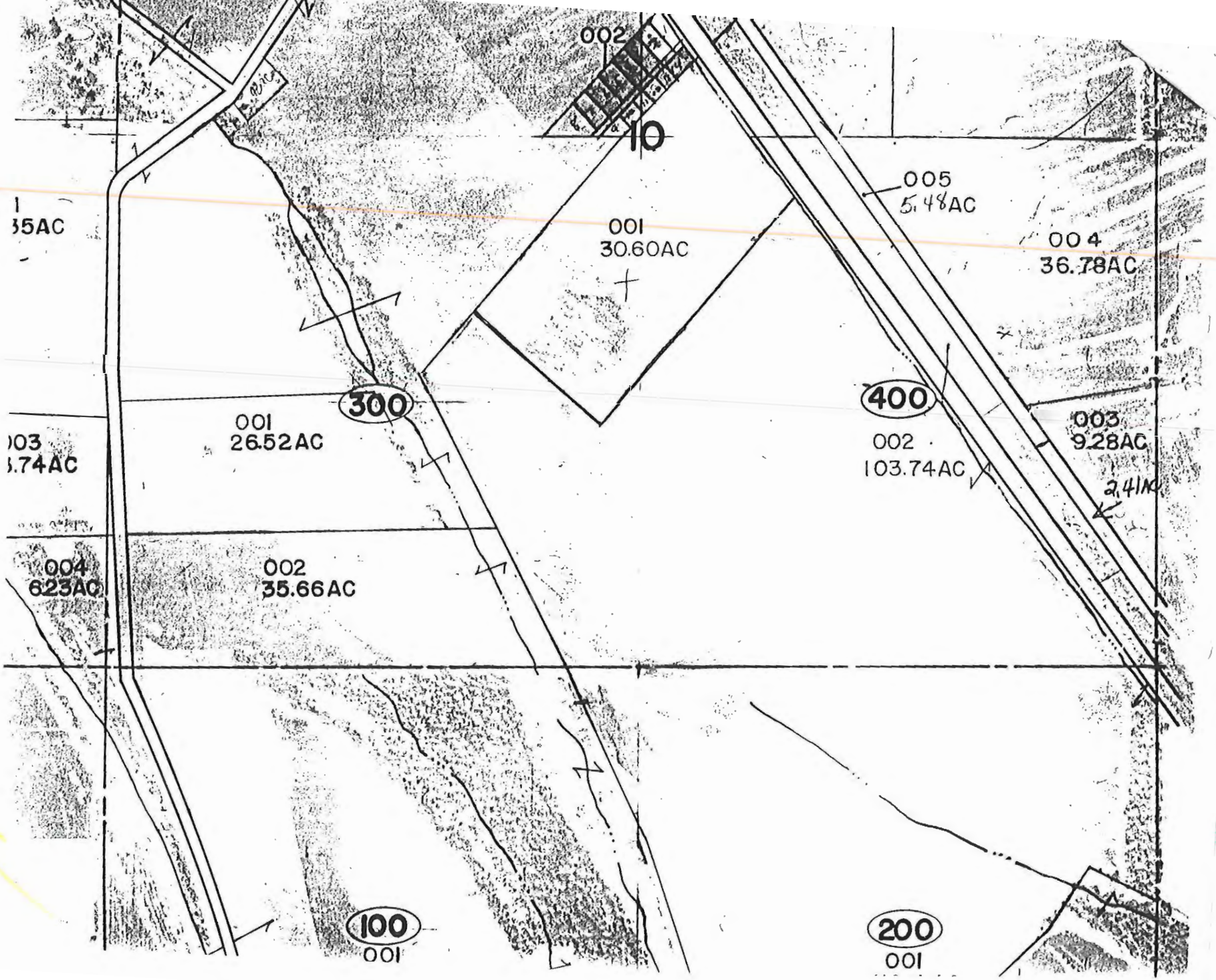
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____


002
10
005
5.48AC
001
30.60AC
004
36.78AC
35AC
300
001
26.52AC
400
002
103.74AC
003
9.28AC
2.41AC
003
.74AC
004
6.23AC
002
35.66AC
100
001
200
001

El Dorado Building Systems, Inc.

El Dorado Building Systems, Inc.
1216 W. 6th Ave.
El Dorado, KS 67042

Toll Free 1-800-279-4300
Phone (316) 321-9528
Fax (316) 321-9522

REQUESTED	SCHEDULED	QUOTATION	DATE	CUSTOMER ORDER NO.	JOB NUMBER
			3/9/06		

FOR PRODUCTION YES ☐ NO ☐
APPROVALS REQUIRED YES ☐ NO ☐
PERMIT DWGS REQUIRED YES ☐ NO ☐
CALCS YES ☐ NO ☐
LETTER OF CERTIFICATION YES ☐ NO ☐

BUYER'S NAME

R.M.F.S
4630 St. Rt. 3. N
Wolf Lake, IL 62998

PHONE NUMBER: 618 833 4322
FAX NUMBER: 4789

END USER:
STREET:
CITY: STATE: ZIP:
SHIP TO: 235 Rumfelt Lane
CITY: Wolf Lake STATE: IL
COUNTY:
TYPE OF BUSINESS:
BUILDING USED FOR:

WEIGHT

WE WILL PROVIDE A MAXIMUM OF SIX SETS OF APPROVAL AND/OR PERMIT DRAWINGS. AFTER SIX SETS THERE WILL BE A CHARGE OF $25/PER SET

ATTN: Randy Myers

	#1	#2	#3
BUILDING TYPE:	CS		
WIDTH:	75		
LENGTH:	40		
EAVE HEIGHT:	14 + 18'0		
ROOF SLOPE:	4/12	4/12	
BAY SPACING:	2x20		

CHECK IF DESIRED: Saddle Tan
EAVE GUTTER: ☐ LF
DOWNSPOUTS: ☐ LF
SIMPLE EAVE TRIM: ☒ LF
FORMED EAVE TRIM: ☐ LF
ANCHOR BOLTS: ☐ No
PRE-SHIP A. BOLTS: ☐

ROOF

GAGE 26	WHITE ☐
HR ☐	GLUME ☐
HRB ☒	COLOR ☒
WRII ☐	FASTENERS
WRIII ☐	STD ☐
SS218 ☐	SELF DRILL ☐
UL90 ☐	ZAC ☐
CLIP TYPE: Fern Grn	

WALLS

GAGE	WHITE ☒
HR ☐	GLUME ☐
LR ☐	COLOR ☐
AM ☐	FASTENERS
SHP ☐	STD ☐
	SELF DRILL ☐
THIS PANEL	ZAC ☐
AVAILABLE AT EXTRA CHARGE	

DESIGN

LL 20 FRAMES LL 20 ROOF GR. SNOW Y ☐ N ☐ IMP FAC. _____
COLL. LOADS DEAD _____ PSF WL 90 MPH IMP FAC. _____ AUX. LOADS LIVE _____ PSF
CODE IBC EDITION 2000 EXP B SEISMIC ZONE _____
DEFLECTION REQUIREMENTS: AAS STANDARDS ☐ OTHER ☐ CRANE LOADS Y ☐ N ☐
FLOOR LOADS Y ☐ N ☐ (SEE ATTACHED SHEETS FOR CRANE / FLOOR DATA)

INSULATION THICKNESS: ROOF 3" WALL 0
INSULATION IS BY OTHERS / El Dorado
ARE THERMAL BLOCKS BEING USED? Y ☐ N ☐
THERMAL BLOCKS ARE BY OTHERS
ERECTION IS BY OTHERS

SILL CONDITIONS

BASE TUBE	☐	SILL CLOSURES	☐
SILL ANGLE	☐	SILL GRIT	☐
FORMED SILL	☐	SILL CHANNEL	☐
		NONE	☒

FRAME PAINT: STD ☐ OTHER ☐

END FRAMES

BEARING FRAMES Two	☒
INTERMEDIATE FRAMES	☐
OTHER (EXPLAIN BELOW)	☐

WALL BRACING

BRACE CABLES	☐
WIND BENT (SIVE CLEARANCE)	☐
DIAPHRAGM ACTION	☐
WIND COLUMN	☐
OTHER (EXPLAIN BELOW)	☐
PER PLANS AND SPECIFICATIONS	☐
PER PLANS AND AAS STANDARDS	☐
AAS STANDARDS	☐

ACCESSORIES	QUANTITY	DESCRIPTION
WINDOWS		☐ INSULATED
WINDOWS		☐ INSULATED
DOORS		
DOORS		
SKYLIGHTS		TERM ☐ Y ☐ S ☐ INSULATED
WALLITES		
VENTILATORS		
FR. OPENINGS		
FR. OPENINGS		
FR. OPENINGS		
FR. OPENINGS		

NOTE — All walls are open for construction by owner. End walls are post & beam

REQUESTED SHIPPING DATE:

1. ONCE THIS CONTRACT HAS BEEN ACCEPTED, THE MINIMUM CANCELLATION CHARGE WILL BE THE GREATER OF 3% OR $500.00

SPECIAL NOTES

Components	R Panel	6	20'6	Eave Strut	2 18'0
" "		6	31'0	Purlin	10 18'0
R Cap		6	4/12	Fastener	500
Trims Trim		6	10'2		

TERMS: 20% DOWN PAYMENT WITH ORDER, REMAINDER OF THE MATERIAL C.O.D.

WE HEREBY PROPOSE TO FURNISH MATERIALS IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS FOR THE SUM OF:

MATERIAL PRICE (FOB PLANT)	$ 19907.00
FREIGHT: No Frt. - Customer Pick-up Mattoon!	$ 0
SALES TAX $	$
CONTRACT TOTAL Exempt	$ 19,907.00

TERMS OF PAYMENT: with payment to be made in El Dorado, Kansas, as follows

SEE TERMS AND CONDITIONS ON REVERSE SIDE WHICH ARE A PART OF THIS CONTRACT.

SALES TAX NOTE: Sales tax will not be charged if we hold a valid Sales Tax Exemption Certificate in our files by the date of invoice. If this sale is to be exempt from sales tax and if we do not have your tax exempt form on file, return a properly executed exemption form with this signed contract.

CUSTOMERS ACCEPTANCE OF PROPOSAL

THE PRICES, SPECIFICATIONS, AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED, SUBJECT TO THE TERMS SET FORTH ABOVE AND THOSE PRINTED ON THE REVERSE SIDE HEREOF. YOU ARE AUTHORIZED TO DO THE WORK AS SPECIFIED, PAYMENT WILL BE MADE AS OUTLINED ABOVE.
(PRICES QUOTED VALID 30 DAYS)

ACCEPTED ON THIS _____ DAY OF _____ 20____

BY: (X) _____ Title

THIS CONTRACT NOT VALID UNLESS SIGNED AND ACCEPTED BY AN OFFICER OF EBS
Respectfully submitted
EL DORADO BLDG SYSTEMS

BY: Brad Cool

Contract Accepted as Entered: _____ 20____

BY _____
EBS BUILDING COMPANY OFFICER Title

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Randall D Myers

Address: State Forest Rd P.O Box 135

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 203-1969 (work) _____

Address of subject property (if different from above):

Arrowhead Lane
Wolf Lake IL

Parcel (tax) Identification Number 11-10-06-923

Legal Description: T 12 S R 3 W SE 10

Size of Subject Parcel (contiguous parcel under on ownership): 180Ac

Floodplain Map Panel Number: 170656 0125B

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) __X__

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) __X__
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no

2. Is the building constructed with flood resistant materials:
   yes no

3. Are all incoming electrical lines above the base flood elevation?
   yes no

4. Are the main electrical switch boxes above the base flood elevation?
   yes no

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no

6. Is the building used only for parking or limited storage?
   yes no

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site _____

2. Lowest floor elevation (including basement) of proposed structure _____

VARIANCE BOARD DETERMINATION

The variance board can not vary the regulation of its floodplain ordinance unless they make findings based upon evidence admitted in each specific item below.

The variance board shall fill out the findings of fact and keep on file with the application.

A. The proposed development cannot be located outside of the Special Flood Hazard Area (SFHA) because:

_____
_____
_____
_____

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

_____
_____
_____
_____

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

_____
_____
_____
_____

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

_____
_____
_____
_____

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

_____
_____
_____
_____

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Bill B Byl 5-1-06
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The _____ County Variance Board at the _____, 20__ meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

Randall D Myers 5/1/06
Grantee Date

_____ _____
Chairman-Variance Board Date

TOTAL P.05

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 11-22-07-004-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2450 Ware Wolf Lake Road

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: Pt NW SW Sec 22 T12 R3W 1.00 Acre

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [X] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 4-1-2006

Completion construction date 6-1-2006

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement (LABOR)	$ 14,314
To be installed but not included in the above cost	
a. Electrical	2,000.
b. Plumbing	5,000.
c. Heating, air conditioning	6,850.
d. Other (elevator, etc.) WINDOWS, DOORS MATERIAL	26,478.
11. TOTAL COST OF IMPROVEMENT	$ 54,642.

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1 + partial Basement
49. Total square feet of floor area, all floors, based on exterior dimensions	1215
50. Total land area, sq. ft.	43,567

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	2
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jan F. Dirhinger	2450 Ware Wolf Lake Road	62998	618-833
	Cathy J. Dirhinger	Wolf Lake, Illinois		8938
2. Contractor or Builder	Lennie C. Howard	84L Barone Road	62966	618-687
		Murphysboro, Illinois		4953
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Jan F. Dirhinger

Address: 2450 Ware Wolf Lake Road, Wolf Lake, Illinois 62998

Application date

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$25.00	01/24/06	763

Payment of CK #5178 $25.00 received by Union County Treasurer

Date 2-22-06 Bobby L. Mayes

Received by Supervisor of Assessments Office March 1, 2006

11-22-07-004-A

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

January 23, 2006
Date

Jan & Cathy Dishinger
Name

2450 Ware Wolf Lake Road
Number & Street

Lot Number

Subdivision or Addition

Zoning District

ABSTRACT DESCRIPTION attached

Permit Number

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Jan & Cathy Dishinger
Applicant

2450 Ware Wolf Lake Road Wolf Lake, Il.
Address

618 833 8938
Phone Number

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Jan & Cathy Dishinger

Address: 2450 Ware Wolf Lake Road

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 833-8938 (work) Jan (833-5307) Cathy (833-5161)

Address of subject property (if different from above):

Parcel (tax) Identification Number 11-22-07-004-A

Legal Description: PT NWSW Sec 22 T12 R3W 1.00 ACRE

Size of Subject Parcel (contiguous parcel under on ownership): _____

Floodplain Map Panel Number: 170656 0125 B

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.
2. A copy of the FEMA floodplain map outlining the proposed site.
3. Copies of any applicable state or federal permits.
4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) N/A

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) _____
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes (no)

2. Is the building constructed with flood resistant materials:
   yes (no)

3. Are all incoming electrical lines above the base flood elevation?
   yes (no)

4. Are the main electrical switch boxes above the base flood elevation?
   yes (no)

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes (no)

6. Is the building used only for parking or limited storage?
   yes (no)

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes (no)

C. Technical Information:

1. Base Flood Elevation at subject site _____

2. Lowest floor elevation (including basement) of proposed structure _____

VARIANCE BOARD DETERMINATION

The variance board can not vary the regulation of its floodplain ordinance unless they make findings based upon evidence admitted in each specific item below.

The variance board shall fill out the findings of fact and keep on file with the application.

A. The proposed development cannot be located outside of the Special Flood Hazard Area (SFHA) because:

Location of Addition

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

Can not Attach Next

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

No

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

Meets Minimum Requirement

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

Owner Grantees

Based on the findings developed above, the granting body votes 3 ayes to 0 nays to _____ (approve or deny) this variance application.

Certified by: Bill Jackson 2-21-06
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Bill Boyd 2-21-06
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Jackson County Variance Board at the FEB 21, 2006 meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

Cathy Schlunger 2-10-06
Grantee Date

Bill Jackson 02-21-06
Chairman-Variance Board Date

TOTAL P.05

SHEET NO. 1

ABSTRACT OF THE RECORDED TITLE

TO

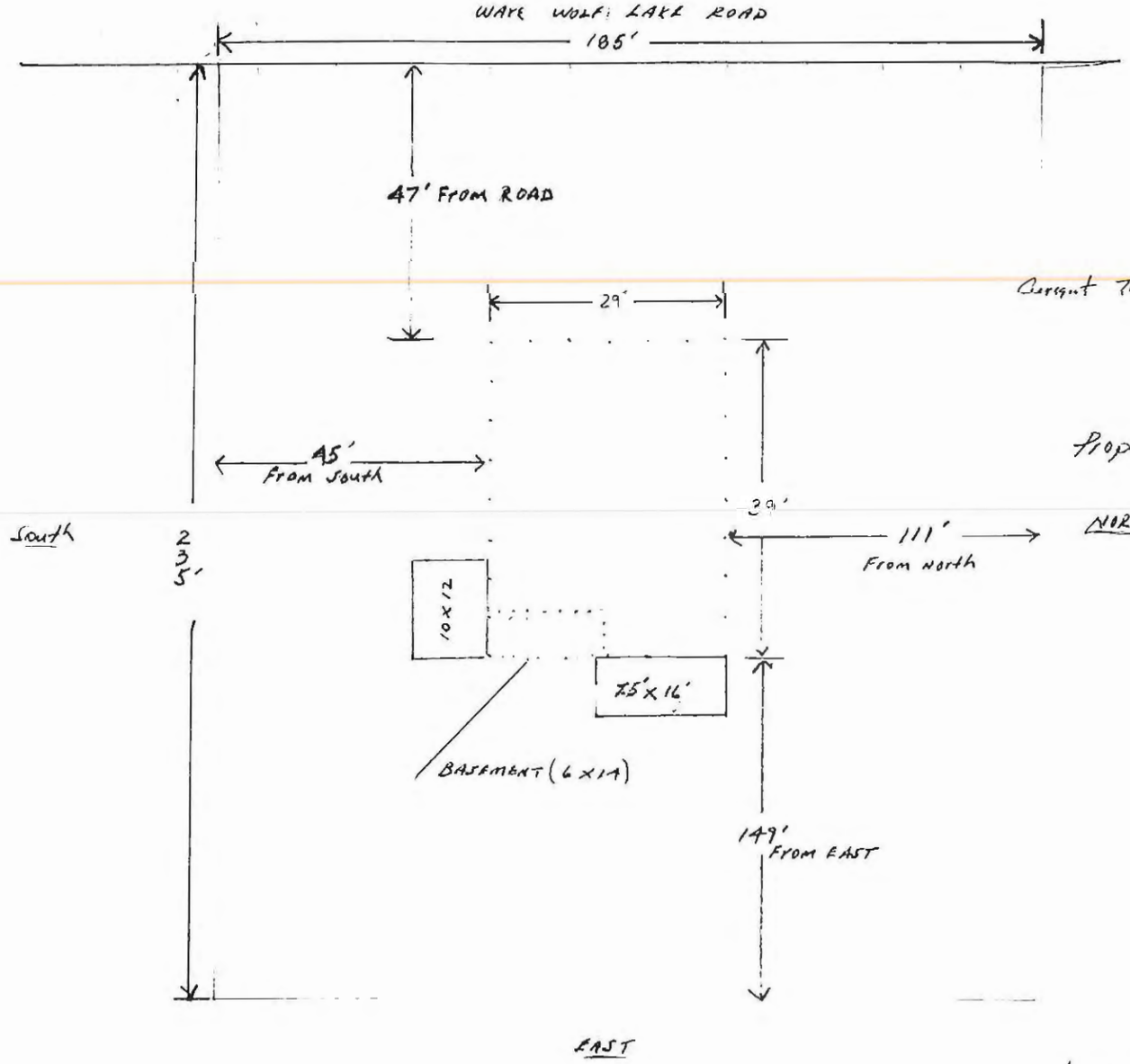
A PORTION OF THE NORTH WEST QUARTER (NW$\frac{1}{4}$) OF THE SOUTH WEST QUARTER (SW$\frac{1}{4}$) OF SECTION 22, TOWNSHIP 12 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, SITUATED IN UNION COUNTY, ILLINOIS, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE MIDDLE OF THE PUBLIC ROAD RUNNING NORTH AND SOUTH THROUGH SAID QUARTER QUARTER SECTION AND THE HALF SECTION LINE OF SAID SECTION 22 FOR A POINT OF BEGINNING; THENCE IN A SOUTHERLY DIRECTION ALONG THE CENTERLINE OF SAID ROAD FOR A DISTANCE OF 185 FEET; THENCE IN AN EASTERLY DIRECTION ALONG A LINE PARALLEL WITH SAID HALF SECTION LINE FOR A DISTANCE OF 235.5 FEET; THENCE IN A NORTHERLY DIRECTION ALONG A LINE PARALLEL WITH THE CENTERLINE OF SAID ROAD FOR A DISTANCE OF 185 FEET, MORE OR LESS, TO A POINT ON SAID HALF SECTION LINE; THENCE IN A WESTERLY DIRECTION ALONG SAID HALF SECTION LINE FOR A DISTANCE OF 235.5 FEET, MORE OR LESS, TO THE POINT OF BEGINNING, CONSISTING OF ONE ACRE, MORE OR LESS, SITUATED IN THE COUNTY OF UNION, STATE OF ILLINOIS.

SHEET NO. 1

ABSTRACT OF THE RECORDED TITLE

TO

A PORTION OF THE NORTH WEST QUARTER (NW$\frac{1}{4}$) OF THE SOUTH WEST QUARTER (SW$\frac{1}{4}$) OF SECTION 22, TOWNSHIP 12 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, SITUATED IN UNION COUNTY, ILLINOIS, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE MIDDLE OF THE PUBLIC ROAD RUNNING NORTH AND SOUTH THROUGH SAID QUARTER QUARTER SECTION AND THE HALF SECTION LINE OF SAID SECTION 22 FOR A POINT OF BEGINNING; THENCE IN A SOUTHERLY DIRECTION ALONG THE CENTERLINE OF SAID ROAD FOR A DISTANCE OF 185 FEET; THENCE IN AN EASTERLY DIRECTION ALONG A LINE PARALLEL WITH SAID HALF SECTION LINE FOR A DISTANCE OF 235.5 FEET; THENCE IN A NORTHERLY DIRECTION ALONG A LINE PARALLEL WITH THE CENTERLINE OF SAID ROAD FOR A DISTANCE OF 185 FEET, MORE OR LESS, TO A POINT ON SAID HALF SECTION LINE; THENCE IN A WESTERLY DIRECTION ALONG SAID HALF SECTION LINE FOR A DISTANCE OF 235.5 FEET, MORE OR LESS, TO THE POINT OF BEGINNING, CONSISTING OF ONE ACRE, MORE OR LESS, SITUATED IN THE COUNTY OF UNION, STATE OF ILLINOIS.



Current TOTAL Sq. Ft. 1215
x 20%
243 square ft. ave

Proposed: 10 x 12 : 120 sq. ft.
7.5 x 16 : 120 sq. ft.
240 sq. ft.

Jan & Cathy DISHINGER
2450 Ware Wolf Lake Road
Wolf Lake, Il. 62998

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 11-25-07-042

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 8355 St. Rt. 146 W. Jonesboro, IL.

Subdivision or Addition | Lot | Block | Census track

Legal Description: E Pt E 1/2 SW, W Pt E 1/2 SE E 1/2 NE (S of Rd) 189.80 ac

N S E W from intersection of _____ Streets

Applicable Zoning District _____

RECEIVED DEC 14 2006

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 12-10-06

Completion construction date 3-15-07

Nonresidential CCAO
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, Institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement	$20,000.00
To be installed but not included in the above cost	
a. Electrical	1,500.00
b. Plumbing	
c. Heating, air conditioning	$2,500.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$24,000.00

MOBILE HOME INFO: N/A

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [X] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions 448
- 50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed ..... N/A
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms ..... N/A
- 54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Collin Cain	8355 St. Rt. 146 W, Jonesboro, Il. 62952	62952	618-833-7890
2. Contractor or Builder	Gary Dallmer	40 State Forest Rd, Jonesboro, Il.	62952	833-7039
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Collin Cain

Address: 8355 St. Rt. 146 W. Jonesboro, Il. 62952

Application date: 11/16/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$58.00	11/16/06	847

Payment of $58.00 CK # 1463 received by Union County Treasurer

Bailey A. Magee Mg.

11-25-07-042

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

11/16/04
Date

Collin Cain
Name

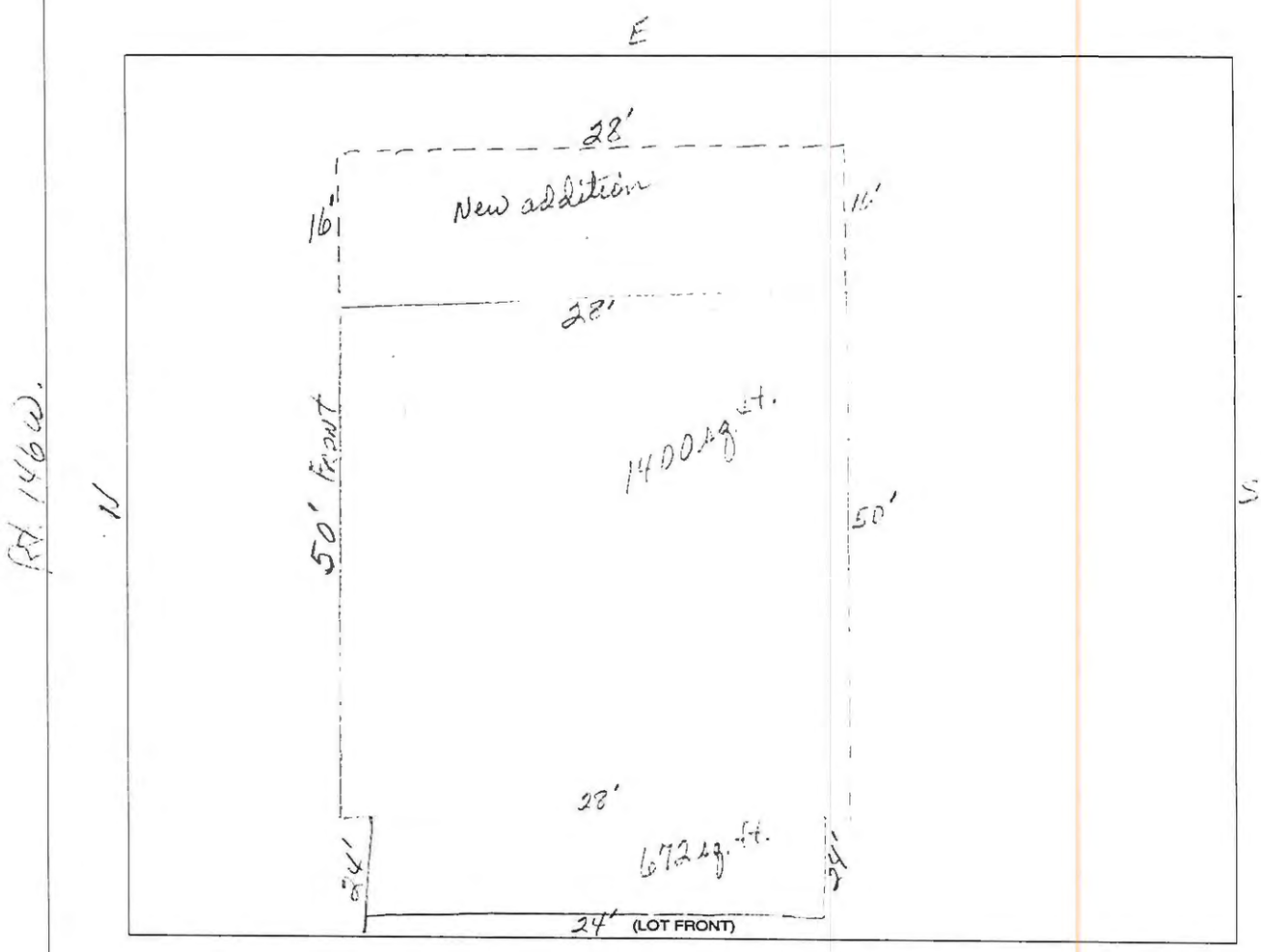
8355 St. Rt. 146 W.
Number & Street

N/A
Lot Number

N/A
Subdivision or Addition

Zoning District

Permit Number



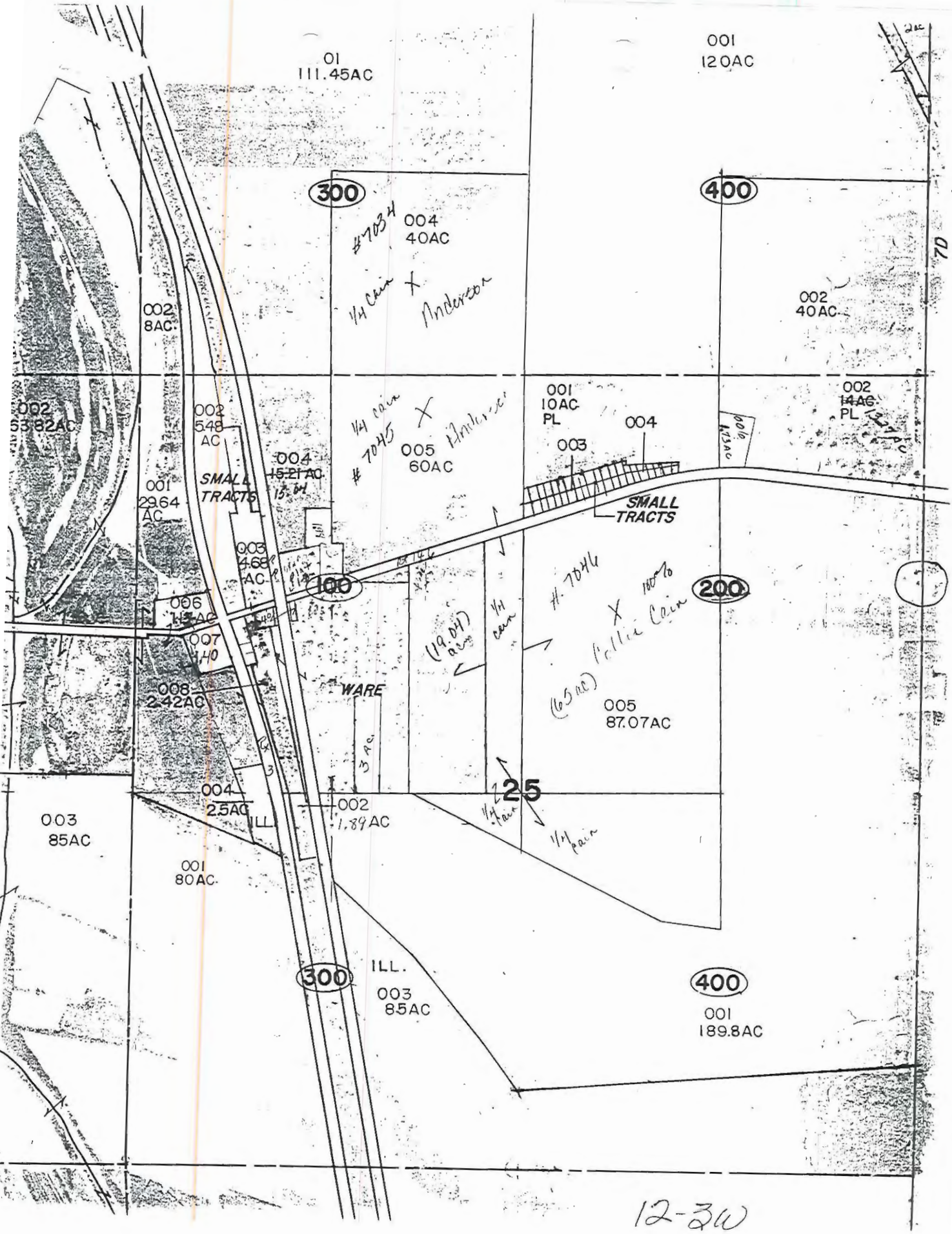
Route 146 W.
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Collin Cain
Applicant

8355 St. Rt. 146 W., Jonesboro, Il. 62952
Address

618-833-7890
Phone Number


01
111.45AC
001
120AC
300
400
#7034
004
40AC
1/4 Cain
Anderson
002
8AC
002
40AC
7D
002
53.82AC
002
548
AC
1/4 Cain
#7045
005
60AC
Anderson
001
10AC
PL
004
003
002
14AC
PL
004
15.21AC
SMALL
TRACTS
001
29.64
AC
SMALL
TRACTS
003
4.68
AC
100
200
006
1.3AC
007
1.40
#7046
1/4
Cain
(19.04)
Willie Cain
(6.5AC)
005
87.07AC
008
2.42AC
WARE
3 AC
004
2.5AC
ILL.
002
1.89AC
25
1/4 Cain
1/4 Cain
003
85AC
001
80AC
300
ILL.
003
85AC
400
001
189.8AC

12-3W

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Collin Cain

Address: 8355 SV. Rt. 146

City: Jonesboro, State: IL Zip: 62952

Phone: (home) 618-833-7890 (work) Same

Address of subject property (if different from above):

Parcel (tax) Identification Number

Legal Description: E Pt E 1/2 SW, W Pt E 1/2 SE E 1/2 NE (S of Rd) 189.80 ac

Size of Subject Parcel (contiguous parcel under on ownership):

Floodplain Map Panel Number: 170656 0125B

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

UNION COUNTY Prop. 11-23-07-048-B1
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 50 Ware-Wolf Lake Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-3W Sec 25 Pt SW NW

N S
E W from Intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 11-05
Completion construction date 3-05

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 50,000

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Received 2-28-07

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 2
49. Total square feet of floor area, all floors, based on exterior dimensions 3567
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mitchel McLure	50 Ware-Wolf Lake Rd Jonesboro Il 62952	62952	618 833 5992
2. Contractor or Builder	Gaylon Crusse	Anna, Il 62906		827-4266
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a ~~floodplain~~ flood prone area. Addition to Existing home pre flood Plain Ordinance - 12.7% Addition

Signature of applicant: Mitchel McLure
Address:
Application date:

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 50 OK
Date permit issued: JAN 18-04
Permit number: #772

Payment of CK #3816 $50.00 received by Union County Treasurer

Date 2-22-06

Received by Supervisor of Assessments office March 1, 2006

#11-23-07-048-B1

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

Attached

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Mitchel McLone

Address: 50 Ware Wolf Lake Rd

City: Jonesboro State: IL Zip: 62952

Phone: (home) 618-833-5982 (work) _____

Address of subject property (if different from above):

_____

_____

Parcel (tax) Identification Number 11-25-07-048-B1

Legal Description: T 12S R 3W Sec 25 PT SW NW

_____

Size of Subject Parcel (contiguous parcel under on ownership): _____

Floodplain Map Panel Number: 170656 0125B

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) N/A

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) _____
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes (no)

2. Is the building constructed with flood resistant materials:
   yes (no)

3. Are all incoming electrical lines above the base flood elevation?
   yes (no)

4. Are the main electrical switch boxes above the base flood elevation?
   yes (no)

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes (no)

6. Is the building used only for parking or limited storage?
   yes (no)

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   (yes) no

C. Technical Information:

1. Base Flood Elevation at subject site _____

2. Lowest floor elevation (including basement) of proposed structure _____

VARIANCE BOARD DETERMINATION

The variance board can not vary the regulation of its floodplain ordinance unless they make findings based upon evidence admitted in each specific item below.

The variance board shall fill out the findings of fact and keep on file with the application.

A. The proposed development cannot be located outside of the Special Flood Hazard Area (SFHA) because:

ADDITION TO HOMESTEAD

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

ADDITION to EXISTING HOME

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

NO

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

NO ADDITIONAL MEASURES NEEDED

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

OWNER GRANTEES

Based on the findings developed above, the granting body votes 3 ayes to 0 nays to [illegible] the request for variance [illegible]

Certified by: [illegible] 2-21-06
Chairman Variance Board Date

[illegible] - the building should be [illegible] by the [illegible] on [illegible] that the structure does not comply with the [illegible] of the [illegible] Development Ordinance as [illegible] in the Flagstaff Development Code.

[illegible] the [illegible] [illegible] of the [illegible].

[illegible] 2-21-06
Permit Officer Date

[illegible]

This [illegible] Board of Variance Board of the [illegible] City of Flagstaff having have approved the request to vary from the [illegible] Development Code.

In accordance with the variance standards outlined in the Flagstaff Development Code, notification is hereby given that by granting the variance:

1. The granting of the variance will be subject to the [illegible] and will not be in conflict with the [illegible] Plan or the Flagstaff Zoning Code.

2. The granting of the variance will be subject to [illegible] to the subject property.

I acknowledge these facts and grounds [illegible] the [illegible].

[illegible] 2-21-06
Grantee Date

[illegible] 2-21-06
Chairman Variance Board Date

TOTAL P.03

UNION COUNTY Prop. 14-00-10-852
BUILDING PERMIT APPLICATION 14-00-10-854

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: E½ LT 1 BLK 4 ORIGINAL PLAT
W½ LT 3 BLK 4

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date MAR 1 2006
Completion construction date MAR 2 2006

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

14-268 PONE

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..M.H. ONLY.. $ 14,000

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 14,000

MOBILE HOME INFO:

Date MH was set-up:	APPROX MARCH 1, 2006
Make HILTON	Size 24X40 Yr. Model 1972
Previous MH Owner	TERRY Reynolds
Previous MH Location	1375 TEXAS EASTERN Rd Lick Creek
Current MH Owner	JONATHAN MOUTELL
Current MH Location	150 CEDAR ST ALTO PASS
Current Land Owner	JONATHAN MOUTELL

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify ~~(Concrete)~~ ON PIERS

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories ..... d/n/A
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... d/n/A
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 1 ... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No. Cell Ph
1. Owner	JONATHAN MOUTELL	PO Box 783 Jonesboro IL	62952	618-647-1066
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
John Moutell	P.O. Box 783 Jonesboro IL 62952	02/16/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 38.00	2/16/06	770

Payment of M.O. 08986257997 # 38.00 received by Union County Treasurer

Date 2-22-06 Billy L. Mayes #

Received by Supervisor of Assessments Office March 1, 2006

14-00-10-852
14-00-10-854

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 14-00-11-217

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
3885 New Saratoga Rd.	Orig. Plat - Saratoga	6	12	

Legal Description

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 9-11-06
Completion construction date 12-1-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, Institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 13,000

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size / Yr. Model
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED
SEP 2 0 2006
CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 36 x 26 936
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Lynda Rendleman	3885 New Saratoga Rd	62906	8332448
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lynda Rendleman	3885 N Saratoga Rd	9-7-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 36.00	9-7-06	#814-A

Payment of CK #4020 $36.00 received by Union County Treasurer

Date 9-20-06

Gary + Linda Rendleman
14-00-11-217

Barry A. Mayer
Mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

UNION COUNTY Prop. No. 14-00-11-421-C
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
90 Jacob St. Wolf Lake	Rendleman's	4	D	

Legal Description

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [X] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* enclosing porch

Beginning construction date May 1, 06
Completion construction date Aug 1, 06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 25,000

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size / Yr. Model
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED MAY 15 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions — 14X30 420 □
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms { Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Richard & Katherine Schaefer	PO. Box 124 Wolf Lake IL	62998	833-8273
2. Contractor or Builder	Terry Panici			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Variance

Signature of applicant	Address	Application date
Ann Katherine Schaefer	PO Box 124 Wolf Lake IL 62998	4-18-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 60.00	4-18-06	# 791

Payment of $60.00 CK # 6243 received by Union County Treasurer

Date 5-3-06

Bobby S. Mayes

11-421-C

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Richard + Katherine Schaefer

Address: 90 Jacob St

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 618-833-8273 (work) _____

Address of subject property (if different from above):

_____

_____

Parcel (tax) Identification Number 14-00-11.421-C

Legal Description: T 12S R 3W Sec 4

_____

_____

Size of Subject Parcel (contiguous parcel under on ownership): _____

Floodplain Map Panel Number: 170656 0125B

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) ✓

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) _____
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes (yes) no

2. Is the building constructed with flood resistant materials:
   yes (yes) no

3. Are all incoming electrical lines above the base flood elevation?
   yes no (no)

4. Are the main electrical switch boxes above the base flood elevation?
   yes (yes) no

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes (yes) no

6. Is the building used only for parking or limited storage?
   yes (yes) no

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes (yes) no

C. Technical Information:

1. Base Flood Elevation at subject site _____

2. Lowest floor elevation (including basement) of proposed structure _____

VARIANCE BOARD DETERMINATION

The variance board can not vary the regulation of its floodplain ordinance unless they make findings based upon evidence admitted in each specific item below.

The variance board shall fill out the findings of fact and keep on file with the application.

A. The proposed development cannot be located outside of the Special Flood Hazard Area (SFHA) because:

_____
_____
_____
_____

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

_____
_____
_____
_____

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

_____
_____
_____
_____

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

_____
_____
_____
_____

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

_____
_____
_____
_____

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Bill R Byl 5-1-06
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The _____ County Variance Board at the _____, 20__ meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

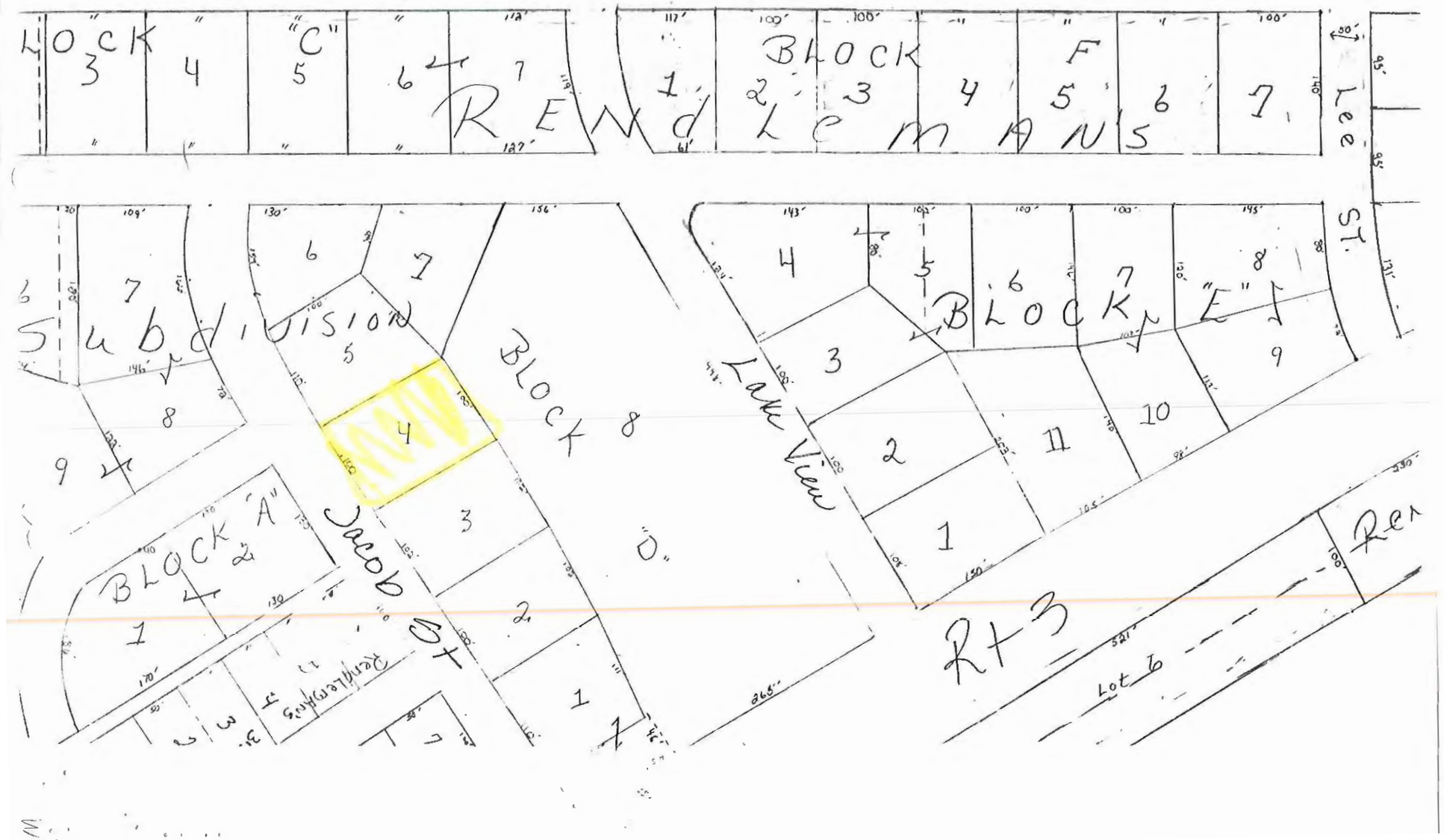
2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

X Ann Katherine Schaefer 4/19/2006.
Grantee Date

_____ _____
Chairman-Variance Board Date

TOTAL P.05


BLOCK "C"
BLOCK "F"
Lee ST.
Subdivision
BLOCK 8
Lake View
BLOCK "E"
BLOCK "A"
Jacob St
Rt 3
Lot 6

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-11-578

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
	Willis Hartlines Add	N26'		

Legal Description: 26' NS D Lt 5 + Lt 6 W Hartline Add.

N S Lot 5 & Lot 6

E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [x] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
[ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

RECEIVED AUG 18 2006 CCAO

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 28,000
To be installed but not included in the above cost	
a. Electrical	2,000
b. Plumbing	5,000
c. Heating, air conditioning	10,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 45,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [x] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [x] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories: 1 1/2
49. Total square feet of floor area, all floors, based on exterior dimensions:
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 1
54. Number of bathrooms: Full: 1 / Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	KIRK MITCHELL	P.O. 404 ANNA IL 62906		614-2890
2. Contractor or Builder	TYGE SMITH			924 2259
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: X [signature] | Address: 820 Old Highway 51, Anna | Application date: 7-20-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 100.00	2/20/06	821

Payment of CK # 1747 Kirk Mitchell received by Union County Treasurer

Date 8/18/06 [signature]

14-00-11-578

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

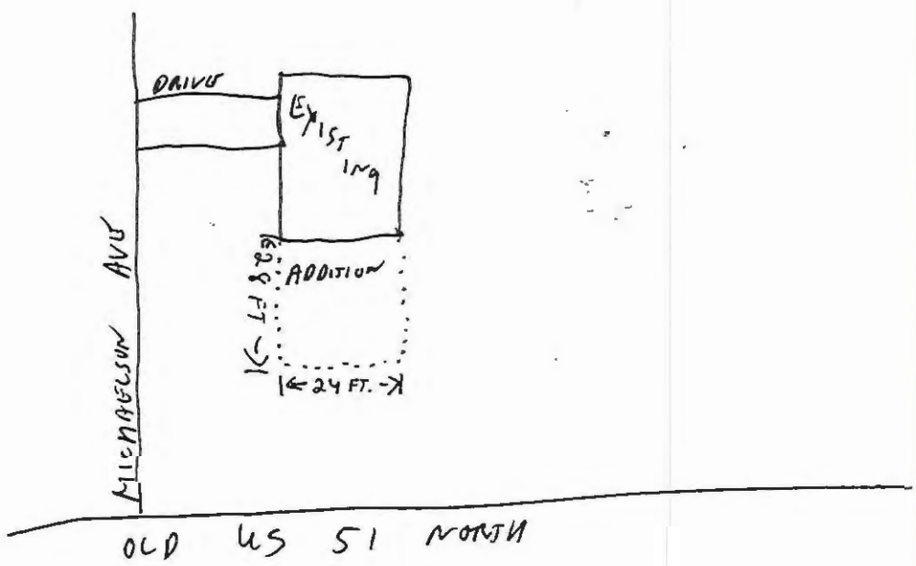
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY Prop. No. 14-00-11-965
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 110 Willow Lane
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: N½ Lt 7 - LYN Wood Add
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

RECEIVED AUG 18 2006 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Aug 28th 06
Completion construction date Ag 28th 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 40,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify NONE

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public NONE
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public NONE
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions:
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms:
54. Number of bathrooms: Full: ____ Partial: ____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Randy Whittinghill	110 Willow Ln. Anna IL	62906	
	Victoria Whittinghill	110 Willow Ln Anna IL	62906	924-3059
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Randy Whittinghill
Address: 110 Willow Lane Anna IL 62906
Application date: 7-24-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 90.00
Date permit issued: 7/25/06
Permit number: 822

Payment of Ck # 2080 Randy L. Whittinghill received by Union County Treasurer

Date 8/18/06 14-00-11-965 Bobby L. Mann mg.

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

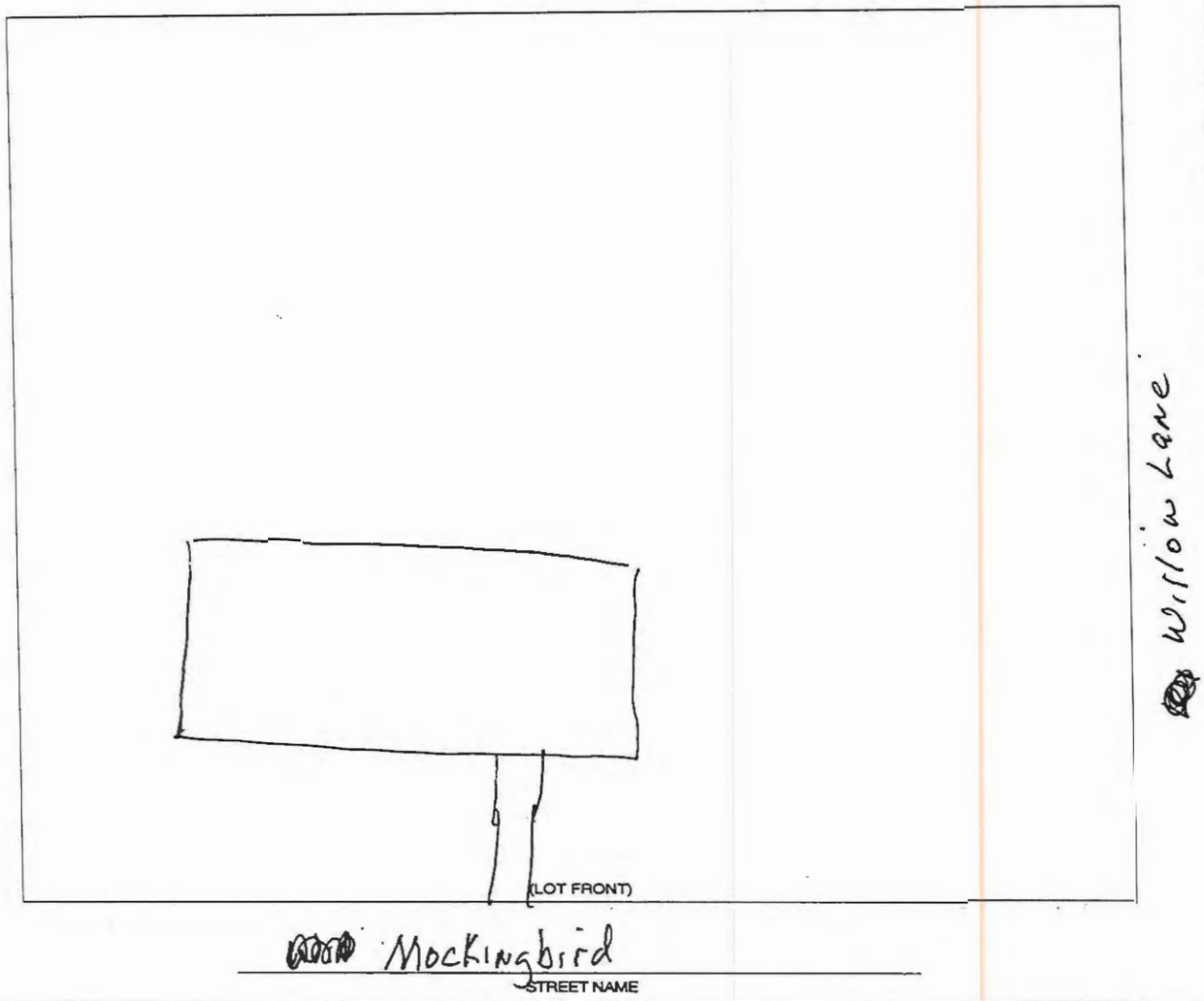
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-226
14-00-12-227

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Shannon Lane	Shannon Estates	4-5		

Legal Description: LOT 4 & 5 Shannon Lake Sub

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District

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II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [✓] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 12/7/06

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 160,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [✓] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [✓] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1600
- 50. Total land area, sq. ft.: 2 acres

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: 1
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full: 2; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James Woodward	608 S. Main St Anna IL	62906	833-5502 Ex 102
	Carmen Woodward			
2. Contractor or Builder	Keith Klaine	1839 Division St. Murphysboro IL	62966	687-4381
3. Architect	Owner			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
James L. Woodward	608 S. Main St Anna IL 62906	12/15/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 210.00	12/15/06	# 851

Payment of $210.00 Cash received by Union County Treasurer

Date 12-19-06

Bobby L. Mann mg

14-00-12-226
14-00-12-227

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-231

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
	Shannon Lake Estates			

Legal Description: Lot 9 Shannon Lake Estates — PT NE SW Sec 19 T12 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED NOV 13 2006 COAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [x] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [x] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date Oct. 06

Completion construction date Apr. 07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$166,000.00
To be installed but not included in the above cost	
a. Electrical	9,500.00
b. Plumbing	14,500.00
c. Heating, air conditioning	10,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$200,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [x] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [x] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1920
- 50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed:
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Laura McMahon	2800 W. Murphysboro Rd. Carbondale Il.	62901	309 657-0261
2. Contractor or Builder	Jeff Aden	PO 70 Dongola Il. 62926		618-967-1290
3. Architect	Owner			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Laura McMahon	2800 W. Murphysboro Rd. Carbondale, Il 62901	10/17/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Jeff Fechan	$ 410.00	10/17/06	841

Payment of $410.00 CK#569 Laura McMahon received by Union County Treasurer

Date 11-13-06

Bobby L. Myers MG

14-00-12-231

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date: 9/15/06

Name: Laura Mc Mahon

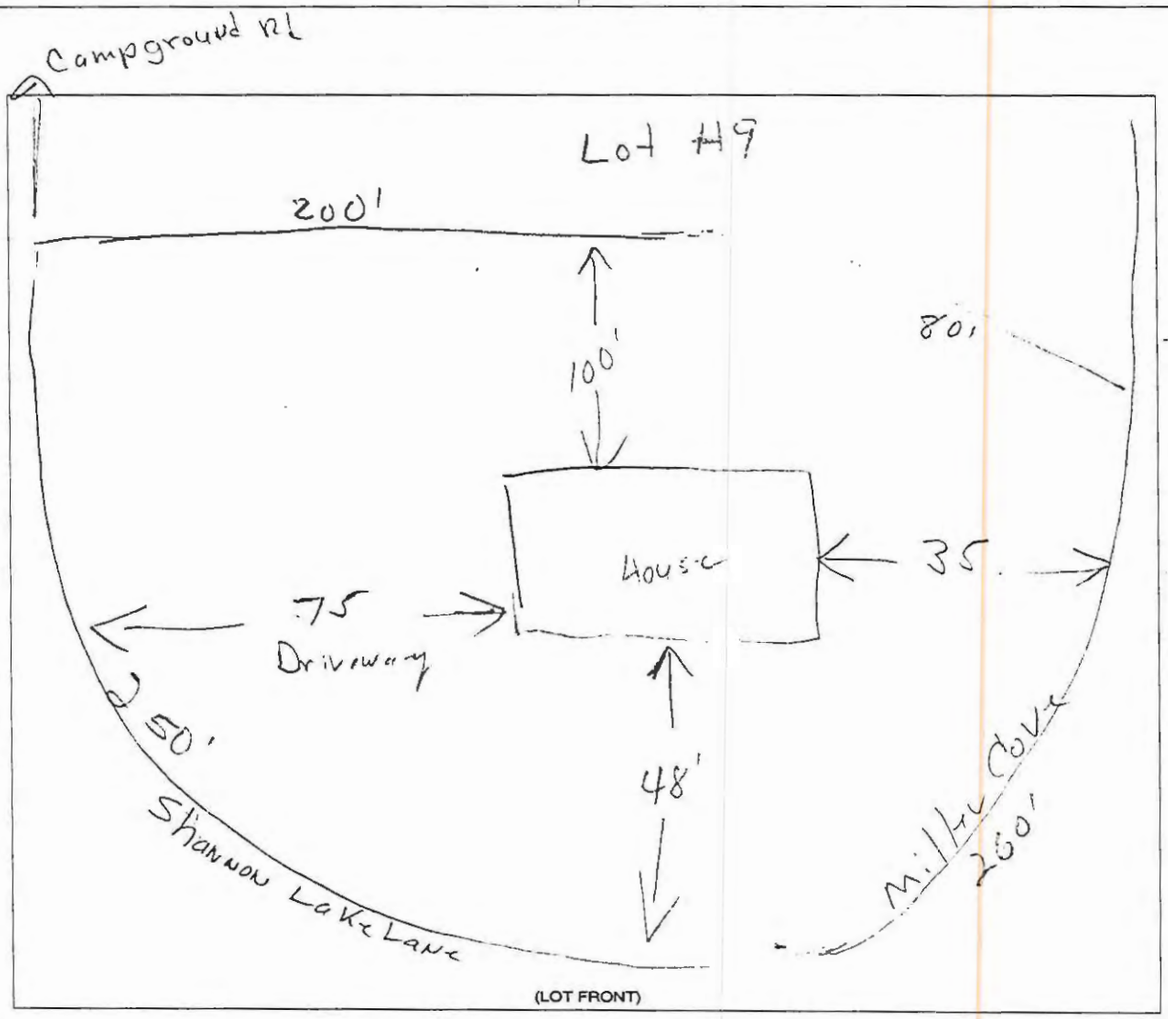
Number & Street: #9

Lot Number: Shannon Lake Estaters

Subdivision or Addition:

Zoning District:

Permit Number:



Shannon Lake Lane
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant: Laura L. Mc Mahon

Address: 2800 W. Murphysboro Rd Carbondale, Il 62901

Phone Number: 618-967-1290

UNION COUNTY Prop. I.D. 14-00-12-237-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: LOT 2 PLANK Hill Sub 12.55 ACRES Pt SV2 S.14 S + Pt NV2 S.14 13 2W

from Intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, Institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 170,000
To be installed but not included in the above cost	
a. Electrical	5,000
b. Plumbing	10,000
c. Heating, air conditioning	15,000
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$ 200,000.

MOBILE HOME INFO:

Date MH was set-up:

Make _____ Yr. Model _____

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

RECEIVED MAY 17 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2,200
50. Total land area, sq. ft.	2,200

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	2
52. Outdoors	0

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John P. Schmidt	6 Fairview Ave, Anna, IL 62906		618 833 8759
	Rhonda K. Schmidt	SAME		
2. Contractor or Builder				
3. Architect	N/A			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
John P. Schmidt	6 Fairview Ave Anna IL 62906	5-11-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 410.00	5-11-06	# 793

Payment of #410.00 CK# 1334 received by Union County Treasurer

Date 5/16/06

Bobby L. Mayes Mng.

14-00-12-237-B

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name: John A. + Rhonda K. Schmidt.

Number & Street

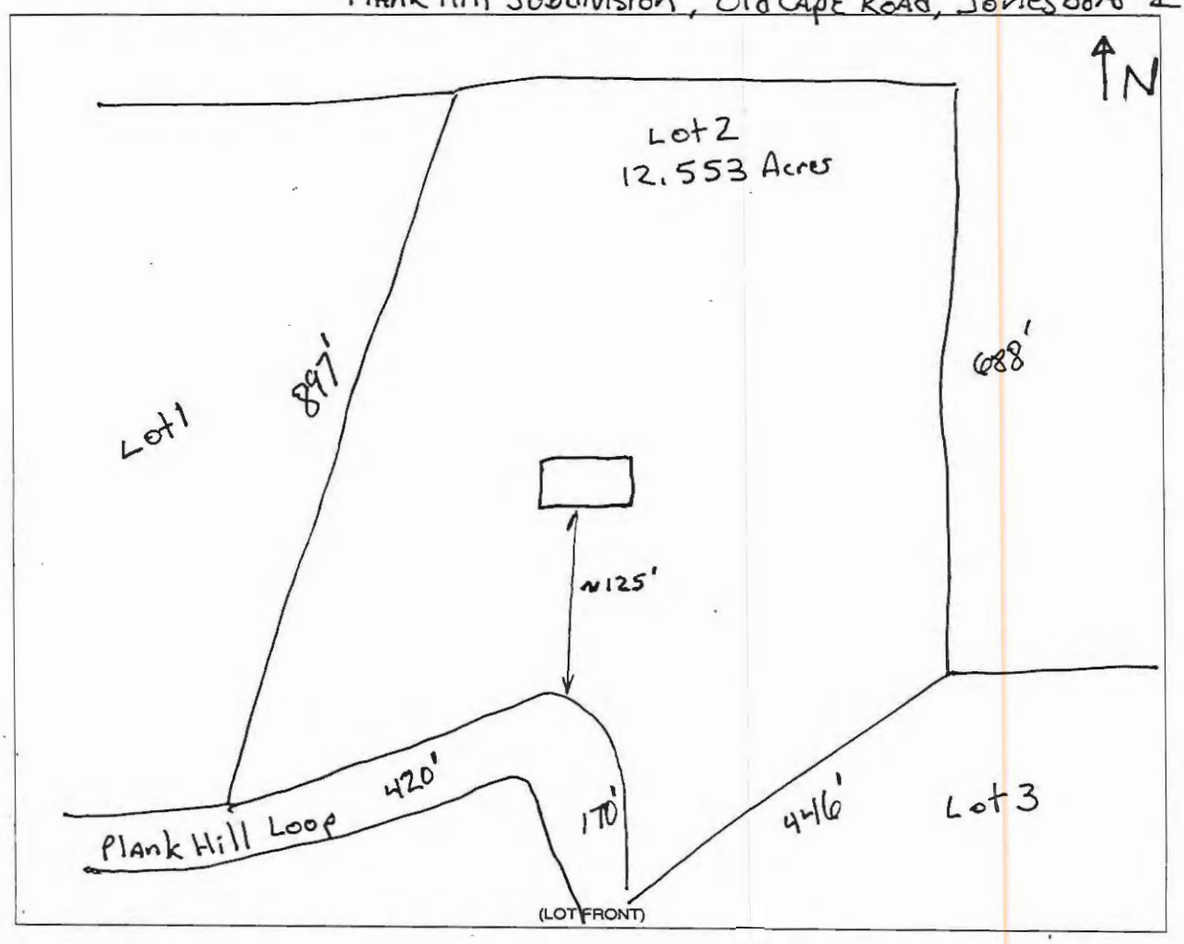
Lot Number: Lot 2

Subdivision or Addition: Plank Hill Subdivision

Zoning District

Permit Number

Plank Hill Subdivision, Old Cape Road, Jonesboro IL



Plank Hill Loop

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-237-J

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
	Plank Hill Sub.	10 11B		

Legal Description

N S

E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* Pole Barn Concrete pad

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Beginning construction date 9-15-06

Completion construction date 11-15-06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 9,000

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED SEP 11 2006 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 1200 Sq Ft 30x40
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mike Mason	1910 State Rt 1225 Jonesboro Ill	62952	833-3480
				697-6213
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mike D Mason	1910 State Rt 1225	8-31-06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 28.00	8-31-06	#807A

Payment of $28.00 CK #7080 received by Union County Treasurer

Date 9-11-06

Mike + Kristy Mason

[signature] Mgr.

#14-00-12-237-J

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date _____

Name _____

Number & Street _____

Lot Number _____

Subdivision or Addition _____

Zoning District _____

Permit Number _____

(LOT FRONT)

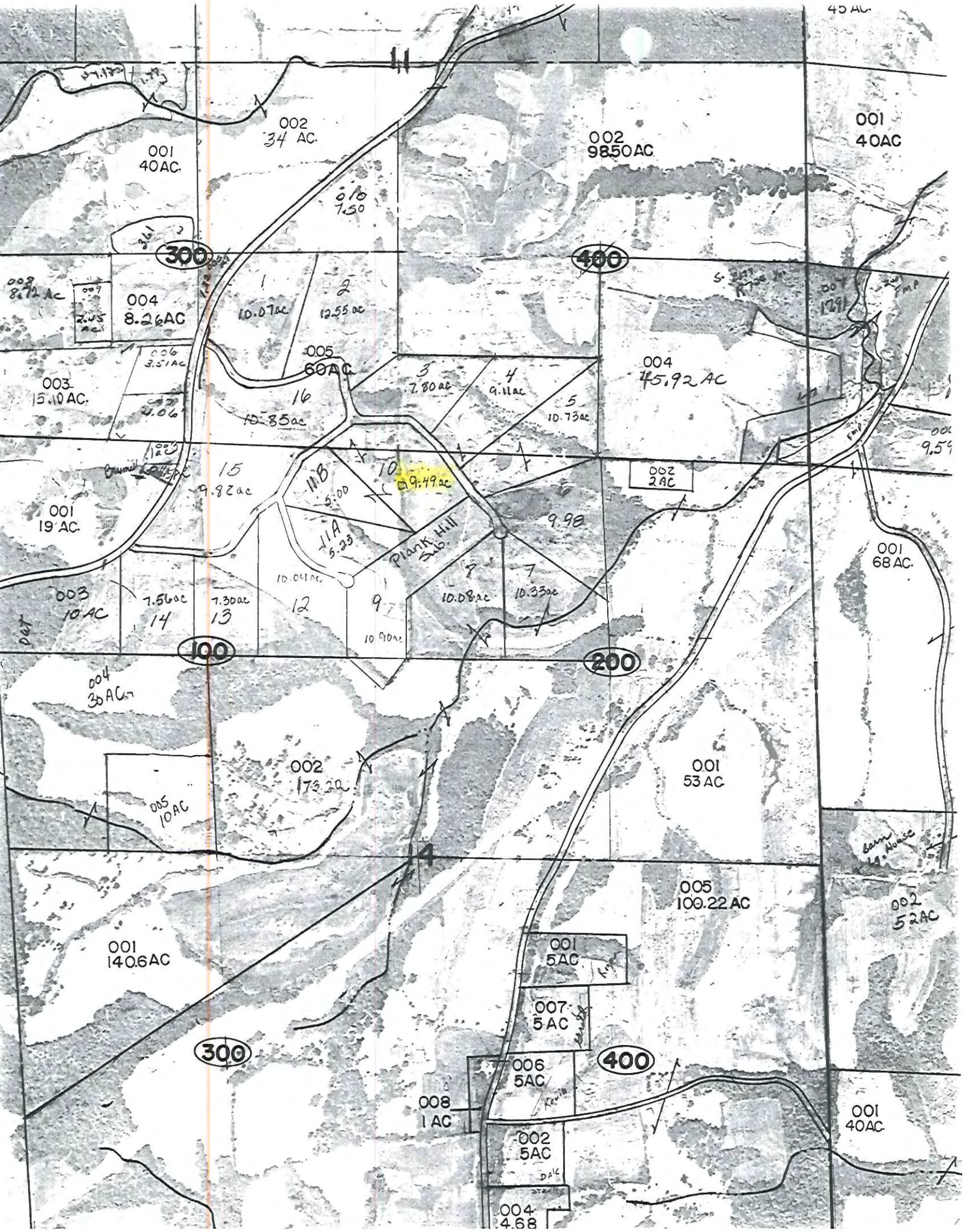
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant _____

Address _____

Phone Number _____


11
002
34 AC.
001
40AC.
002
98.50AC
001
40AC
300
400
004
8.26AC
005
60AC
003
15.10AC
004
45.92 AC
Plank Hill Sub.
001
19 AC.
001
68 AC.
003
10 AC
100
200
004
30AC
002
173.20
005
10AC
001
53 AC
4
005
100.22 AC
002
52AC
001
140.6AC
001
5AC
007
5 AC
300
400
006
5AC
008
1 AC
002
5AC
001
40AC
004
4.68

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-238-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street:

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: LT 18 - Shannon Lake Estates 1.00 AC PT NE SW sec 19 T10 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [X] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 2/1/06

Completion construction date 6/30/06

Nonresidential

- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date 2/1/06

Completion construction date 6/30/06

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$176,000.
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2,159
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms		3
54. Number of bathrooms	Full	2
	Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Stacy B. Powers Teresa L. Powers	5493 B Olmsted Rd., Olmsted, IL	62970	742-6635
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Teresa L. Powers	5493-B Olmsted Rd., Olmsted, Il	1/31/06

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Gaeckesen	$ 50.00	1/31/06	767

Payment of _____ received by Union County Treasurer

Date _____

#14-00-12-238-D

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

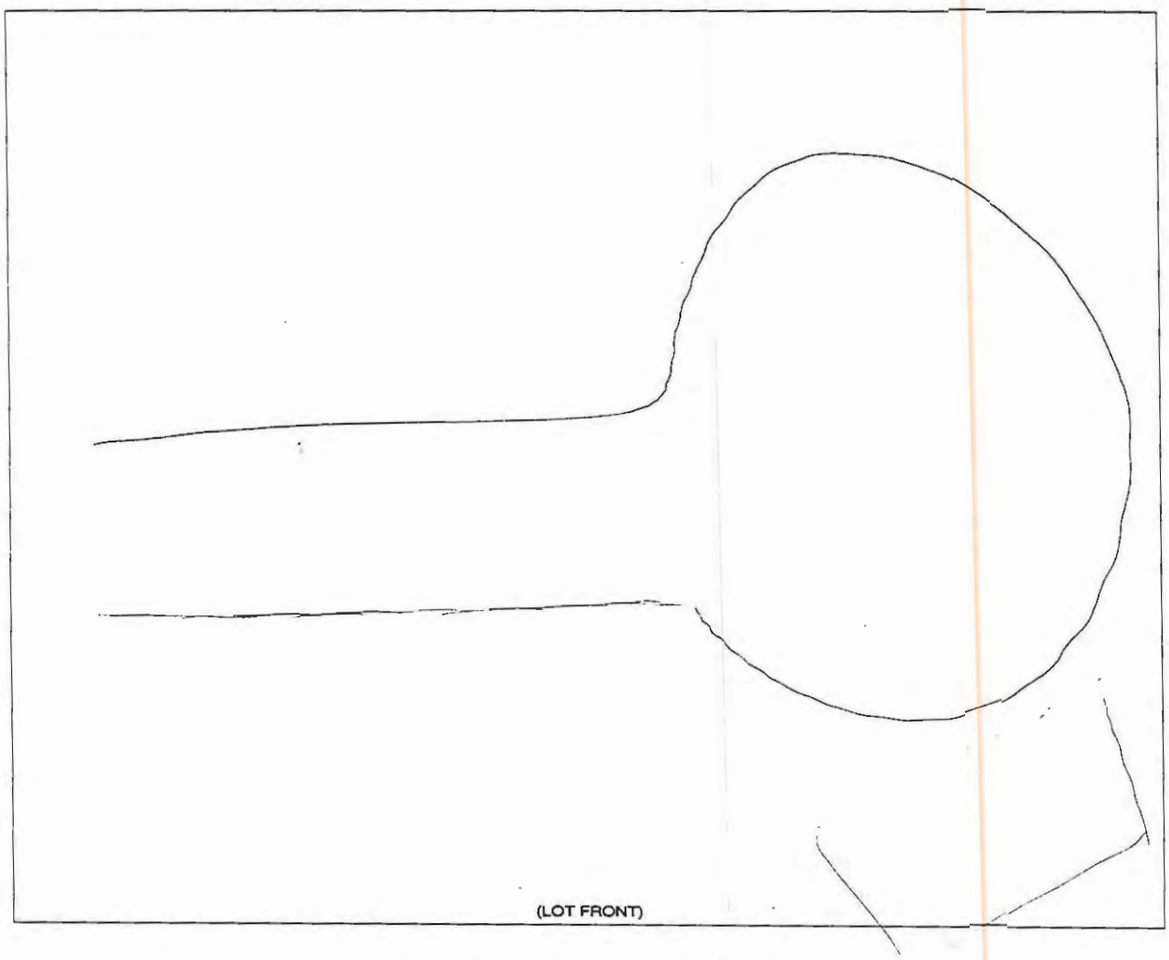
Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number



Shannon Lake Circle
STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Teresa L. Powers
Applicant

5493-B Olmsted Rd. Olmsted, IL
Address

618-742-6635
Phone Number