

2007

852	New dwelling	(Dawn Aubin)	330.00	05-15-03-225-K
853	New dwelling	(Paul Ryan)	610.00	06-08-04-403-(PT)
854	shed	(Mac Weaver)	70.00	02-36-01-274
854-A	shed	(Jinette Elsen Weaver)	8.00	02-35-01-250-E
855	Dwelling + garage	(Kathleen Buchta)	170.00	01-34-00-501-B4
856	pole barn	(Don W. Hill)	40 ⁰⁰	02-07-00-716- A
857	Pole Bldg	(Richard Weaver)	31.00	02-36-01-280
858	farm bldg	(Barry Hinrichs)	50 ⁰⁰	03-30-01-913-A
859	mobile home	(Charles Johnson)	120 ⁰⁰	06-13-04-484
860	rec room for	(Sonny Eickelman)	-0-	none 13-1W Sect 17
	St John's Lutheran Church			
861	pole barn		34 ⁰⁰	08-03-05-706-B
862	trailer		34 ⁰⁰	new parcel 06-24-04-717-B7
863	furnace room	(Terry Stanley)	12 ⁰⁰	04-26-02-523-E
864	pole barn	(Bill Bass)	20 ⁰⁰	04-16-02-266
865	shed	(Stanley & Peggy Hilemink)	24 ⁰⁰	09-14-06-406-D
866	pole barn	(Michael Goodman)	18 ⁰⁰	06-16-04-555-D
867	mobile home	(Rebecca Housman)	\$17 ⁰⁰	06-15-04-532-A1
868	pole barn	(Russell Sullivan)	\$26 ⁰⁰	08-23-05-987
869	shed	(Rox & Pat Mowery)	24 ⁰⁰	08-23-05-995-C
870	garage	(Paul Claudez)	\$46.00	05-28-03-968
871	complete remodel	(Kim Nowell)	\$130.00	04-24-02-479
872	mobile office/cabin	Barbara Casey	\$150.00	07-17-05-447
873	pole barn	Donna Morgan	34 ⁰⁰	05-23-03-775
874	house	Xiaoxin Wang	\$374.00	05-25-03-845-E
875	addition	Tammy Clark	\$30 ⁰⁰	04-35-02-885
876	mobile home	Mathis Jean Myers	\$150	14-00-10-824
877	mt. Garage	Pamela Lentz	\$20.00	14-00-10-420
878	house demolition	Myron Albers	-0-	07-05-05-180
879	mobile home	Katie Morgan	(\$10 ⁰⁰)	05-23-03-775
880	mobile home	Francisco Duran	\$20 ⁰⁰	07-13-05-354-C
881	house	Glen Beanland	\$590 ⁰⁰	05-32-04-149-A
882	pole barn	Terry Reynolds	\$50 ⁰⁰	08-23-05-975
883	mobile home	Claude Smith	\$28.00	03-07-01-439
884	pole barn	Brad Pender	\$42.00	09-29-06-588-A
885	POLE BARN	TERRY RILEY	18.00	05-33-04-160-F
886	house	David Gold	130 ⁰⁰	14-00-12-036-B
887	2 cabins	Jan York	210 ⁰⁰	07-14-05-369

permit #	Name + what is Bldg	permit tax	Amount	property # JOHN 833-5111
888	River Valdez	mobile home	0	07-13-05-5
889	Jane Treece	addition	70.00	11-14-06-961
890	Verizon Wireless	cell tower	90.00	12-35-07-201
891	Michael Ralls	mobile home	170.00	14-00-12-239-A
892	Jeery + Paula Cochran	home	356.00	05-10-03-128-C
893	Jim Pickel	pole barn	28.00	09-20-06-431-C
894	Frank Chamness	pole barn	24.00	05-34-04-187
895	Robert Chamness	open shed	18.00	05-34-03-074
896 ✓	Samuel Giardino	house	174.00	05-33-04-160-C
897 ✓	Daerin Duty	house	110 -	07-04-05-171-B1
898 ✓	(Plaquemine LLC) Peter Van Myker	Sanitation building	14.00	01-22-00-258-A
899 ✓	Alto Vineyard LTD	fruit cooler	\$70.00	07-10-05-247
900 ✓	Matthew & Kristin Anibery	Addition	60.00	04-31-02-792-A
901 ✓	Ray Bush	addition	\$16.00	01-20-00-218
902 ✓	Wendel Davis	pole barn	18.00	02-18-00-912
903 ✓	CLARENCE GLASCO	mobile home	120.00	05-05-03-005
904 ✓	John Bigler	Dwelling	\$1560.00 67.96	
905 ✓	Richard Schaefer	Garage	28980.00	14-00-11-424-B
906 ✓	Lyn Crabtree	mobile home	32.00	05-22-03-774
907 ✓	Joe Restivo	2 cabins	910.00	07-08-05-212-A
908 ✓	Clay Mitchell	home	\$470.00	04-26-02-533
909 ✓	Mart Clark	addition	\$50.00	04-35-02-885-D
910 ✓	Jose + Jerri Tehandon	mobile home	\$240.00	05-31-04-123-A5
911 ✓	Larry Scott Swain	mobile home	230.00	08-03-05-706-B1
912 ✓	Robert Ames	mobile home	90.00	14-0011-267
913 ✓	Mervin + Tammy	hence Pole barn	\$74.00	02-03-00-626A
914 ✓	Kenneth + Mary Bartley	Garage/ Apartment	40.00	03-15-01-607-A
915 ✓	Erica Wheaton	mobile home	\$17.00	08-23-06-002-A
916	MIKE DOUCHANT	VERIZON WIRELESS	90.00	10-19-06-697
917 ✓	Jay Baity	house	350.00	02-07-00-718-C
918 ✓	Robert Lutz	cabin	32.00	04-32-02-822- PT OF
919	Donna + Pam Dale	duplex	\$180.00	04-10-02-174
920	Richard Mager Gary Fuller		670.00	05-18-03-32i
921 ✓	Daniel Mattingly	Pole barn	\$106.00	02-01-00-586
922 ✓	Terry Marshall	mobile home	130.00	02-25-01-066
923	Jacqueline Bramm	apt building + Commercial	\$132.00	14-00-10-897 trou 14-00-10-1
924 ✓	Stan Lummis	moving M Home	\$10.00	05-14-03-195-A
925 ✓	Carolyn Timms	MA	80.00	05-30-04-082

965

Richard Fedeman ¹²⁻¹⁷⁻⁰⁷

log house

120'

01-25-00-298A

966

Richard Fedeman ¹²⁻¹⁷⁻⁰⁷

barn

32'

01-25-00-298A

967

Walter Jackson ¹²⁻

cow shed

14'

06-25-04-857

926	Daniel Hrpcha	garage	\$22.00	
927	Harold Gey	open pole building	15.00	02-0-
929	Wanda Hase Harold Mobile Home + Garage	Mobile Home + garage	156.00	14-00-12-266
930	Susan Holderfield	Garage	50.00	05-15-03-225-U
931	Earnest Russell	Grain bin	10.00	05-19-04-603
932	Carolyn Timms	pole barn	28.00	05-30-04-082
933	Kenneth Bartley	mobile Home	32.00	03-15-01-607-A
934	Reus Brown	barn	46.00	08-22-05-943
935	Robert Siegelman	mobile Home & pole barn	134.00	14-00-12-268 + 08-28-03-95;
936	Marvin & Angie Fairless	mobile Home	148.00	04-18-02-312-A1
937	Scott & Mickellynn Esene	house	310.00	04-16-02-271-0
938	Collin Carn	house	55.00	08-28-06-216
939	Eric & Janice Osman	Septic	\$17.00	05-29-04-024
940	Ryan M ^c Alister	pole barn	\$42.00	02-29-01-129-A
941	Lawrence & Nancy Jackson	mobile home	90-	14-00-12-267
942	Peter Van Mylder	house	\$210-	01-22-00-258-A
943	Otis Hamel	pole barn	11.00	08-23-05-972
944	Carrol Long	house	190	PART OF 06-09-04-419
945	Harold & Wanda Hase	pole barn	26.00	14-00-12-266
946	Rhoda Suits	mobile Home	170-	01-28-01-370
947	Roger Williams	House & pole barn	334.00	02-26-01-093
948	Doug Simmons	horse stall	12.00	05-10-03-134-1
949	Michael Ralls	pole barn	38.00	14-00-12-23 9-A
950	Gaylon Cates	pole barn	44.00	05-05-03-006
951	Robert Lindsey	mobile Home	74.00	07-06-05-195
952	Keith Johnson	house	270.-	09-25-06-479-C
954	Jeff & Kathy McClellan	house	285-	08-20-01-723
955	Camern & Sara Roberts	house	170-	14-00-12-239-F
956	Sharon Kajah	mobile home	248.-	14-10-02-172
957	Cecil & Glenda Franklin	pole barn & mobile home	186.00	08-10-05-747
958	Michael Penninger	Pole barn	26.00	09-01-06-328
959	Charles Ebersohl	mobile home	87.80	08-26-06-193-A
960	Patricia Welsh	barn	21.50	04-21-02-408-C2
961	Ricky Bue	Camper-	22.-	08-07-05-737-B
962	(Patrick) Lenore Kussel	winery	110.00	04-08-02-129-A
963	Billy Abernathy	house	360.00	14-00-12-258-B
964	Kenneth Verble	pole barn,	50-	11-04-06-847-A

UNION COUNTY Proc. No. 06-25-04-857
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>9565 US HWY 515</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>Section 25 13-1W SW, SW, PT SE SW 20' off side SE SW</u>	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use <table style="width:100%;"> <tr> <td style="width:50%;"> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify <u>low shed - open on all sides</u> Beginning construction date <u>12-10-07</u> Completion construction date <u>4-10-07</u> </td> <td style="width:50%;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____ </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify <u>low shed - open on all sides</u> Beginning construction date <u>12-10-07</u> Completion construction date <u>4-10-07</u>	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____													
Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify <u>low shed - open on all sides</u> Beginning construction date <u>12-10-07</u> Completion construction date <u>4-10-07</u>	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____															
B. OWNERSHIP 8a <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	MOBILE HOME INFO: Date MH was set-up: _____ <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td colspan="2">Previous MH Location</td> </tr> <tr> <td colspan="3">Current MH Owner</td> </tr> <tr> <td colspan="3">Current MH Location</td> </tr> <tr> <td colspan="3">Current Land Owner</td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner	Previous MH Location		Current MH Owner			Current MH Location			Current Land Owner		
Make	Size	Yr. Model														
Previous MH Owner	Previous MH Location															
Current MH Owner																
Current MH Location																
Current Land Owner																

C. COST (Estimated) 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 \$ <u>2,000</u>	(Omit cents) MOBILE HOME INFO: Date MH was set-up: _____ <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td colspan="3">Previous MH Owner</td> </tr> <tr> <td colspan="3">Previous MH Location</td> </tr> <tr> <td colspan="3">Current MH Owner</td> </tr> <tr> <td colspan="3">Current MH Location</td> </tr> <tr> <td colspan="3">Current Land Owner</td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions <u>16x40</u> 50. Total land area, sq. ft. <u>2-14x40 side</u> 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
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Walter Jackson</u>	<u>9565 US HWY 515, Dongola</u>	<u>62926</u>	<u>827-4734</u>
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 <u>Walter Jackson</u>	Address	Application date <u>12-10-07</u>
---	---------	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>Bill Jackson</u>	Permit fee \$ <u>14.00</u>	Date permit issued <u>12-10-07</u>	Permit number <u>#967</u>

Payment of \$14.00 Cash received by Union County Treasurer
 Date 1-08-08
Barry J. M...

Building #1

UNION COUNTY Prop. No. **01-25-00-298-A**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING
 Number and street: **Not assigned # N. Lick Creek Rd. Buncombe, IL**
 Subdivision or Addition: **Buncombe, IL**
 Lot: _____ Block: _____ Census tract: _____
 Legal Description: **Union County parcel - see attachment for detailed survey # 01-25-00-298-A containing 80.0 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 Mobile Home

B. OWNERSHIP
 9a Private (individual, corporation, nonprofit institution, etc.)
 9b Public (Federal, State, or local government)

C. COST (Estimated)
 10. Cost of improvement: \$ **35,000.00**
 To be installed but not included in the above cost:
 a. Electrical: \$ **2,500.00**
 b. Plumbing: \$ **3,500.00**
 c. Heating, air conditioning, well and septic: \$ **15,000.00**
 d. Other (elevator, etc.): _____
 11. TOTAL COST OF IMPROVEMENT: \$ **55,000.00**

D. PROPOSED USE - For "Working" 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 Store, mercantile
 28 Tanks, towers
 29 Other - Specify: _____
 Beginning construction date: **Jan 15, 2008**
 Completion construction date: **May 1, 2008**

MODULE HOME INFO:
 (Omit cents)
 Date MH was set-up: _____
 Make: _____ Size: _____ Yr. Model: _____
 Previous MH Owner: _____
 Previous MH Location: _____
 Current MH Owner: _____
 Current MH Location: _____
 Current Land Owner: _____

****** We are relocating an existing log house from Wisconsin to Union Co

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for working, 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: **wood burning stove + fireplace**

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 3/4**
 49. Total square feet of floor area, all floors, based on exterior dimensions: **1444**
 50. Total land area, sq. ft.: **80.0 ac**

K. NUMBER OF OFF-STREET PARKING SPACES
 51. Enclosed: **0**
 52. Outdoors: **4** (at bottom of driveway)

L. RESIDENTIAL BUILDINGS ONLY
 53. Number of bedrooms: **2**
 54. Number of bathrooms: **1** (Full) **0** (Partial)

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <i>come first necessary</i> Northstar Trust Co Richard J. Federman	#3315, 500 W. Madison St Suite 3150 Chicago, IL	60661	
2. Contractor or Builder	D.D. Williams Const. Co. VanValin Restorations	877 S. Poplar Camp Rd N 3035 Rome Oak Hill Rd	Makanda, IL Helenville, WI
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: **[Signature]** Address: **41W591 Golden Oaks St. Charles IL 60115** Application date: **12-11-07**

Approved by: **[Signature]** Permit fee: **120.00** Date permit issued: **12-17-07** Permit number: **905**

Payment of **CR# 1365 180.00** received by Union County Treasurer
 Date: **1-28-08**
[Signature]



Building #2

UNION COUNTY Prop. No. BUILDING PERMIT APPLICATION

01-25-00-298-A

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

I. LOCATION OF BUILDING
 Number and street: not assigned # - N. Lick Creek Rd
 Subdivision or Addition: Buncombe, IL
 Lot: _____ Block: _____ Census tract: _____
 Legal Description: Union County parcel - see attachment for detailed survey # 01-25-00-298-A
 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
 0a Private (individual, corporation, nonprofit institution, etc.)
 0 Public (Federal, State, or local government)

C. COST (Estimated)
 10. Cost of Improvement: \$10,000.00
 To be installed but not included in the above cost:
 a. Electrical: 1,000.00
 b. Plumbing: _____
 c. Heating, air conditioning: _____
 d. Other (elevator, etc.): _____
 11. TOTAL COST OF IMPROVEMENT: \$11,000.00

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: Jan 15, 2008
 Completion construction date: May 4, 2008

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: _____

** we are relocating an existing timber frame barn/grainery from Wisconsin to Union Co

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: wood burning stove

G. TYPE OF SEWAGE DISPOSAL N/A
 40 Public
 41 Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A
 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 3/4
 49. Total square feet of floor area, all floors, based on exterior dimensions: 600
 50. Total land area, sq. ft.: 80.0 ac

K. NUMBER OF OFF-STREET PARKING SPACES N/A
 51. Enclosed: _____
 52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY N/A
 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 <i>income trust beneficiary</i> Northstar Trust Co. (Richard J. Federman)	#3315 500 W. Madison St. Suite 3150 Chicago, IL	60661	
2. Contractor or Builder	D.D. Williams Const. Co. 877 S. Poplar Camp Rd. Mankato, IL	62958	(618) 549-0659
	VanValen Restorations N3035 Rome Oak Hill Rd. Hokenville, WI	53137	(262) 593-8415
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.

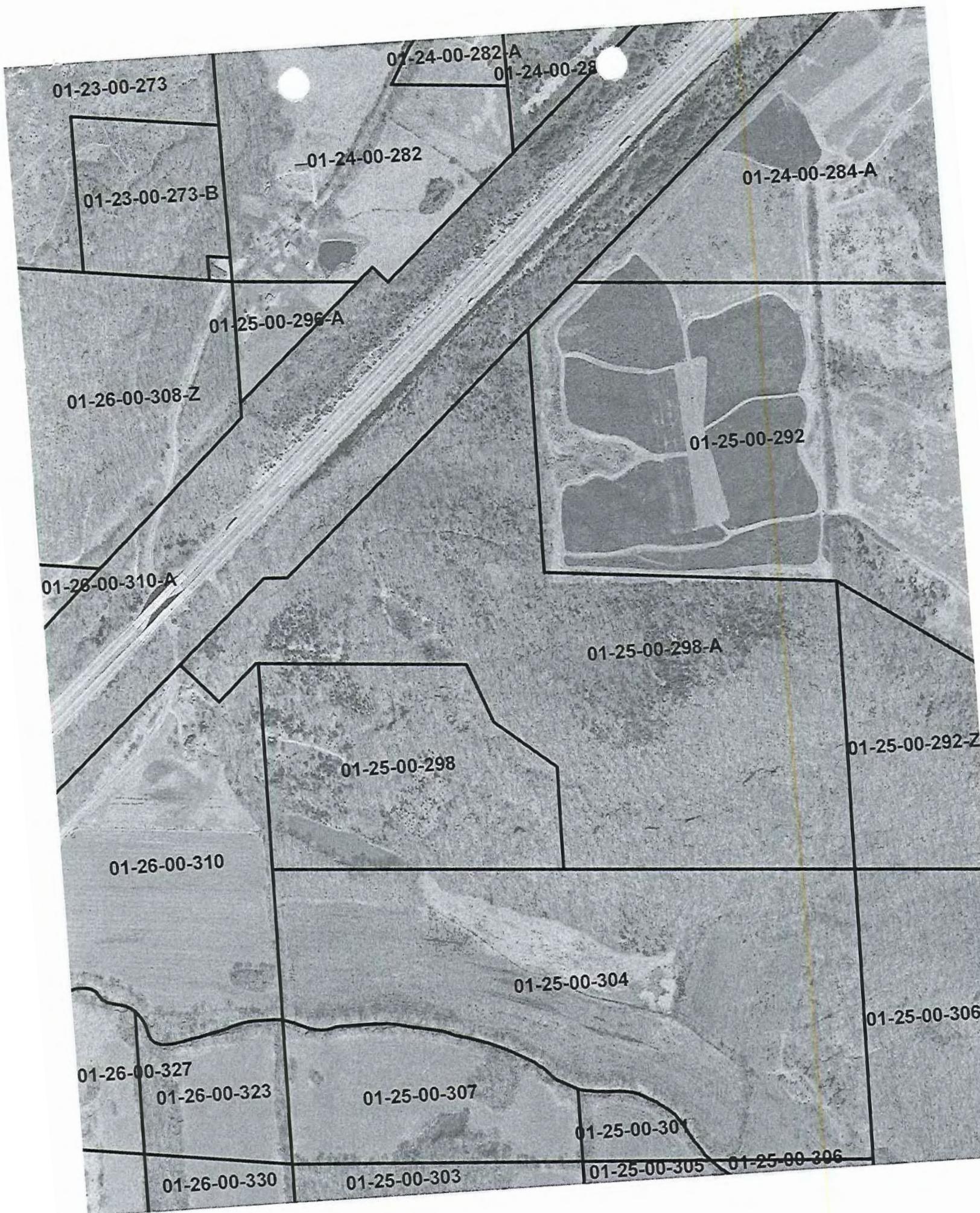
Signature of Applicant: [Signature] Address: 41 W 591 Golden Oaks St. Chateaufort, IL 60175 Application date: 12-11-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by: [Signature] Permit fee: \$32.00 Date permit issued: 12-17-07 Permit number: 966

Payment of CK #1366 \$32.00 received by Union County Treasurer

Date: 1-08-08 [Signature]



UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION

11-04-06-847-A

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

I. LOCATION OF BUILDING	Number and street <u>605 Verble Rd Wolf Lake</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S4 T12 RW3 PT W1/2 SW</u>	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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input checked="" type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify <u>Machine Shed</u> <u>REN</u> Beginning construction date _____ Completion construction date _____		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input checked="" type="checkbox"/> Other - Specify <u>Machine Shed</u> Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		MOBILE HOME INFO: <u>N/A</u>			

C. COST (Estimated) 10. Cost of Improvement <u>20,000</u> \$ <u>20,000</u> (Omit cents) 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 \$	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input checked="" type="checkbox"/> Other - Specify <u>Pole Building</u>		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public <u>N/A</u> 41 <input type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories <u>1</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>2400</u> 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify <u>N/A</u>		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed <u>N/A</u> 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <u>N/A</u> 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	<u>Kenneth D. Verble</u>	<u>605 Verble Rd Wolf Lake Ill</u>	<u>62998</u>	<u>618-8337203</u>
2. Contractor or Builder				
3. Architect				

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

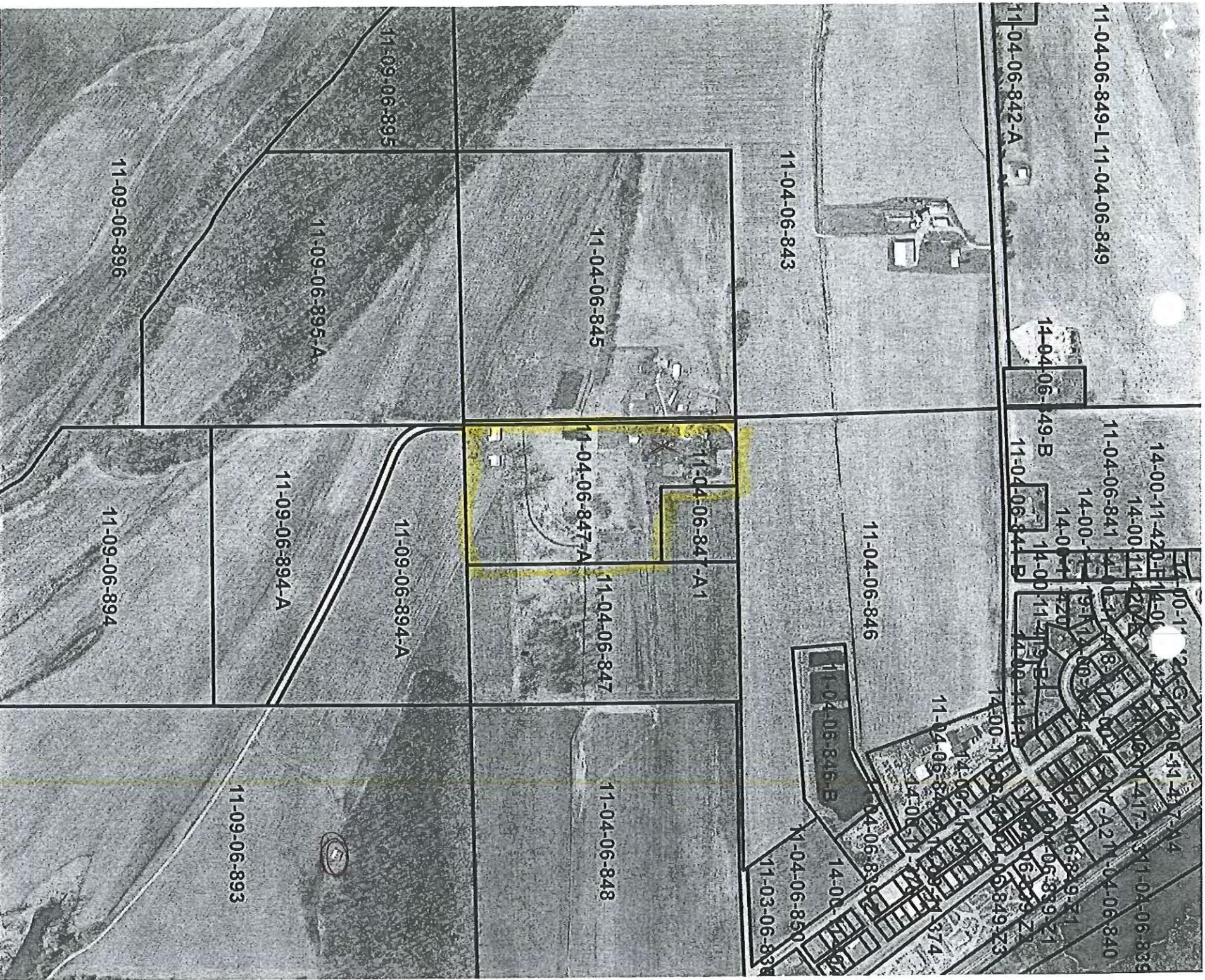
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Replacement of Pole Barn for Farm Machinery Storage, except for 18' x 30' shed

Signature of applicant <u>Kenneth D. Verble</u>	Address <u>605 Verble Rd Wolf Lake Ill 62998</u>	Application date <u>Dec 6 2007</u>
--	---	---------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee <u>\$ 50.00</u>	Date permit issued <u>12-6-07</u>	Permit number <u>964</u>
-----------------------------------	-------------------------------	--------------------------------------	-----------------------------

Payment of \$50.00 CK #1795 received by Union County Treasurer
 Date 1-8-08
[Signature]



11-04-06-849-L11-04-06-849

11-04-06-842-A

11-04-06-843

11-04-06-845

11-09-06-895

11-09-06-895-A

11-09-06-896

14-04-06-49-B

14-00-11-420

14-00-11-420

11-04-06-841

14-00-11-420

11-04-06-844-B

14-00-11-420

11-04-06-846

11-04-06-847-A1

11-04-06-847-A

11-04-06-847

11-09-06-894-A

11-09-06-894-A

11-09-06-894

14-00-11-419-B1

14-00-11-419-B1

14-00-11-419-B1

11-04-06-845-B

11-04-06-845

14-06-839

14-06-839

11-04-06-850

11-03-06-838

11-04-06-848

11-09-06-893

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

14-00-11-420

UNION COUNTY Prof
BUILDING PERMIT APPLICATION

14-00-12-238-B

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

I. LOCATION OF BUILDING	Number and street LAKE RIDGE LN	Subdivision or Addition SHANNON LAKE	Lot 16	Block -	Census tract -
	Legal Description LOT 16 - SHANNON LAKE ESTATES		E W from intersection of LAKE RIDGE LANE and SHANNON LAKE Streets		
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date 9/15/07</p> <p>Completion construction date 3/01/08</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input checked="" type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>		

MOBILE HOME INFO:

Data MH was set-up: _____

Make	Size	Yr. Model

Previous MH Owner _____

Previous MH Location _____

Current MH Owner _____

Current MH Location _____

Current Land Owner _____

C. COST (Estimated)

10. Cost of Improvement \$ **175000**

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 \$ **175000**

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 1967</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed 2</p> <p>52. Outdoors</p>
		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 3</p> <p>54. Number of bathrooms { Full 2 Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	MAG ENTERPRISES	PO Box 125 VIENNA IL 62995	618 638-6065
2.	Contractor or Builder	WEATHERBY CONSTRUCTION	METROPOLIS, IL	62960
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 Bobby J. Alverdt For MAG ENTERPRISES	Address PO Box 125 VIENNA IL 62995	Application date 10/18/07
---	--	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by [Signature]	Permit fee \$ 360.00	Date permit issued 11-21-07	Permit number # 963
-----------------------------------	--------------------------------	---------------------------------------	-------------------------------

Payment of **\$360.00 CR# 10001** received by Union County Treasurer
Date **12/3/07** **[Signature]**

UNION COUNTY Prop. ... 04-08-02-129-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 8595 US HWY 51 NORTH, COBDEN	Subdivision or Addition	Lot	Block	Census track
	Legal Description S8 T11 R1W NW NE (OVER)	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input checked="" type="checkbox"/> Other - Specify WINERY Beginning construction date 11/15/07 Completion construction date 3/31/08	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		MOBILE HOME INFO: (Omit cents) Date MH was set-up: _____ Make _____ Size _____ Yr. Model _____ Previous MH Owner _____ Previous MH Location _____ Current MH Owner _____ Current MH Location _____ Current Land Owner _____			

C. COST (Estimated) 10. Cost of Improvement \$ 36,000. To be installed but not included in the above cost a. Electrical 4,000 b. Plumbing 6,000. c. Heating, air conditioning 4,000. d. Other (elevator, etc.) _____ 11. TOTAL COST OF IMPROVEMENT \$ 50,000.⁰⁰		(Omit cents) 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 1980 50. Total land area, sq. ft. 2500	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input checked="" type="checkbox"/> Other - Specify PROPANE		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed _____ 52. Outdoors 20	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms _____ 54. Number of bedrooms { Full _____ { Partial _____			

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	LENORE RUSSELL	8595 US HWY 51 N COBDEN, IL 62920	62920	618 559 2422
2. Contractor or Builder	JOHN PATRICK RUSSELL	1910 COBDEN SCHOOL RD COBDEN, IL 62920	62920	618 843 2530
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: *Lenore Russell* Address: **8595 US HWY 51 N, COBDEN 62920** Application date: **11/15/07**

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by: <i>Bill Adams</i>	Permit fee: \$ 110.00	Date permit issued: 11-15-07	Permit number: #902
--------------------------------	------------------------------	-------------------------------------	----------------------------

Payment of **CK # 4323 \$110.00** received by Union County Treasurer

Date **11/27/07** **\$110 FEE + \$2e 1000.** **10 + 100 = 110**

**UNION COUNTY Prop. ...0.
BUILDING PERMIT APPLICATION**

08-07-05-737-D

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

I. LOCATION OF BUILDING	Number and street <u>Beech Grove Rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>SEC 7 T12 ROW PT NW NW</u>	<u>1.88ac</u>	N S E W from intersection of _____ and _____ Streets		Applicable Zoning District _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home - <u>Camper</u></p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input checked="" type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table> <p>Beginning construction date <u>Oct 1 2007</u></p> <p>Completion construction date _____</p>	Residential	Nonresidential	12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <u>6,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>6,000</u></p>
--	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input checked="" type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. <u>300</u></p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>1</u></p> <p>54. Number of bathrooms { Full Partial</p>

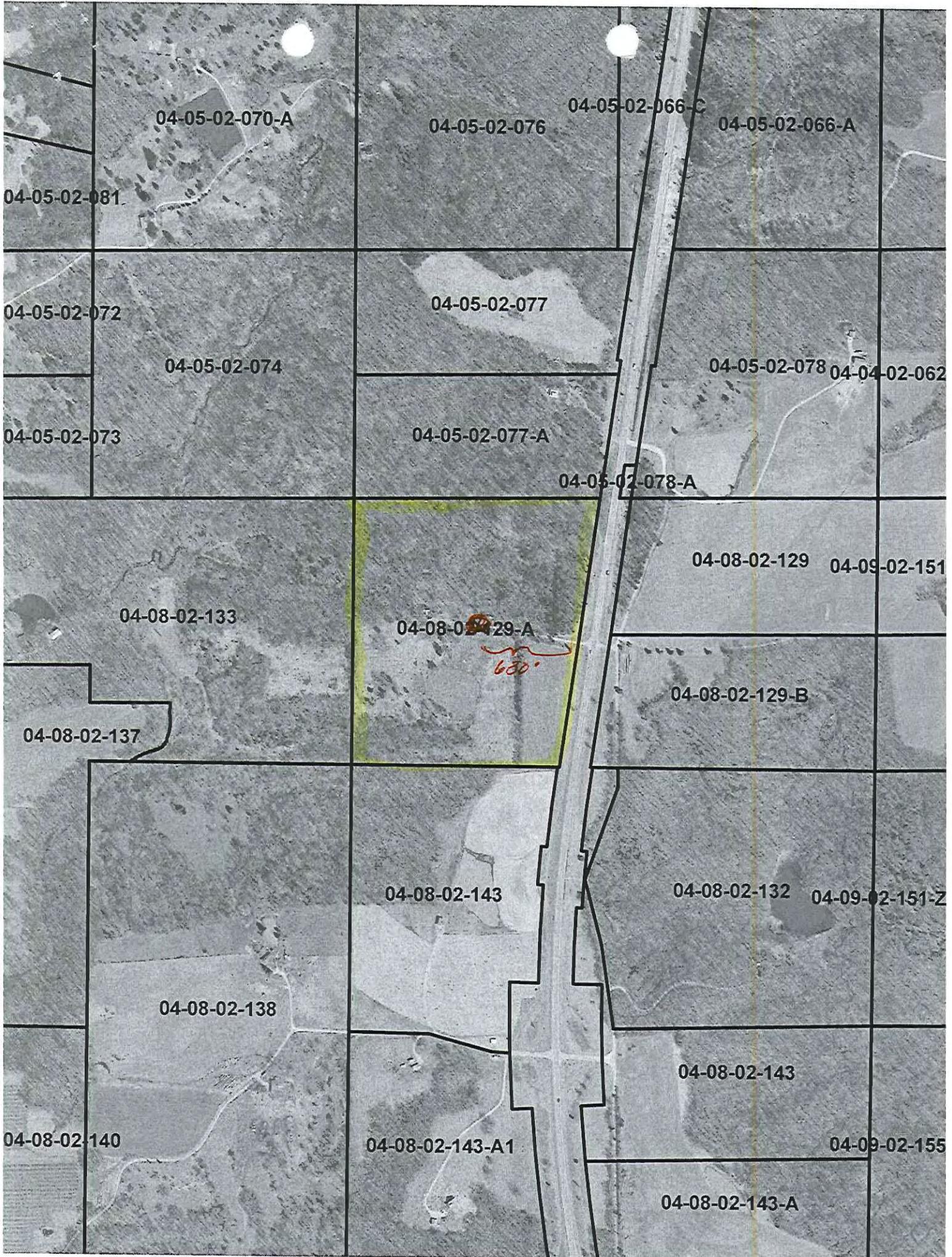
IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Ricky Bue</u>	<u>2744 Prospect Elkton Rd Prospect TN</u>	<u>38477</u>	
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 <u>[Signature]</u>	Address <u>2744 Prospect Elkton Rd Prospect TN 38477</u>	Application date <u>11-15-07</u>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>[Signature]</u>	Permit fee \$ <u>22.00</u>	Date permit issued <u>11-15-07</u>
		Permit number <u>961</u>

Payment of \$22.00 Cash received by Union County Treasurer [Signature]
Date 11-15-07



**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

04-01-07-408-C2

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

I. LOCATION OF BUILDING	Number and street <u>1090 Water Valley Rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>See attached. PT NE 1/4 R15 N S 1500'</u>	E W from Intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Horse barn</u></p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>12/1/07</u></p> <p>Completion construction date <u>12/7/07</u></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Horse barn</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>																
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Horse barn</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>																		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
Make	Size	Yr. Model																	
Previous MH Owner																			
Previous MH Location																			
Current MH Owner																			
Current MH Location																			
Current Land Owner																			

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <u>8500</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical <u>250</u></p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>8750</u></p>	
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input checked="" type="checkbox"/> Other - Specify <u>post frame</u></p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1200</u></p> <p>50. Total land area, sq. ft. <u>1200</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify <u>NA</u></p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>David MacLeod</u>	<u>62982</u>	<u>893-1492</u>
		<u>Patricia M. Welsh</u>		
2.	Contractor or Builder	<u>TR-Bilt</u>		<u>982-2110</u>
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 <u>Patricia Welsh</u>	Address <u>1090 Water Valley Rd</u>	Application date <u>10/15/07</u>
---	--	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>Bill Jackson</u>	Permit fee \$ <u>27.50</u>	Date permit issued <u>11.15.07</u>	Permit number <u>960</u>

Payment of CK # 1503 \$ 27.50 received by Union County Treasurer

Date 11/27/07

Betty A. Meyer
Treas.

08-07-05-737

08-07-05-737-C

11-12-06-941

08-07-05-737-D

08-07-05-737-B

08-07-05-737-E

08-07-05-738

11-12-06-940



Road; thence S 33°29'52" W, along said Right-of-Way, a distance of 1044.88 feet to the Union County, Illinois.



REBECCA

U.S.#1749
P.L.S.#749

WATER VALLEY ROAD
(Right-of-Way Varies)
TO US ROUTE 51



20.774 ACRES

PART OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 11 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN



POINT OF BEGINNING



BASIS OF BEARINGS PER OCTOBER 1998 SURVEY BY P.L.S. #2546

50.0' EASEMENT FOR INGRESS, EGRESS AND UTILITY PURPOSES (1.97 acres)
S 55°09'36" E
S 55°09'36" E
1044.88'

SECTION LINE

P.O.B. 50.0' EASEMENT

PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 22, TOWNSHIP 11 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN

STATE OF ILLINOIS
JSS
JAN 23 2000
Recorded in Vol. 179 page 108
Official Recorder of Deeds

SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 11 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN

(Handwritten notes: "ADJACENT", "BARR", "Location")

115.43' S 79°21'56" W 303.99' 196.32' 192.33' N 03°42'41" E 96.94'

15.00' S 69°17'22" E

N 20°42'39" E 286.35'

436.19' N 78°27'18" W

5.00' N 56°30'08" W

R=1854.85
L=113.97'

N 33°29'52" E 290.50'

692
MAR 23 2000

**UNION COUNTY Prop. No. 09-01-06-328
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street <u>2220 Airport Rd. Jonesboro</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>13-2W Sec. 1</u>	N S	E W from intersection of _____ and _____ Streets		
	<u>P+ NW 103.10 ac</u>	Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u></td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td>Beginning construction date <u>Nov 19, 2007</u></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td>Completion construction date <u>Dec 30, 2007</u></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u>	23 <input type="checkbox"/> Hospital, institutional	Beginning construction date <u>Nov 19, 2007</u>	24 <input type="checkbox"/> Office, bank, professional	Completion construction date <u>Dec 30, 2007</u>	25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u>	23 <input type="checkbox"/> Hospital, institutional																										
Beginning construction date <u>Nov 19, 2007</u>	24 <input type="checkbox"/> Office, bank, professional																										
Completion construction date <u>Dec 30, 2007</u>	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Beginning construction date _____</p> <p>Completion construction date _____</p>																										

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>8000</u></p>	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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>40x80 3200 sq ft</u></p> <p>50. Total land area, sq. ft. _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms { Full _____ Partial _____</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Michael Deuiger</u>	<u>2220 Airport Rd Jonesboro IL 62952</u>		<u>713-5596</u>
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]

Signature of applicant <u>[Signature]</u>	Address <u>2220 Airport Rd Jonesboro</u>	Application date <u>11-13-07</u>
---	--	----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>2600</u>	Date permit issued <u>11-13-07</u>	Permit number <u>#958</u>
--------------------------------	---------------------------	------------------------------------	---------------------------

Payment of \$26.00 Cash received by Union County Treasurer
Date 11/27/07 [Signature]

UNION COUNTY Prop. No. 08-10-05-747
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
	2136 State Rt 127 N				
	Legal Description	N S			
	510 T12 R200	E W from intersection of _____ and _____ Streets			
	10 1/2 NE, PT NE NW	Applicable Zoning District _____			
	PT E SD 10 1/2 NW 51.72 AC				

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

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn concrete floor</u> Beginning construction date, <u>Feb 1, 08</u> Completion construction date, <u>Mar 1 08</u>		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		MOBILE HOME INFO: Date MH was set-up: _____ Make <u>Redman</u> Size <u>32 x 40</u> Yr. Model <u>2007</u> Previous MH Owner _____ Previous MH Location <u>Sublim IL</u> Current MH Owner <u>Cecil & Glenda Franklin</u> Current MH Location <u>08-10-05-747 (127 N)</u> Current Land Owner <u>Cecil & Glenda Franklin</u>			

C. COST (Estimated) 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.) <u>12,600 barn</u> 11. TOTAL COST OF IMPROVEMENT \$ <u>18,000 MH</u>		(Omit cents) Date MH was set-up: _____ Make <u>Redman</u> Size <u>32 x 40</u> Yr. Model <u>2007</u> Previous MH Owner _____ Previous MH Location <u>Sublim IL</u> Current MH Owner <u>Cecil & Glenda Franklin</u> Current MH Location <u>08-10-05-747 (127 N)</u> Current Land Owner <u>Cecil & Glenda Franklin</u>	
---	--	--	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions <u>30 x 40</u> 50. Total land area, sq. ft. <u>1200</u>	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		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	<u>Cecil & Glenda Franklin</u>	<u>P.O. Box 11 McPlure IL</u>	<u>62957</u>	<u>618-661-1492</u>
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 <u>Cecil Franklin</u>	Address	Application date <u>11-6-07</u>
---	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee \$ <u>186.00</u>	Date permit issued <u>11-6-07</u>	Permit number <u># 957</u>

Payment of \$186.00 CR #2386 received by Union County Treasurer
 Date 3/4/08 [Signature]



08-35-06-242-B

08-35-06-251

08-35-06-237

08-36-06-274-B

08-35-06-242-A

08-35-06-242

08-36-06-274-A

08-36-06-274-C

09-02-06-329

09-02-06-330-Z

09-02-06-330

09-02-06-331

09-01-06-328

09-01-06-321

08-36-06-271

08-36-06-274-A

08-36-06-275-B

08-36-06-272

08-36-06-275

08-36-06-275

08-35-06-280

08-36-06-283-A

09-01-06-328-A

09-01-06-317

09-01-06-328-A2

09-01-06-328-A1

09-01-06-314-A

08-36-06-276

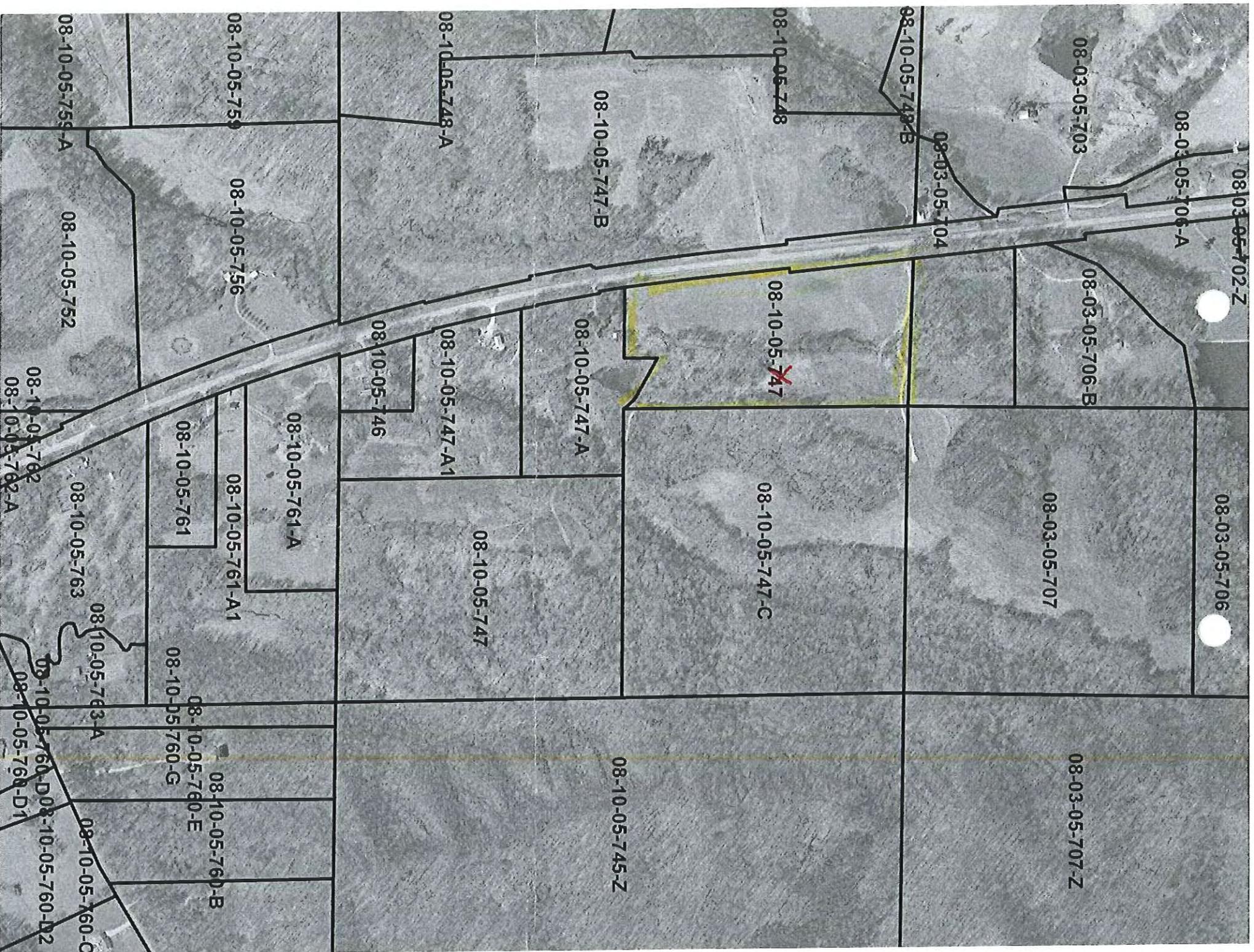
08-36-06-284-A

08-36-06-283-B

08-36-06-283

09-01-06-318

09-01-06-314-A1



UNION COUNTY Prop. No. BUILDING PERMIT APPLICATION

04-10-02-172

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 S10TH RIW S1/2 NW SW 17.56	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>10. Cost of Improvement \$ <u>119,000⁰⁰</u></p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>119,000⁰⁰</u></p>
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on external dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

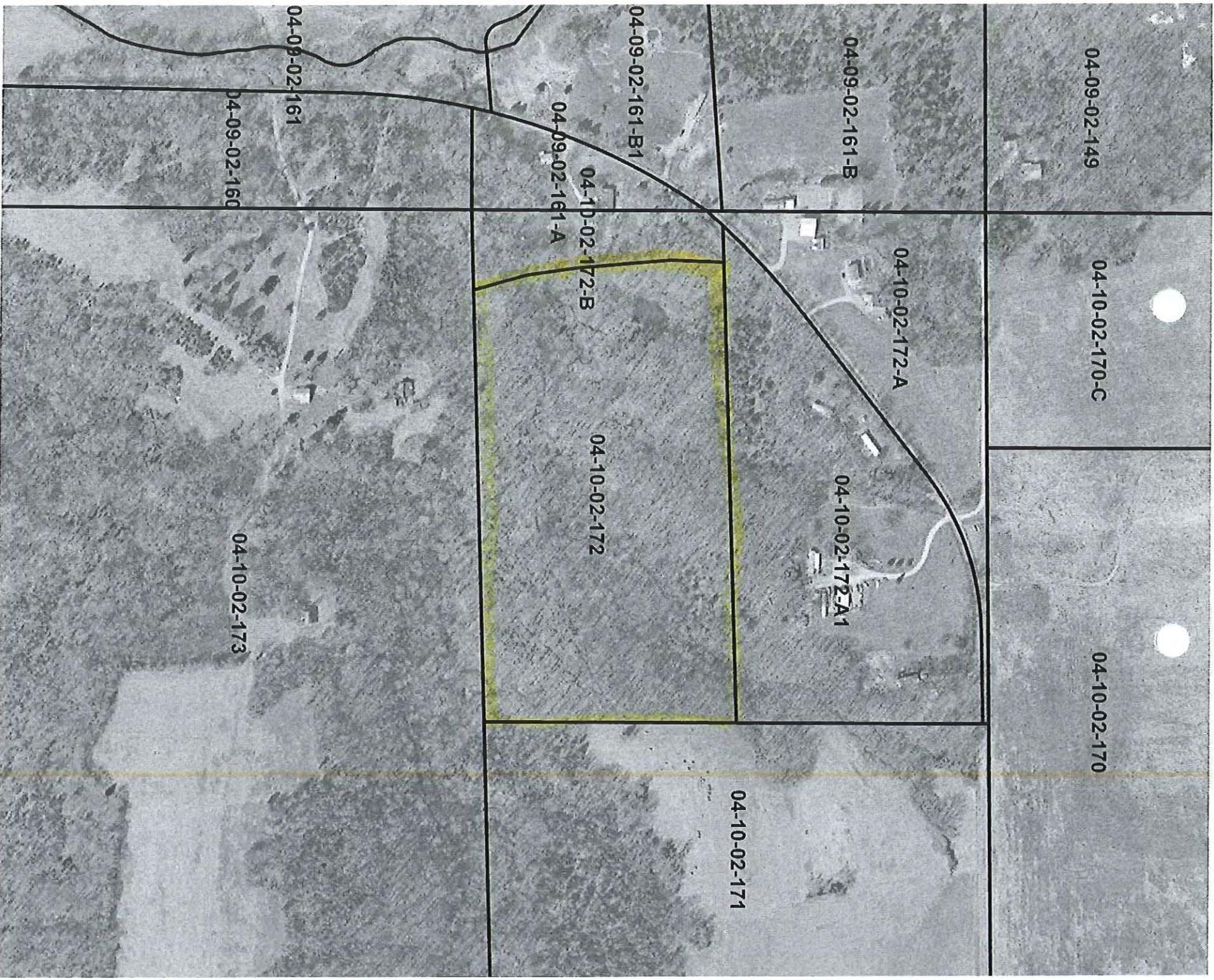
IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Sharon Rajcok 1330 Shiloh Rd Cobden IL	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 <i>Sharon Rajcok</i>	Address 1330 Shiloh Rd Cobden IL 62920	Application date 11-06-07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <i>S. Jackson</i>	Permit fee \$ 248.00	Date permit issued 11-6-07
		Permit number 956

Payment of \$248.00 Cash received by Union County Treasurer
Date 11-27-07
Bruce J. M. ...



04-09-02-149

04-10-02-170-C

04-10-02-170

04-09-02-161-B

04-10-02-172-A

04-10-02-172-A1

04-10-02-171

04-09-02-161-B1

04-10-02-172-B

04-10-02-172

04-09-02-161-A

04-09-02-161

04-09-02-160

04-10-02-173

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

14-00-12-239-1

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

I. LOCATION OF BUILDING	Number and street <u>6 Angus Lane</u>	Subdivision or Addition <u>Denny Acres</u>	Lot <u>6</u>	Block	Census tract	
	Legal Description <u>Angus Lane Lot #6</u>	N S	E W from Intersection of _____ and _____ Streets			
	<u>Denny Acres 2.00AC</u>					Applicable Zoning District _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Non-residential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>11-12-07</u></p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Non-residential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Non-residential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT <u>\$ 80,000</u></p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1232</u></p> <p>50. Total land area, sq. ft. <u>2 acres</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed <u>2</u></p> <p>52. Outdoors _____</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>2</u></p> <p>54. Number of bathrooms { Full <u>2</u> Partial _____</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Concarn Roberts</u> <u>Sara Roberts</u>	<u>62906</u>	<u>833-6984</u>
2.	Contractor or Builder	<u>P.O. Box 552 Anna, IL</u> <u>P.O. Box 552 Anna, IL</u>	<u>62906</u>	<u>833-6984</u>
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 <u>[Signature]</u>	Address <u>P.O. Box 552 Anna, IL 62906</u>	Application date <u>11-5-07</u>
--	---	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee <u>\$ 170.00</u>	Date permit issued <u>11-5-07</u>	Permit number <u>955</u>

Payment of \$ 170.00 CR# 1070 received by Union County Treasurer
Date 11-7-07 [Signature]

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

03-20-01-723

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

I. LOCATION OF BUILDING	Number and street	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <i>See Attached Sec 20 T13 R1E NWPT N 1/2 NW of 1410.</i>		N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>6/6/07</u></p> <p>Completion construction date <u>1/7/08</u></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>				
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>						
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <u>115,000.00</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical <u>6,500.00</u></p> <p>b. Plumbing <u>12,500.00</u></p> <p>c. Heating, air conditioning <u>4,000.00</u></p> <p>d. Other (elevator, etc.) <u>N/A</u></p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>137,000.00</u></p>	
---	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1288</u></p> <p>50. Total land area, sq. ft.</p>				
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed </p> <p>52. Outdoors </p>				
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>3</u></p> <p>54. Number of bathrooms</p> <table style="margin-left: 20px;"> <tr> <td>Full</td> <td>..... <u>3</u></td> </tr> <tr> <td>Partial</td> <td>.....</td> </tr> </table>	Full <u>3</u>	Partial	<p>51. Enclosed </p> <p>52. Outdoors </p>
Full <u>3</u>					
Partial					

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Jeff & Kathy MacLellan</u>	<u>2045 Cypress Rd. Dargula Fl. 62958</u>	<u>618-967-1290</u>
2.	Contractor or Builder	<u>Jeff Adru</u>	<u>PO 70 Dargula Fl 62956</u>	<u>62956</u>
3.	Architect	<u>OWNER</u>	<u>AW</u>	

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 <u>Jeff MacLellan</u>	Address <u>2045 Cypress Rd Dargula Fl. 62956</u>	Application date <u>6/6/07</u>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>Jeff MacLellan</u>	Permit fee <u>\$284.00</u>	Date permit issued <u>10-25-07</u>
		Permit number <u>954</u>

Payment of \$284.00 RR #502 received by Union County Treasurer
Date 11-7-07
Bonny A. McNeal

**UNION COUNTY Prop. 1.
BUILDING PERMIT APPLICATION**

09-25-06-479-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 tract
	Legal Description	E W from Intersection of _____ and _____ Streets			

S25 T13 T2U 27.82ac N S
PTNE NE PTSE NW NE

Applicable Zoning District _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>11-01-07</u></p> <p>Completion construction date <u>2-29-07</u></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>130,000</u></p>
--	--

MOBILE HOME INFO:

(Omit cents)

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1480</u></p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed <u>3</u></p> <p>52. Outdoors <u>3</u></p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>2</u></p> <p>54. Number of bathrooms { Full <u>2</u> Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	Keith J Johnson Tammy L Johnson	62906	837-3430
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
<i>Keith J Johnson</i>	109 Apple Lane Anna	10-25-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
<i>[Signature]</i>	\$ 270.00	10-25-07	952

Payment of \$270.00 CK # 9406 received by Union County Treasurer

Date 11-7-07

[Signature]

03-18-01-667

03-17-01-635

03-17-01-638

03-20-01-723

03-20-01-723-A

03-19-01-673

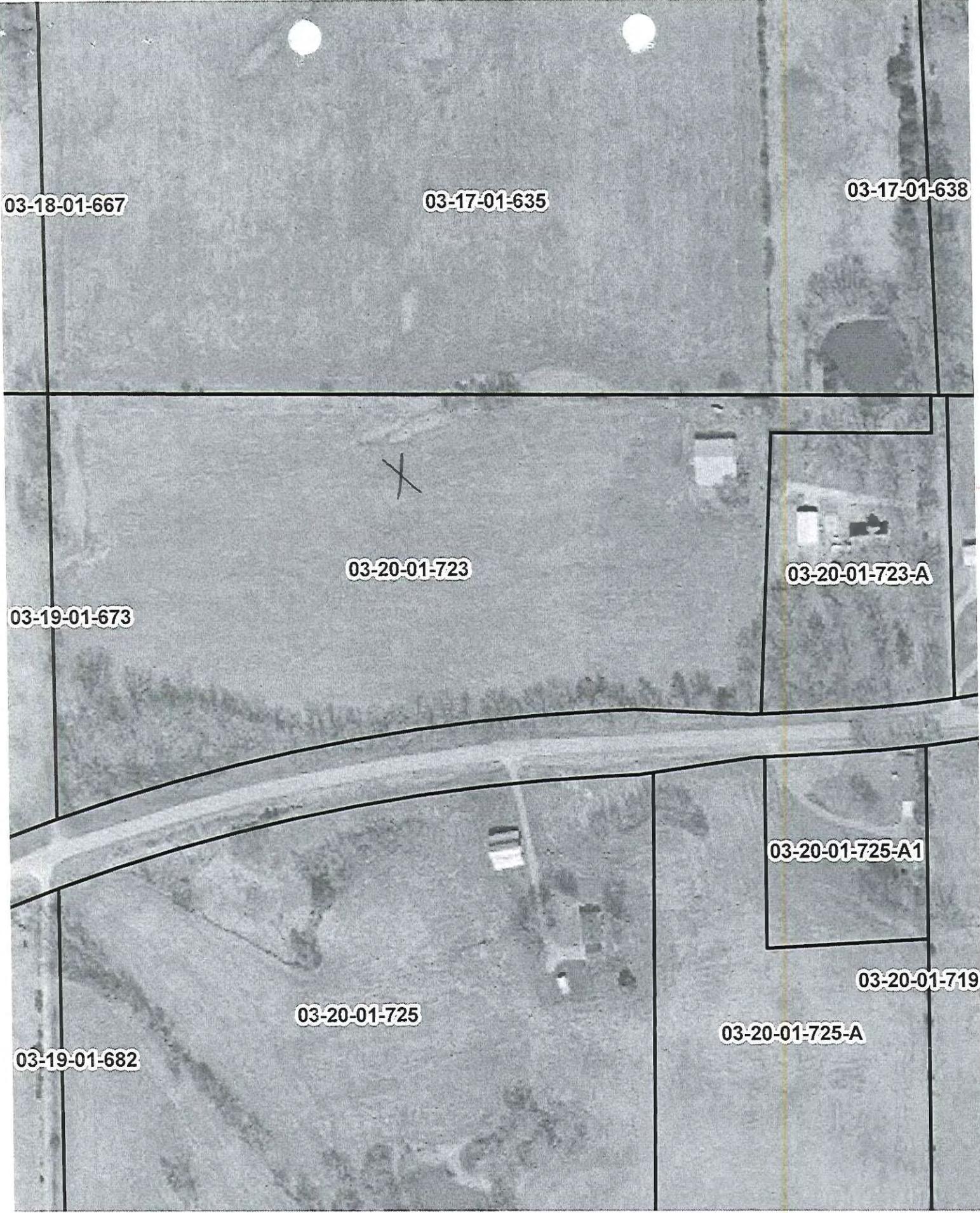
03-20-01-725-A1

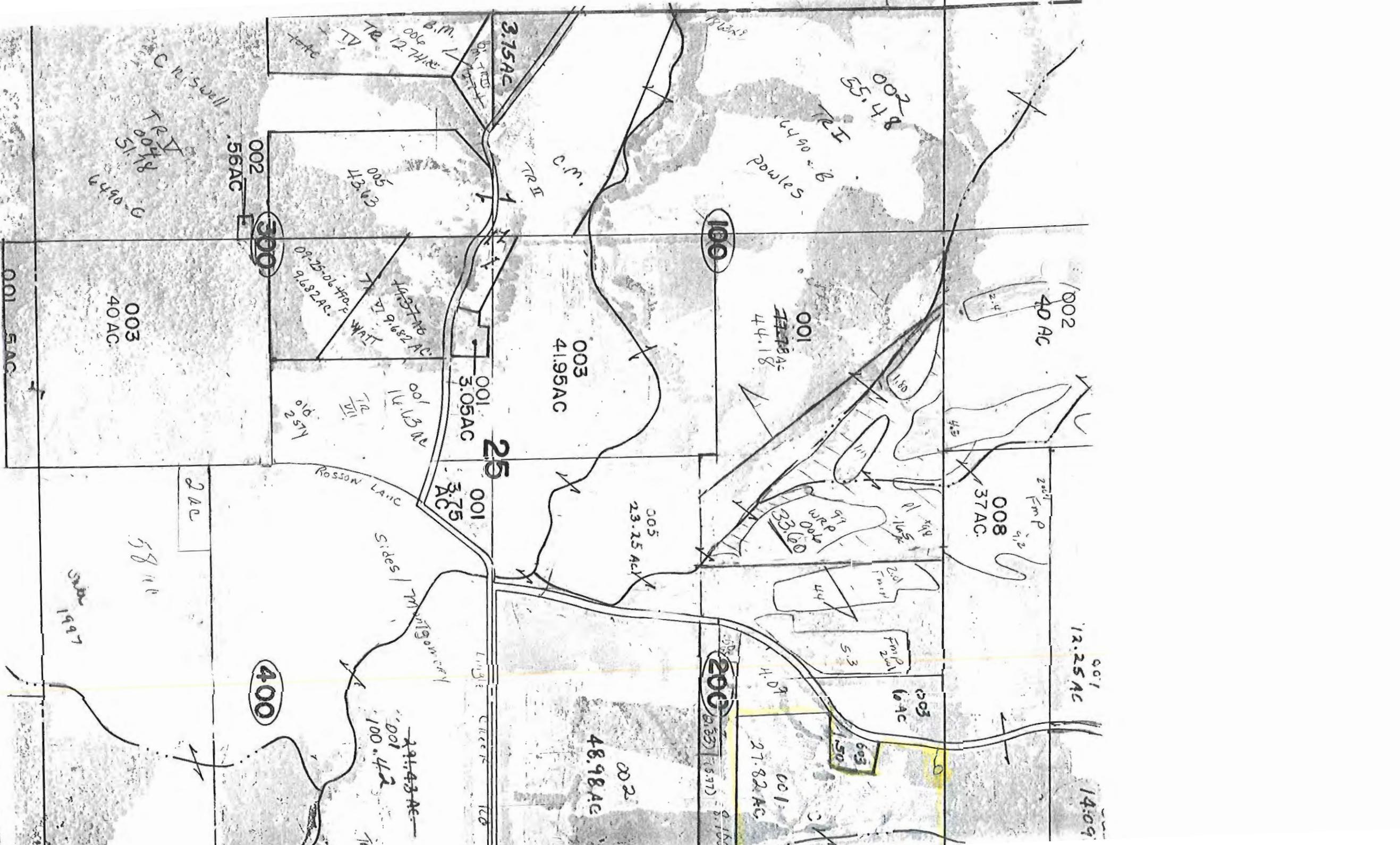
03-20-01-719

03-20-01-725

03-20-01-725-A

03-19-01-682





001 5AC

003 40AC

002 56AC

3.15AC

003 41.95AC

001 3.05AC

001 3.75AC

005 23.25 AC

002 48.98AC

001 27.82AC

003 6AC

008 37AC

002 40AC

001 12.25AC

14:09

400

100

200

300

2AC

58 11 11

58 11 11

C. Miswell

Rosson Lane

Sides Mill Run

Long Creek

powles

B.M. 006
TR I 12.74 AC

TR I 87.53
55.48

TR I 51.78
64.90-0

TR I 9.682 AC
09-25-06 + 40 AC

TR I 11.63 AC
010 2.57 AC

TR I 11.63 AC

WRP 004
033.60

FOR 201
5.3

603
50

FOR P 41.2

FOR 201
4.09

TR I 291.43 AC
001 100.42

033.60
15.975
8.1500

**UNION COUNTY Prop. 1
BUILDING PERMIT APPLICATION**

07-06-05-195

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

I. LOCATION OF BUILDING	Number and street <u>Milligan Hill Rd</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>S6 T11 R2W PT NE N OF Public Rd 8, 15ac</u>	N S E W from intersection of _____ and _____ Streets			
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p>		

<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>32,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>32,000</u></p>
---	---

MOBILE HOME INFO:			
Date MH was set-up:	Make <u>Swayer</u>	Size <u>16-80</u>	Yr. Model <u>2007</u>
Previous MH Owner	Previous MH Location		
Current MH Owner <u>Robert Lindsay</u>	Current MH Location <u>4070 Milligan Hill Rd.</u>		
Current Land Owner <u>Robert Lindsay</u>			

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner <u>Robert Lindsay</u>	<u>4050 Milligan Hill Rd Apt 10</u>	<u>62905</u>	
2.	Contractor or Builder			
3.	Architect			

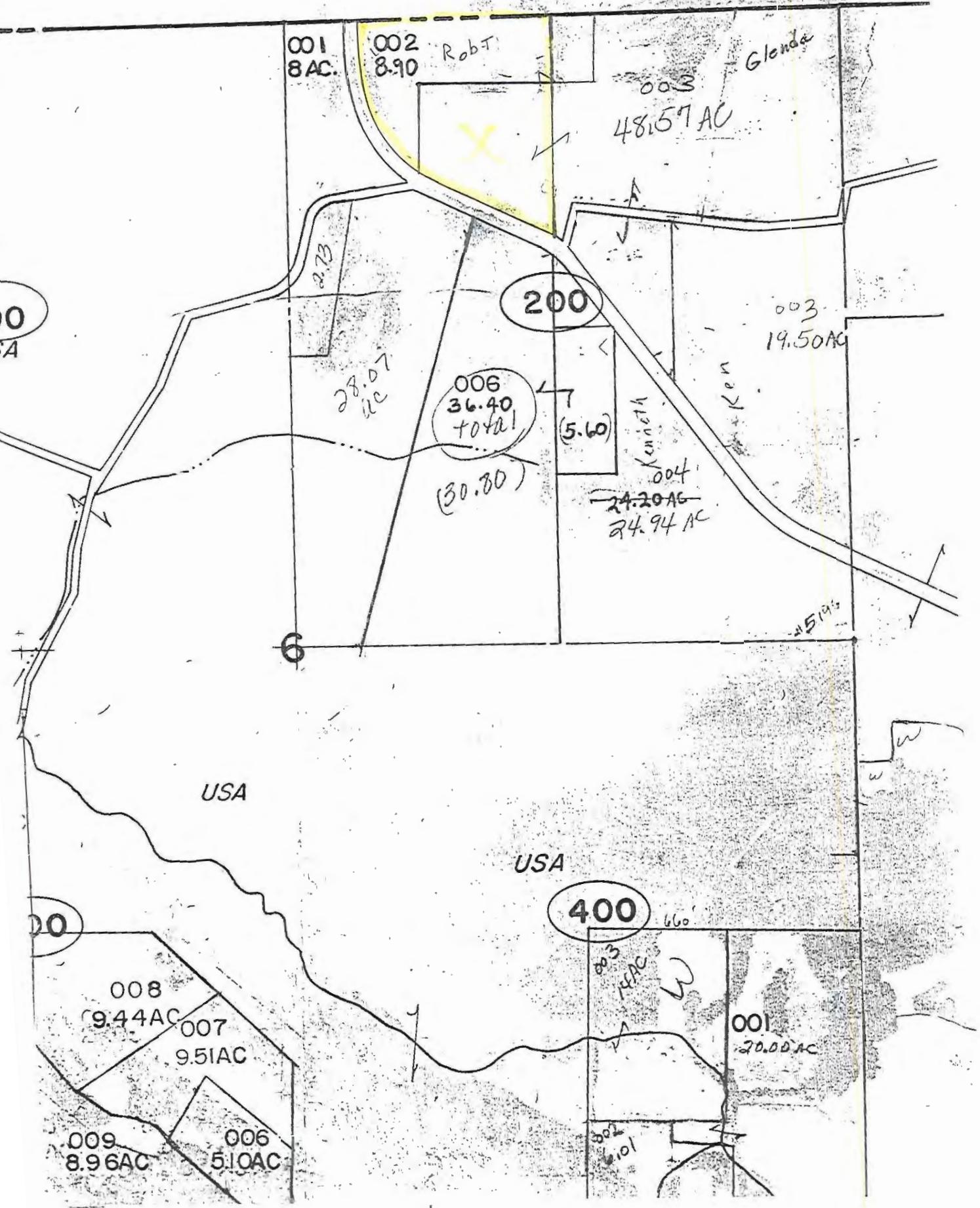
The owner of this building and the undersigned agree to conform to all applicable laws of Union County. I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <u>Robert W Lindsay</u>	Address	Application date <u>10-24-07</u>
---	---------	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee \$ <u>14.00</u>	Date permit issued <u>10-24-07</u>	Permit number <u>951</u>

Payment of \$74.00 CK# 6566 received by Union County Treasurer
Date 11-7-07 [Signature]

JACKSON COUNTY



ROBERT W. LINDSAY 04-93 JANET E. LINDSAY 4050 MILLIGAN HILL RD. ALTO PASS, IL 62905		70-1039/812 4027060	6566
PAY TO THE ORDER OF		DATE 11/24/07	\$ 74.00
BOBBY G. MYERS TREASURER AND COLLECTOR		DOLLARS	
FARMERS STATE BANK ALTO PASS, ILLINOIS			
MEMO <i>frat lindsay</i>			
⑆081210398⑆		4027060 6566	

UNION COUNTY Prop. No. 05-05-03-004
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>1596 Casper Church Rd.</u>	Subdivision or Addition <u>Cadden</u>	Lot	Block	Census track
	Legal Description <u>S.5 12-1W</u>	N S E W from intersection of _____ and _____ Streets			
	<u>PT W 3/4 N 1/2 SE T5.65 R2</u>				

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u></p> <p>Beginning construction date <u>Nov 12, 07</u></p> <p>Completion construction date <u>Dec 31, 07</u></p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u></p> <p>Beginning construction date <u>Nov 12, 07</u></p> <p>Completion construction date <u>Dec 31, 07</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u></p> <p>Beginning construction date <u>Nov 12, 07</u></p> <p>Completion construction date <u>Dec 31, 07</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>17,000</u></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner: _____</p> <p>Previous MH Location: _____</p> <p>Current MH Owner: _____</p> <p>Current MH Location: _____</p> <p>Current Land Owner: _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>30x40</u> <u>1200 sq</u></p> <p>50. Total land area, sq. ft. _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">Full _____</p> <p style="margin-left: 20px;">Partial _____</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	<u>Gaylor & Clara Cates</u>	<u>1596 Casper Church Rd. Cadden IL</u>	<u>62420</u>	<u>993-2622</u>
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 <u>Clara Cates</u>	Address	Application date <u>10-17-07</u>
--	---------	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee <u>\$ 44.00</u>	Date permit issued <u>10-17-07</u>	Permit number <u>#950</u>
-----------------------------------	-------------------------------	---------------------------------------	------------------------------

Payment of \$ 44.00 (CP# 4417) received by Union County Treasurer
 Date 11-7-07
[Signature]

UNION COUNTY Prop. . . . 19-00-12-239-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 1 Angus Lane, Anna	Subdivision or Addition Denny Acres	Lot 1	Block	Census tract
	Legal Description 12-1E Sec 8	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn with concrete pad</p> <p>Beginning construction date Oct 1, 07</p> <p>Completion construction date Oct 15, 07</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn with concrete pad</p> <p>Beginning construction date Oct 1, 07</p> <p>Completion construction date Oct 15, 07</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn with concrete pad</p> <p>Beginning construction date Oct 1, 07</p> <p>Completion construction date Oct 15, 07</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>		
<p>B. OWNERSHIP</p> <p>Ba <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 14,000</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p> <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistem)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>50. Total land area, sq. ft. _____</p>	<p>30 x 40 1200 sq ft</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms { Full _____ Partial _____</p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Lobbie Ralls	1 ANGUS LN, ANNA, IL	62906	618-833-308
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 <i>[Signature]</i>	Address	Application date 10-15-07
--	---------	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>[Signature]</i>	Permit fee \$ 38.00	Date permit issued 10-15-07	Permit number #949
-----------------------------------	-------------------------------	---------------------------------------	------------------------------

Payment of **\$38.00 CK # 3151** received by Union County Treasurer
 Date **10/17/07**
[Signature]

14-141 SEC. A

1 inch equals 151 905229 feet

02-08-00-721

02-08-00-721-A 02-08-00-721-B 02-08-00-721-C

14-00-12-239-A

14-00-12-239-B 14-00-12-239-C

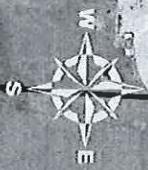
14-00-12-239-J 14-00-12-239-H

14-00-12-239-G

14-00-12-239-F

14-00-12-239-E

02-08-00-721-F



UNION COUNTY Prop. . 02-26-01-093
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 10196 STATE RT 146E	Subdivision or Addition	Lot	Block	Census track
	Legal Description NESE SEC. 26 TOWNSHIP 12 RANGE 1 EAST	N S (E) W from intersection of MT Pleasant Rd and Hwy 146 Streets Applicable Zoning District _____			

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

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify Pole Barn 40x30 Beginning construction date 11/07 Completion construction date 11/08	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

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		

C. COST (Estimated)	
10. Cost of Improvement	(\$ Omit cents) \$ 150,000
<i>To be installed but not included in the above cost</i>	
a. Electrical	6,000
b. Plumbing	3,000
c. Heating, air conditioning	3,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	\$ 162,000

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 2,560 50. Total land area, sq. ft. K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed N/A 52. Outdoors	F. PRINCIPAL TYPE OF HEATING FUEL 35 <input checked="" type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____ I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No
		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 Roger Williams Marcia	4045 New Saratoga Rd	62906	815 978-5408
2. Contractor or Builder DW 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 <i>[Signature]</i>	Address	Application date 10-10-07
--	---------	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <i>[Signature]</i> Roger Williams	Permit fee \$ 334.00	Date permit issued 10-10-07	Permit number 947

Payment of **\$334.00** **ck # 1105** received by Union County Treasurer
 Date **10/12/07**
[Signature]

**UNION COUNTY Prop.
BUILDING PERMIT APPLICATION**

01-28-01-370

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

I. LOCATION OF BUILDING	Number and street <u>760 Pitts Rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>528 T11 R1E 28ac</u> <u>W5/8 SW NE RT NW NE</u>	N S E W from intersection of _____ and _____ Streets		Applicable Zoning District _____	

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>80,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>80,000</u></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: <u>2nd of Oct. 2007</u></p> <p>Make <u>Cavalier</u> Size <u>32x76</u> Yr. Model _____</p> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner <u>Rhoda Swits</u></p> <p>Current MH Location <u>760 Pitts Rd.</u></p> <p>Current Land Owner <u>Rhoda Swits</u></p>
---	---

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

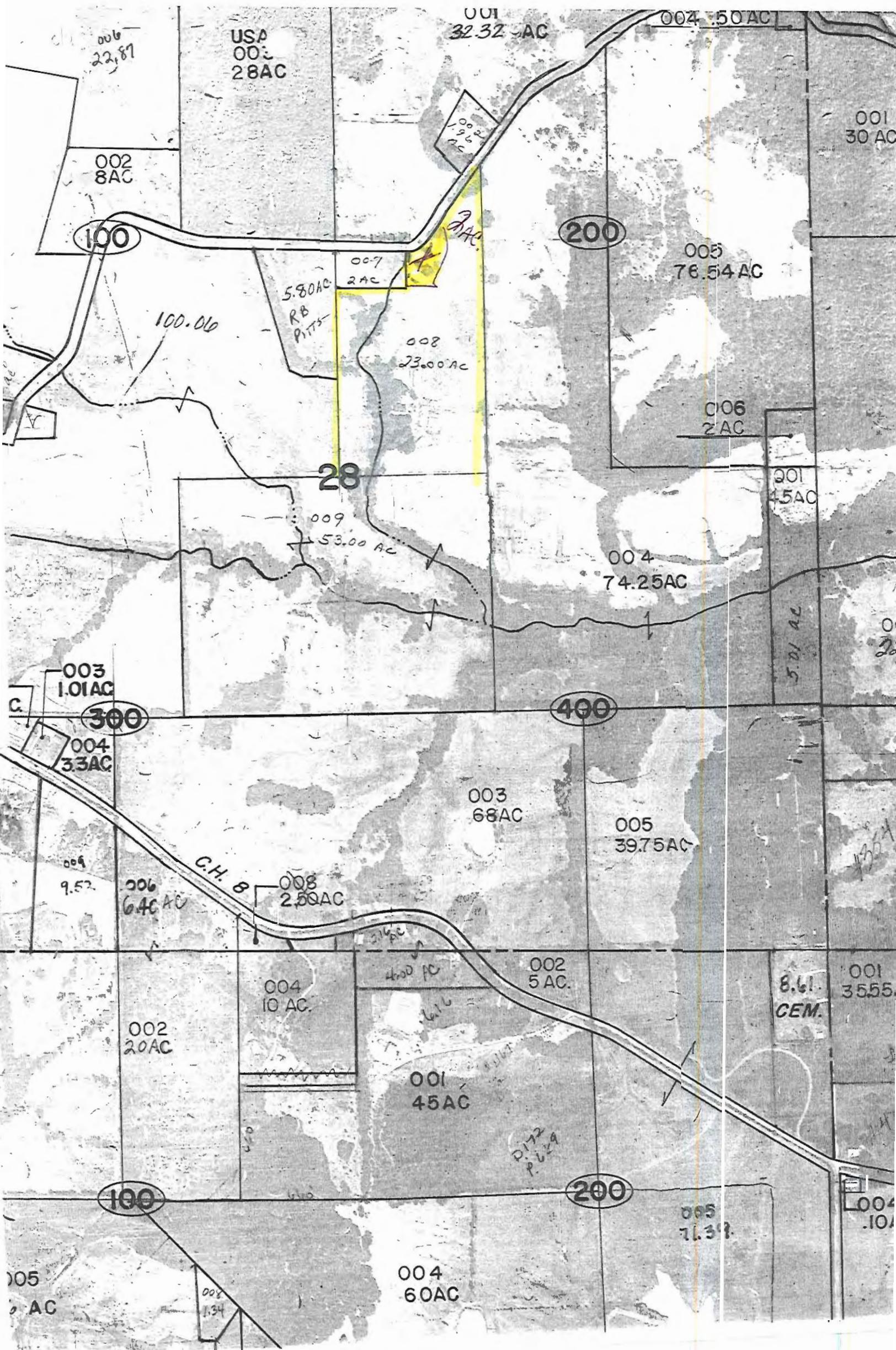
<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { full partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Rhoda Swits</u> <u>760 Pitts Rd</u> <u>Makanda IL</u>	<u>62958</u>	
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 <u>Rhoda Swits</u>	Address <u>760 Pitts Rd. Makanda IL</u>	Application date <u>10-9-07</u>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>Billy Fisher</u>	Permit fee <u>\$170.00</u>	Permit number <u>9416</u>
Date <u>10/17/07</u>		received by Union County Treasurer <u>Bobby L. McQueen</u>



**UNION COUNTY Proj.
BUILDING PERMIT APPLICATION**

14-00-12-266

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

I. LOCATION OF BUILDING	Number and street US Hwy 57 South Anna	Subdivision or Addition	Lot 1	Block	Census track
	Legal Description Sec 18 T12 Range 1W ac. 1136	N S E W from intersection of _____ and _____ Streets		Applicable Zoning District _____	

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date 10-8-07</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

B. OWNERSHIP

8a Private (Individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ 8,000</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 26,000</p>	<p align="center"><i>(Omit cents)</i></p> <p>MOBILE HOME INFO:</p> <p>Data MH was set-up:</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner</p> <p>Previous MH Location</p> <p>Current MH Owner</p> <p>Current MH Location</p> <p>Current Land Owner</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 30x40</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. 1200</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Narold & Wanda Hase 844 Mill Creek Rd Douglas FL	62926	
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 Wanda Hase	Address 844 Mill Crk. Rd. Douglas, FL	Application date 10-9-07
---	---	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by [Signature]	Permit fee \$ 26.00	Date permit issued	Permit number 945

Payment of **\$26.00 CK # 3803** received by Union County Treasurer
Date **10/17/07**
[Signature]

UNION COUNTY Prop. *part of*
BUILDING PERMIT APPLICATION # 06-09-04-419

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

I. LOCATION OF BUILDING	Number and street 840 Kimmel Cemetery Rd.	Subdivision or Addition Anna IL	Lot	Block	Census track
	Legal Description PT SW 12.17 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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Store, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date 10-8-07</p> <p>Completion construction date 4-8-07</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Store, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Store, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <p>Make _____ Size# _____ Yr. Model _____</p> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>		

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 90,000</p>	
---	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions SEE ATTACHED</p> <p>50. Total land area, sq. ft.</p>				
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>				
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 2</p> <p>54. Number of bathrooms</p> <table style="margin-left: 20px;"> <tr> <td>Full</td> <td>2</td> </tr> <tr> <td>Partial</td> <td>1</td> </tr> </table>	Full	2	Partial	1	
Full	2					
Partial	1					

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	Carrol Lang 840 Kimmel Cemetery Rd Anna IL	62906	827-4220
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.

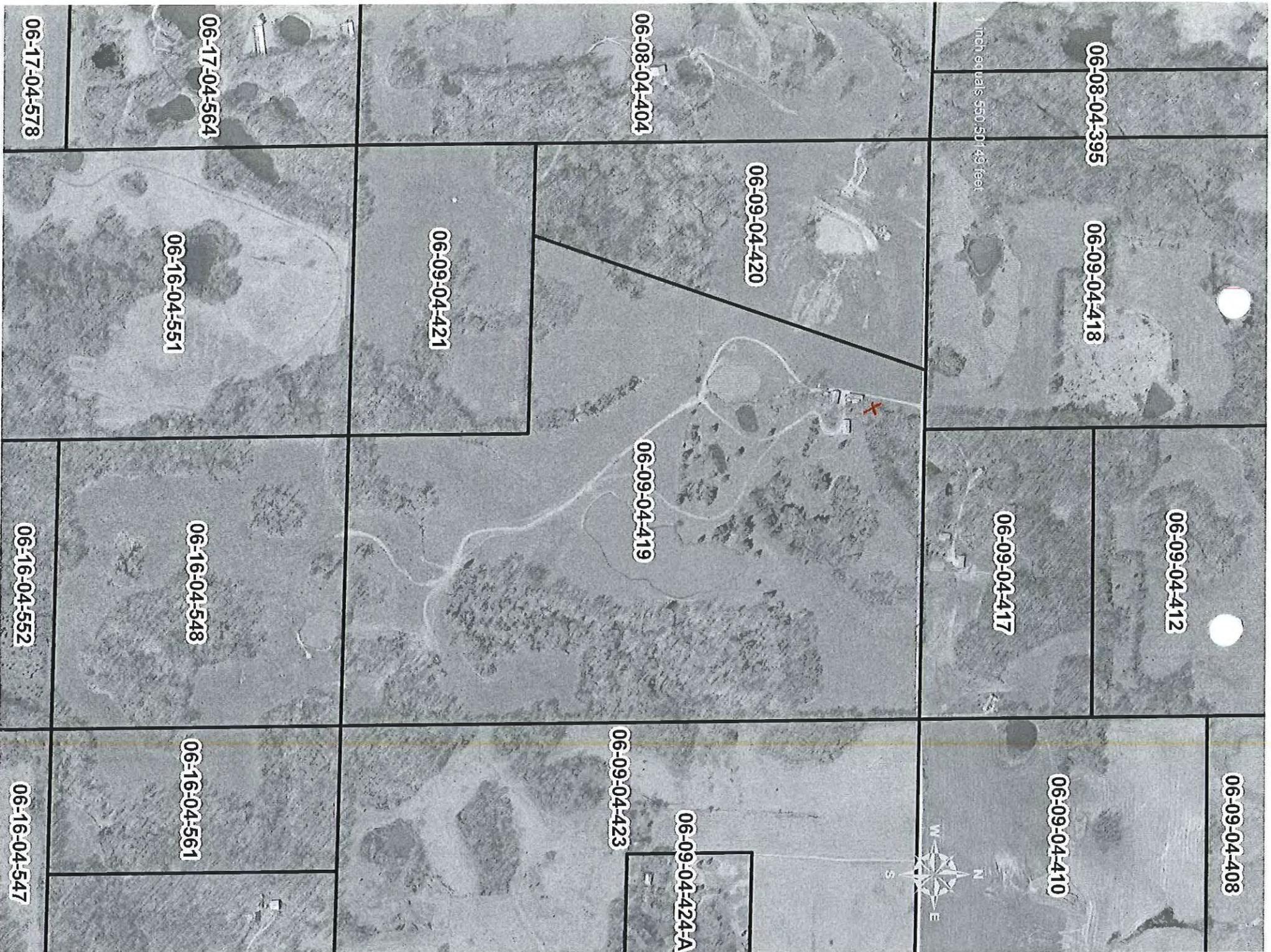
Signature of applicant Carrol Lang	Address	Application date 10-1-07
--	---------	------------------------------------

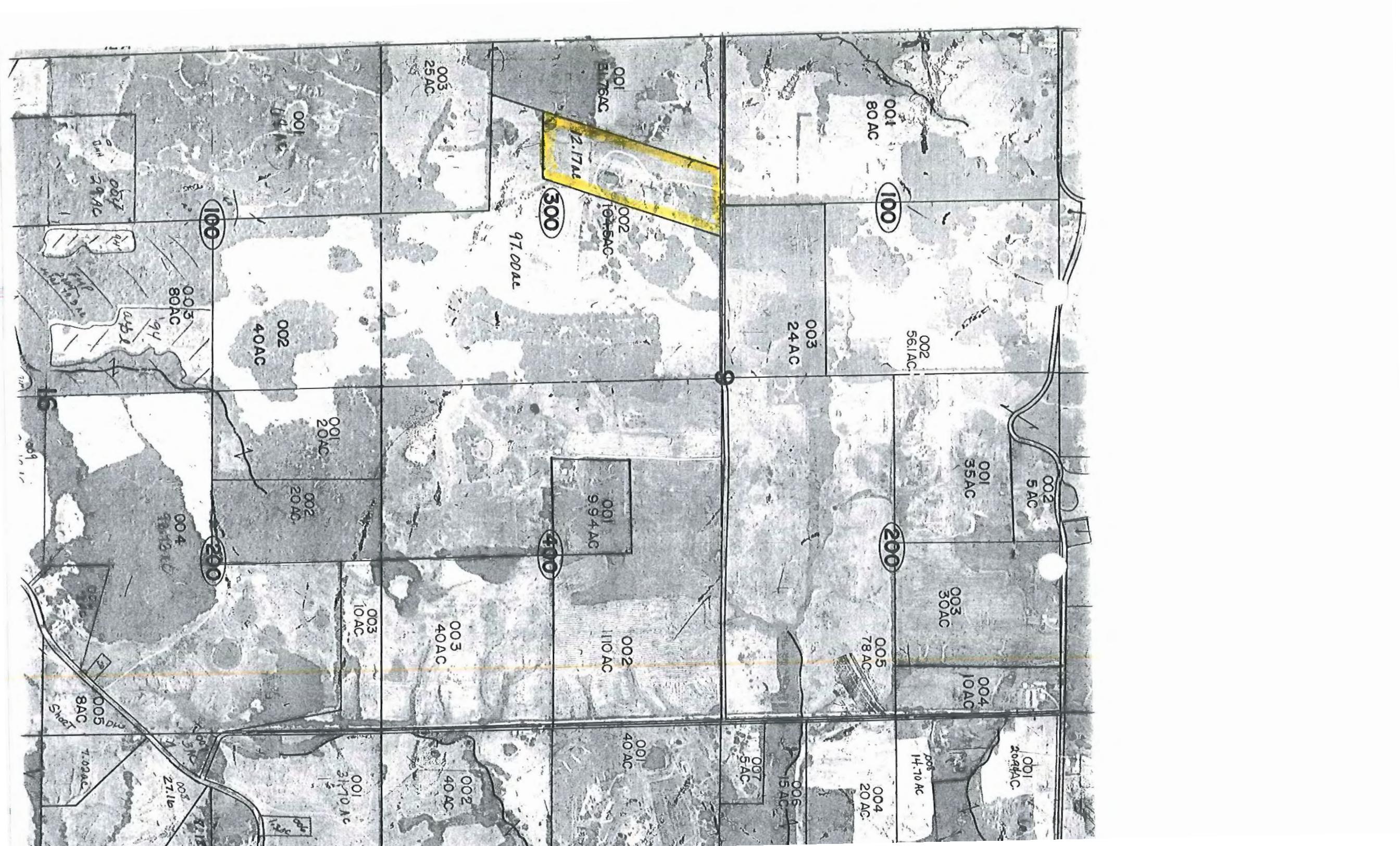
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by Bill Johnson	Permit fee \$ 190.00	Date permit issued 10-1-07	Permit number 944

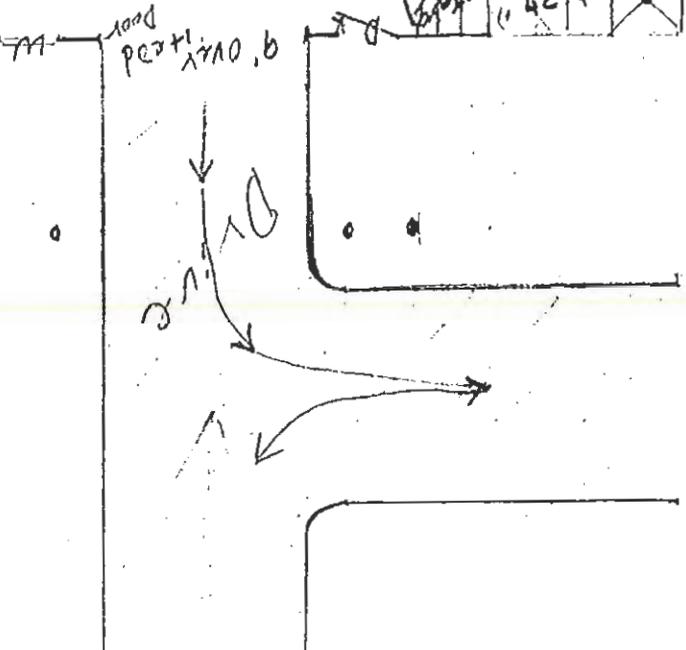
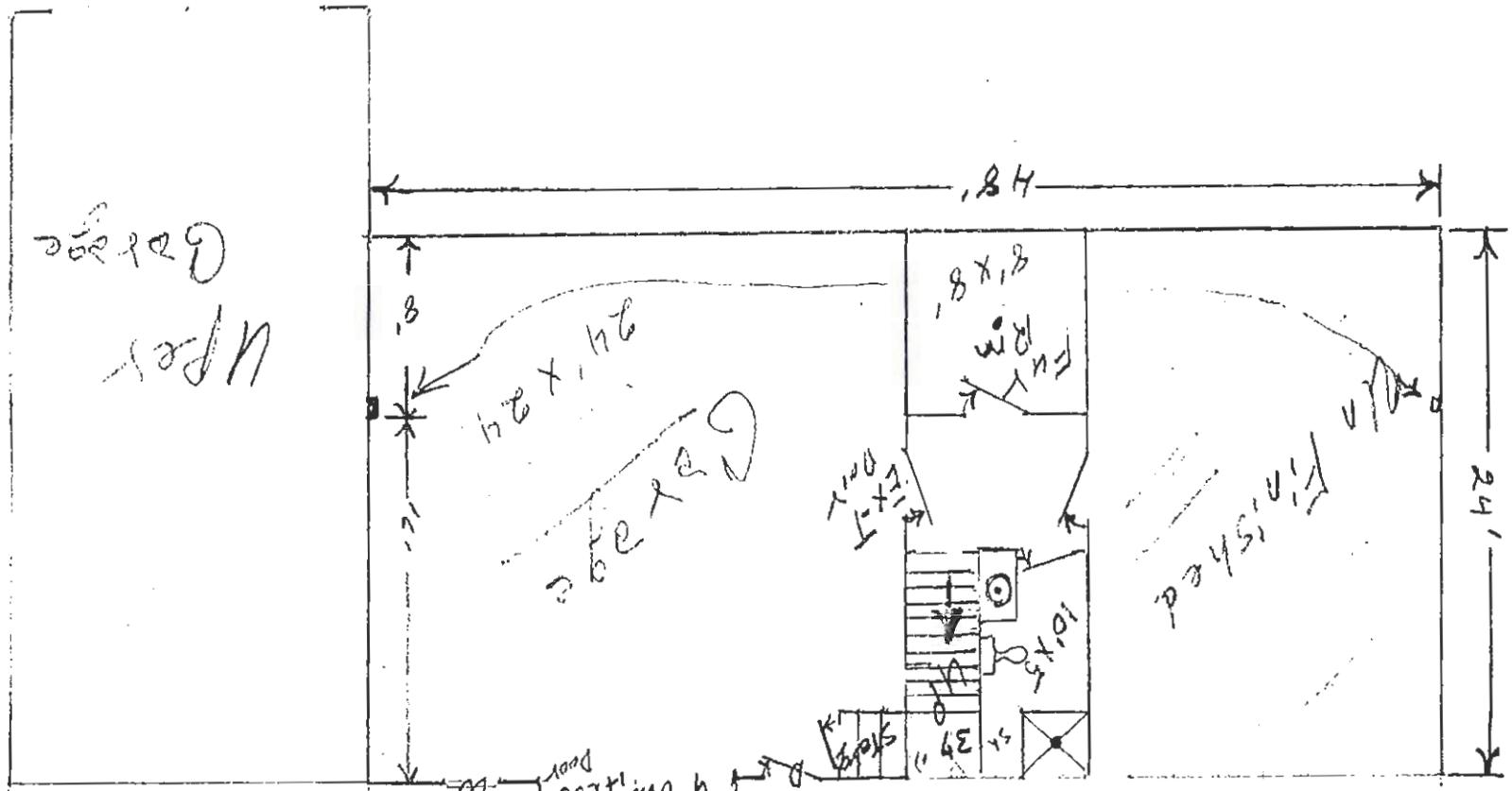
Payment of **\$190.00** **CK # 9034** received by Union County Treasurer

Date **10/9/07**

Bobby S. Thomas







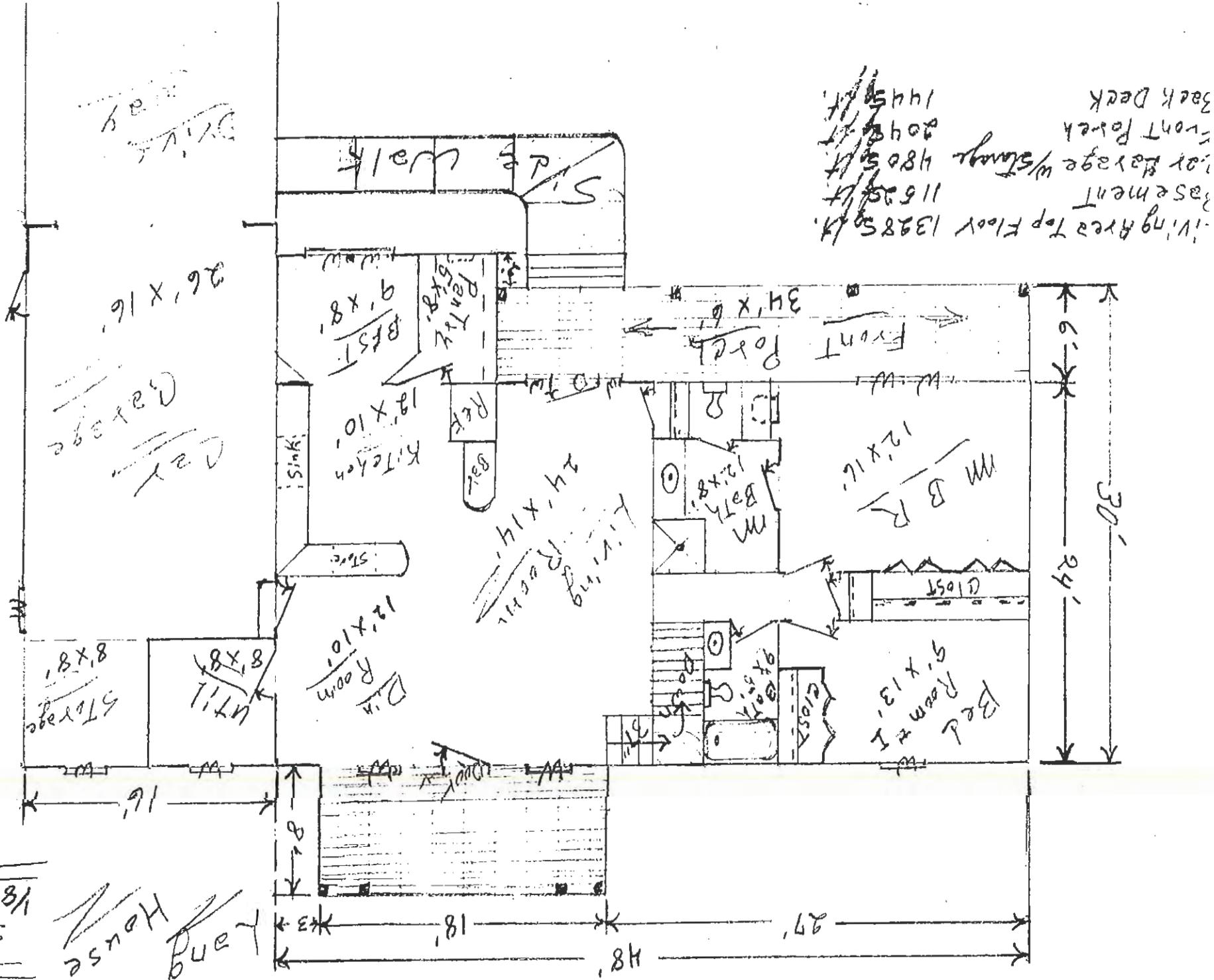
Scale 1/8" = 1' = 82.5'

Lang House

FY-827-11

Scale
1/8" = 1'

Lang House



UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

08-23-05-972

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

I. LOCATION OF BUILDING	Number and street 2045 STATE 146 W	Subdivision or Addition	Lot	Block	Census track
	Legal Description S23 T12 R2W SE PTS PT NE 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 <i>replacing old building</i>		D. PROPOSED USE - For "Wrecking" most recent use	
1 <input checked="" type="checkbox"/> New Building <i>used lumber + tin</i>	2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational
3 <input type="checkbox"/> Alteration (See 2 above)	4 <input type="checkbox"/> Repair, replacement	13 <input type="checkbox"/> Two or more families - Enter number of units	19 <input type="checkbox"/> Church, other religious
5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)	6 <input type="checkbox"/> Moving (relocation)	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units	20 <input type="checkbox"/> Industrial
7 <input type="checkbox"/> Foundation only	8 <input type="checkbox"/> Mobile Home	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage
		16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage
		17 <input checked="" type="checkbox"/> Other - Specify <i>pole barn</i>	23 <input type="checkbox"/> Hospital, institutional
		Beginning construction date <i>9-21-07</i>	24 <input type="checkbox"/> Office, bank, professional
		Completion construction date <i>12-11-07</i>	25 <input type="checkbox"/> Public utility
			26 <input type="checkbox"/> School, library, other educational
			27 <input type="checkbox"/> Stores, mercantile
			28 <input type="checkbox"/> Tanks, towers
			29 <input type="checkbox"/> Other - Specify _____

B. OWNERSHIP		MOBILE HOME INFO:	
8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)	9 <input type="checkbox"/> Public (Federal, State, or local government)	Date MH was set-up:	
		Make	Size
		Previous MH Owner	Yr. Model
		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		G. TYPE OF SEWAGE DISPOSAL <i>N/A</i>		J. DIMENSIONS	
30 <input type="checkbox"/> Masonry (wall bearing)	31 <input checked="" type="checkbox"/> Wood frame	40 <input type="checkbox"/> Public	41 <input type="checkbox"/> Individual (septic tank, etc.)	48. Number of stories	<i>1</i>
32 <input type="checkbox"/> Structural steel	33 <input type="checkbox"/> Reinforced concrete	H. TYPE OF WATER SUPPLY <i>N/A</i>		49. Total square feet of floor area, all floors, based on exterior dimensions	<i>30 x 20</i>
34 <input type="checkbox"/> Other - Specify _____		42 <input type="checkbox"/> Public	43 <input type="checkbox"/> Individual (well, cistern)	50. Total land area, sq. ft.	<i>600</i>
F. PRINCIPAL TYPE OF HEATING FUEL		I. TYPE OF MECHANICAL		K. NUMBER OF OFF-STREET PARKING SPACES	
35 <input type="checkbox"/> Gas	36 <input type="checkbox"/> Oil	Will there be central air conditioning?		51. Enclosed	
37 <input checked="" type="checkbox"/> Electricity	38 <input type="checkbox"/> Coal	44 <input type="checkbox"/> Yes	45 <input checked="" type="checkbox"/> No	52. Outdoors	
39 <input type="checkbox"/> Other - Specify _____		Will there be an elevator?		L. RESIDENTIAL BUILDINGS ONLY	
		46 <input type="checkbox"/> Yes	47 <input checked="" type="checkbox"/> No	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	<i>Doris Namel</i>	<i>Box 891 Urbana IL</i>	<i>62952</i>	<i>833-6546</i>
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 Namel* Address: _____ Application date: *9-21-07*

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by: <i>Doris Namel</i>	Permit fee: \$ <i>11.00</i>	Date permit issued: <i>9-21-07</i>	Permit number: <i>943</i>
---------------------------------	-----------------------------	------------------------------------	---------------------------

Payment of *\$11.00 Cash* received by Union County Treasurer
Date *10/9/07*

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

01-22-00-258-A

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

I. LOCATION OF BUILDING	Number and street <u>Robinson Hill Rd</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>S 22 T11 R1E pt of SW SE 5ac. 12.08ac piece</u>	N S E W from intersection of _____ and _____ Streets			

Applicable Zoning District _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input checked="" type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table> <p>Beginning construction date <u>9/22/07</u></p> <p>Completion construction date <u>12/29/07</u></p>	Residential	Nonresidential	12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>																											

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement <u>69,000.00</u> \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical <u>6,000.00</u></p> <p>b. Plumbing <u>4,000.00</u></p> <p>c. Heating, air conditioning <u>21,000.00</u></p> <p>d. Other (elevator, etc.) <u>0</u></p> <p>11. TOTAL COST OF IMPROVEMENT <u>\$100,000</u></p>	(Omit cents)							
	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table border="1"> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>			Make	Size	Yr. Model		
Make	Size	Yr. Model						

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p> <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1.5</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>2500</u></p> <p>50. Total land area, sq. ft. _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify <u>GEO THERMAL</u></p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____</p> <p>52. Outdoors <u>3</u></p> <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms { Full _____ Partial _____</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>VAN MUYLDER PETER</u>	<u>1880 PLEASANT WOODS CR, CARBONDALE</u>	<u>62902</u>	<u>(618) 713402</u>
2. Contractor <u>GERRY KELLER</u>			
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: Robinson Hill Rd Application date: 9-20-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

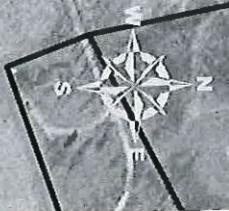
Approved by <u>[Signature]</u>	Permit fee \$ <u>210.00</u>	Date permit issued <u>9-20-07</u>	Permit number <u>942</u>
-----------------------------------	--------------------------------	--------------------------------------	-----------------------------

Payment of \$210.00 CK # 663 received by Union County Treasurer
Date 10/9/07

[Signature]



1 inch equals 318.774003 feet



**UNION COUNTY Prop
BUILDING PERMIT APPLICATION**

14-00-12-267

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

I. LOCATION OF BUILDING	Number and street	Subdivision or Addition ROSE ESTATES	Lot	Block	Census track
	Legal Description LOT 2 1.290 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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <p>Make southern Size 28x42 Yr. Model 2006</p> <p>Previous MH Owner new</p> <p>Previous MH Location _____</p> <p>Current MH Owner LAWRENCE + NANCY JACKSON</p> <p>Current MH Location BENTON MO.</p> <p>Current Land Owner _____</p>		

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ 40,000</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 40,000</p>	
---	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 1232</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (wall, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 3</p> <p>54. Number of bathrooms { Full 2 Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	LAWRENCE JACKSON 426 E JEFFERSON # 15 ANNA	62906	833-5984
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 <i>Lawrence Jackson</i>	Address 426 E Jefferson # 15	Application date 9-12-07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <i>Bill Jackson</i>	Permit fee \$ 90.00	Date permit issued 9-13-07
		Permit number 941

Payment of **90.00** CK # **4769** received by Union County Treasurer
Date **9/21/07**

Bobby J. ...



UNION COUNTY Prop. BUILDING PERMIT APPLICATION

02-29-01-129-A

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

I. LOCATION OF BUILDING	Number and street <u>1535 Jim town Loop Anna</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S29 T12 E1E PT NE NE 08.2.53</u>	N S E W from Intersection of _____ and _____ Streets		Applicable Zoning District _____	

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole Barn</u></p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>9-12-07</u></p> <p>Completion construction date <u>9-22-07</u></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole Barn</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole Barn</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

B. OWNERSHIP

8a Private (individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>15,500</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical <u>500</u></p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>16,000</u></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public <u>N/A</u></p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>900'</u></p> <p>50. Total land area, sq.ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input checked="" type="checkbox"/> Other - Specify <u>None</u></p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public <u>N/A</u></p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS (ONLY)</p> <p>53. Number of bedroom:</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Ryan McAllister</u>	<u>1535 Jimtown Loop Anna</u>	<u>62906</u>	<u>833-6310</u>
2. Contractor or Builder	<u>Tru-Built</u>			
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 <u>[Signature]</u>	Address <u>1535 Jimtown Loop</u>	Application date <u>9-11-07</u>
--	-------------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>42.00</u>	Date permit issued <u>9-11-07</u>	Permit number <u>940</u>
-----------------------------------	-------------------------------	--------------------------------------	-----------------------------

Payment of \$42.00 CR #1140 received by Union County Treasurer

Date 9/24/07 [Signature]

**UNION COUNTY Prop. 1.
BUILDING PERMIT APPLICATION**

05-29-04-024

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

I. LOCATION OF BUILDING	Number and street <u>626 Sadler Rd</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>S 29 T12 R1W P1 SE RT 53/4 SE AC 23.25</u> N S W from intersection of _____ and _____ Streets				
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole Barn</u></p> <p>Beginning construction date <u>9-14-07</u></p> <p>Completion construction date <u>9-22-07</u></p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>33,000</u></p>	<p align="center">MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1800</u></p> <p>50. Total land area, sq. ft. <u>1800</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Eric Osman</u> <u>Janice Osman</u>	<u>62906</u>	<u>(6108) 921-2838</u>
2. Contractor or Builder	<u>Lynn Hiloman</u>		
3. Architect			

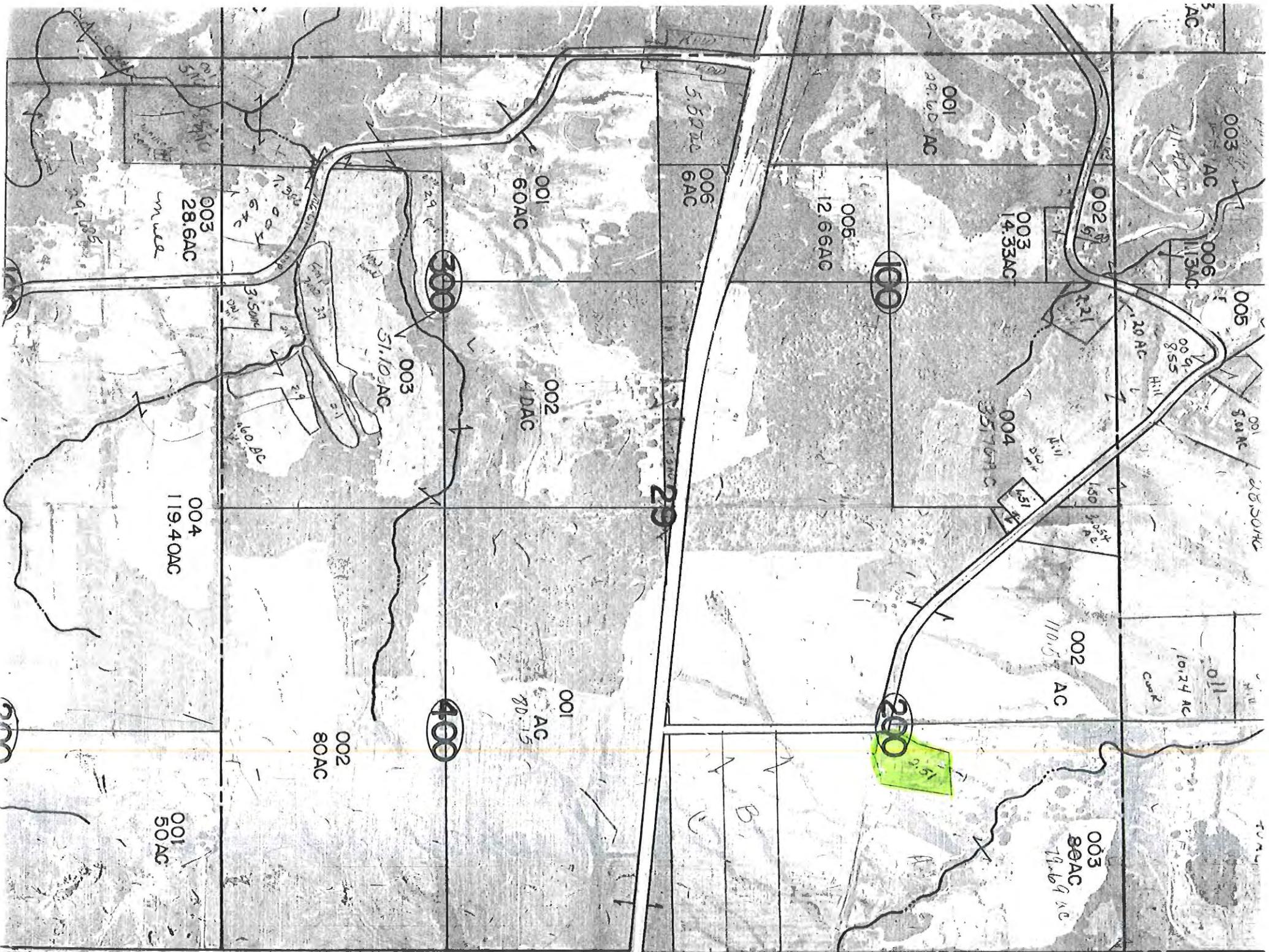
The owner of this building and the undersigned agree to conform to all applicable laws of Union County. I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <u>Janice Osman</u>	Address <u>626 Sadler Rd</u>	Application date <u>9-11-07</u>
---	---------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee <u>\$ 76.00</u>	Date permit issued <u>9-11-07</u>	Permit number <u>939</u>

Payment of \$76.00 CR# 5413 received by Union County Treasurer
Date 10/9/07

[Signature]



UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

08-28-06-216

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

I. LOCATION OF BUILDING	Number and street 80 TRACTOR MAN LAWE	Subdivision or Addition TRACTOR MAN LAWE	Lot	Block	Census track
	Legal Description Sec. 28 North west corner of Sec. 28 Twp. 13S Rng 2W	E W from intersection of Rt 146 and _____ Streets		(4 miles East)	
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input checked="" type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input checked="" type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input checked="" type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input checked="" type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ 15,000.⁰⁰</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical \$ 2,500.</p> <p>b. Plumbing \$ 1,500.⁰⁰</p> <p>c. Heating, air conditioning \$ 3,500.⁰⁰</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 22,500.⁰⁰</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td colspan="2">Previous MH Location</td> </tr> <tr> <td>Current MH Owner</td> <td colspan="2">Current MH Location</td> </tr> <tr> <td colspan="3">Current Land Owner</td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner	Previous MH Location		Current MH Owner	Current MH Location		Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed 1</p> <p>52. Outdoors 4</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 2</p> <p>54. Number of bathrooms { Full 1 Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner Collin Cain	8355 St. Rt. 146 W.	62952	618-833-7890
2.	Contractor or Builder Collin Cain			
3.	Applicant Wm. Keene Inc MOVER Yo Jim Fisher	Tamora, AL		

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, J'boro, AL	Application date 9/5/07
--	--	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by [Signature]	Permit fee \$ 55.00	Date permit issued 9-7-07	Permit number 938
-----------------------------------	-------------------------------	-------------------------------------	-----------------------------

Payment of **\$55.00** **CR #1656** received by Union County Treasurer

Date **9/24/07**

[Signature]



001
72.41 AC

CEM.

002
58 AC

003
17 AC
5 AC

006
9 AC

007
6 AC

002
AC

001
29 AC

100

007
88.2 AC

005
5.8 AC

004
1 AC

001
169.82 AC

100

004
Site

200

005
3.80 AC

Smoke Rise
Saw

003
3.34 AC

004
4.52

006
8.01 AC

002
29 AC

007
4.71 AC

001
95.85 AC

400

005
AC

010
7.33 AC

003
39.36 AC

300

001
105.47

002
50 AC

009
3 AC

007
23.25 AC

**UNION COUNTY Prop. ...
BUILDING PERMIT APPLICATION**

04-16-02-271-D

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

I. LOCATION OF BUILDING	Number and street Shiloh Rd	Subdivision or Addition	Lot	Block	Census tract
	Legal Description Sec 16 T11 R1W PT S1/2 NE SE E of Shiloh Rd	10.06 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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date Sept. 24, 2007</p> <p>Completion construction date Sept. 2008</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated) New construction</p> <p>10. Cost of improvement \$ N/A</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical N/A</p> <p>b. Plumbing N/A</p> <p>c. Heating, air conditioning N/A</p> <p>d. Other (elevator, etc.) N/A</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 150,000</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:30%;">Make</td> <td style="width:30%;">Size</td> <td style="width:40%;">Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td colspan="2">Previous MH Location</td> </tr> <tr> <td>Current MH Owner</td> <td colspan="2">Current MH Location</td> </tr> <tr> <td colspan="3">Current Land Owner</td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner	Previous MH Location		Current MH Owner	Current MH Location		Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 2324</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input checked="" type="checkbox"/> Other - Specify Geo-Thermal</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed N/A</p> <p>52. Outdoors N/A</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 3</p> <p>54. Number of bathrooms { Full 2 Partial 0</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner Scott Escue	P.O. Box 64	62920	893-1363
	Mickellynn Escue	Cobden, IL		534-2032 (cc)
2.	Contractor or Builder Chuck Korando	Carbondale, IL	62901	549-6427 924-0525 (cc)
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.

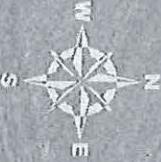
Signature of applicant Hugh Escue	Address Mickellynn Escue P.O. Box 64 Cobden, IL 62920	Application date 9/6/07
---	---	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by 	Permit fee \$ 310.00	Date permit issued 9-7-07	Permit number 937
-----------------	--------------------------------	-------------------------------------	-----------------------------

Payment of **\$310.00** **CK # 1918** received by Union County Treasurer
Date **9/24/07**

1 inch equals 327.259259 feet



UNION COUNTY Prop. N. *part of 04-18-02-302-A1*
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <i>931 Toledo Cemetery Rd, Cobden</i>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <i>S. 18 11-1W Pt SE NE, 84 ac.</i>				
			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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		Beginning construction date _____ Completion construction date _____	

C. COST (Estimated) 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 \$ <i>69,000</i>	(Omit cents) Date MH was set-up: <i>Aug 13, 07</i> Make: <i>Southern Home</i> Size: <i>32x16</i> Yr. Model: <i>2006</i> Previous MH Owner _____ Previous MH Location: <i>Energy IL</i> Current MH Owner: <i>Marvin & Angie Fairless</i> Current MH Location: <i>04-18-02-302-A1</i> Current Land Owner: <i>Marvin & Angie Fairless</i>	
---	---	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	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.
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	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	<i>Angie Fairless</i>	<i>931 Toledo Cemetery Rd Cobden, IL</i>	<i>62920</i>	<i>201-2074</i>
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: *Angie Fairless* Address: *931 Toledo Cemetery Rd Cobden IL* Application date: *8-28-07*

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by: <i>[Signature]</i>	Permit fee: <i>\$ 148.00</i>	Date permit issued: <i>8-28-07</i>	Permit number: <i>936</i>
---------------------------------	------------------------------	------------------------------------	---------------------------

Payment of *\$148.00 CK # 1033* received by Union County Treasurer
 Date *9/5/07* *[Signature]*

**UNION COUNTY Prop. 1
BUILDING PERMIT APPLICATION**

14-00-12-268 and
08-28-03-951

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	Rose Estates Lot 3	3		
	sec 28 T12 R1W & 2.412		N S		E W from intersection of _____ and _____ Streets
	SW 1/4 §. 572 ac.		Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole barn</u></p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole barn</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Pole barn</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

B. OWNERSHIP

8a Private (individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>6,900</u></p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <p>Make <u>DUTCH</u> Size <u>28x48</u> Yr. Model <u>2007</u></p> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>
--	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>750</u></p> <p>50. Total land area, sq. ft.</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>3</u></p> <p>54. Number of bathrooms { Full <u>2</u> Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	Robert Siegelman 1994 Liberty Rd Villa Ridge, IL	62996	573-270-5481
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
<i>Robert Siegelman</i>	1994 Liberty Rd Villa Ridge IL 62996	8-27-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
<i>Bill Jackson</i>	\$ 134.00	8-27-07	935

Payment of \$134.00 CK # 1335 received by Union County Treasurer

Date 9-5-07

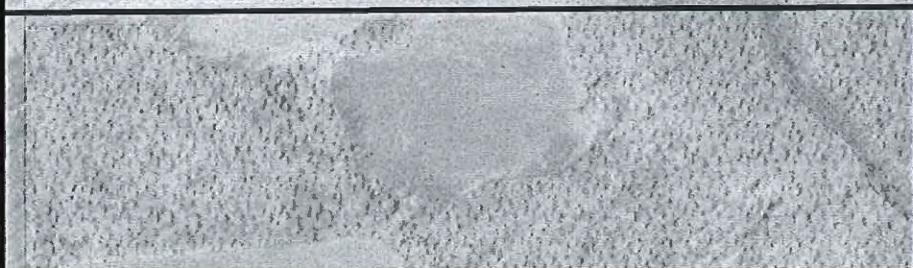
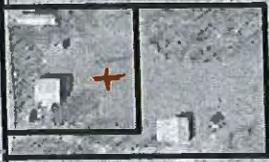
Benny A. Meyers

Waterways
Possibly Cropland

Waterways
Possibly Permanent Pa
Waterways
Waterways

Homestead Unclear
Homestead Unclear
Homestead Unclear
Homestead Unclear

Waterways
Homestead Unclear
Ponds
Homestead Unclear
Homestead Unclear
Ponds



UNION COUNTY Prop. No. 08-22-05-943
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 4265 - 146 W	Subdivision or Addition	Lot	Block	Census track
	Legal Description Sec 22 T12S 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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify BARN Beginning construction date _____ Completion construction date _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST (Estimated) 10. Cost of improvement \$ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 18,000.00	(Omit cents)							
	MOBILE HOME INFO: Date MH was set-up: _____ <table border="1"> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> Previous MH Owner _____ Previous MH Location _____ Current MH Owner _____ Current MH Location _____ Current Land Owner _____			Make	Size	Yr. Model		
Make	Size	Yr. Model						

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 2380' 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	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 Revis M. BROWN	4265 146W JONESBORO, IL	62952	618831999
2. Contractor or Builder TRU-BILT			
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 Revis M. Brown	Address 4265 146W Jonesboro, IL 62952	Application date 08-23-07
---	---	-------------------------------------

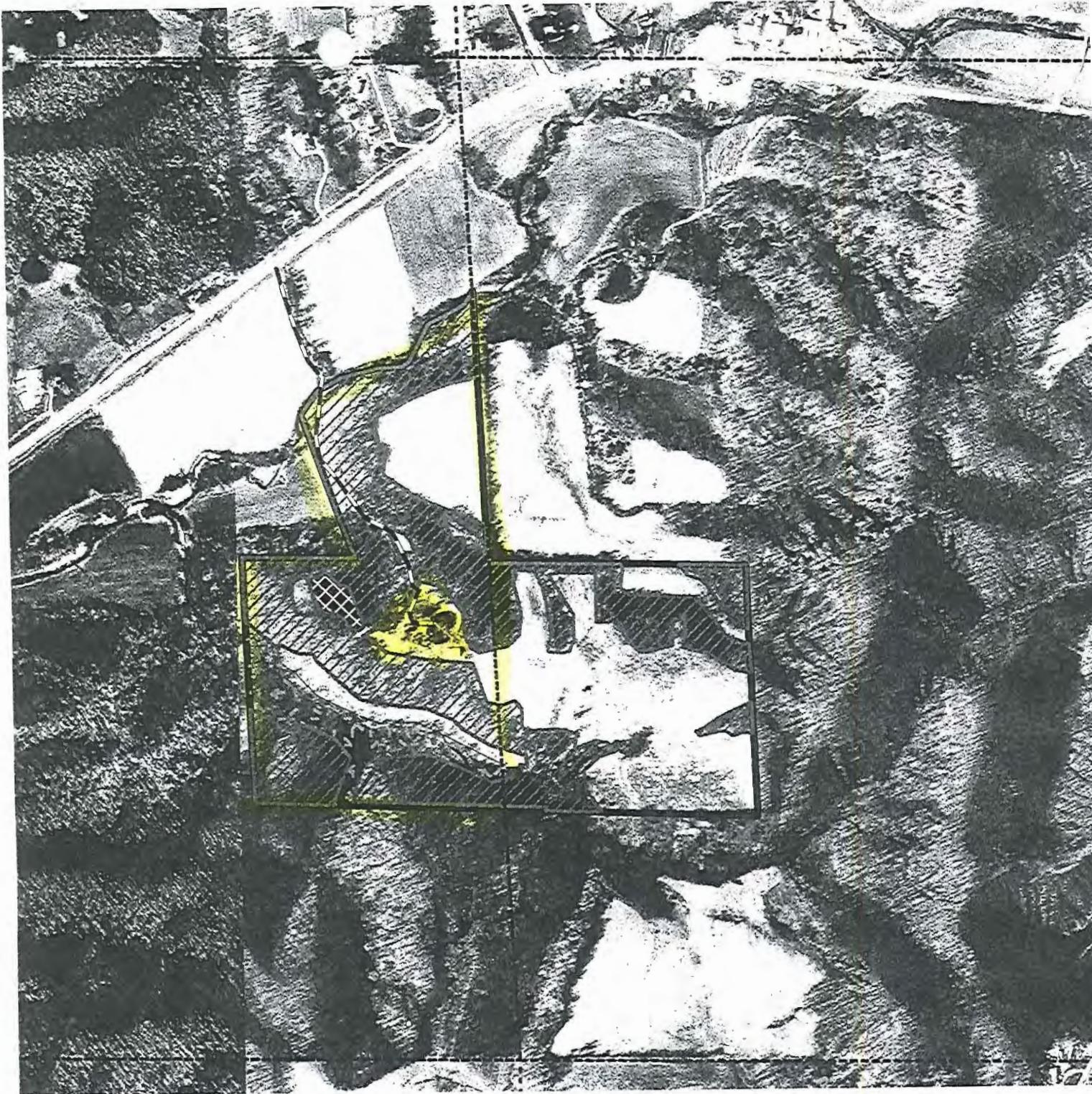
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by Bill Jackson	Permit fee \$ 46.00	Date permit issued 08-23-07	Permit number 934
------------------------------------	-------------------------------	---------------------------------------	-----------------------------

Payment of **\$46.00 Cash** received by Union County Treasurer

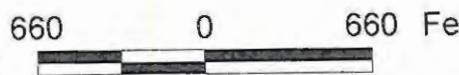
Date **9/5/07**

Bobby A. M. [Signature]



R. M. Brown
 618-833-4949
 Union County
 Sec. 22 & 23, T12S R2W
 Property # 08-22-05-943
 08-23-05-990

-  Section lines
-  Roads
- Forest Units (56.4 acres total)
-  1 47.4 Acres
-  2 Pine 1.1 Acres
-  3 7.9 acres
-  Property lines



**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

03-15-01-607-A

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

I. LOCATION OF BUILDING	Number and street 5705 Moscow Road Dongola	Subdivision or Addition	Lot	Block	Census track
	Legal Description 13-1E Sec 15 Pt SW 53.5 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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input checked="" type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date 8/20/07 Completion construction date 10/20/07	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST (Estimated) 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 \$ 11,000-	MOBILE HOME INFO: Date MH was set-up: 8/20/07 Make Fairmont Size 14x70 Yr. Model 1994 Previous MH Owner Main St Mobile Homes Previous MH Location Marion IL 62959 Current MH Owner Kenneth & Mary Bartley Current MH Location 5705 Moscow Rd Dongola Current Land Owner Kenneth & Mary Bartley
---	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	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.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input checked="" type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	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 Kenneth B. Bartley Mary S. Bartley	5705 Moscow Rd PO Box 274 Dongola IL 62926	62926	618 965-9473
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 <i>Kenneth B. Bartley</i>	Address 5705 Moscow Road PO Box 274 Dongola IL 62926	Application date 8-22-07
---	--	-----------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>[Signature]</i>	Permit fee \$ 32.00	Date permit issued 8-23-07	Permit number 933
-----------------------------------	------------------------	-------------------------------	----------------------

Payment of \$32.00 CK # 1015 received by Union County Treasurer
 Date 9/5/07 *[Signature]*

UNION COUNTY

North



300

300

300

400

Mark
cut line

8.31

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

05-30-04-082

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

I. LOCATION OF BUILDING	Number and street <u>221 S Main St Jonesboro</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>12 1W530 PT N PT SW SW 2.67</u>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added. If any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>9,000.00</u></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model
Make	Size	Yr. Model		

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>30 x 40</u></p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Carolyn Thomas</u>	<u>2365 W 146 Jonesboro</u>	<u>62952</u>	<u>833-5176</u>
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 reconstructed in a non-flood prone area.

Signature of applicant <u>Carolyn Thomas</u>	Address	Application date <u>Aug 22 2007</u>
---	---------	--

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>Gul Jones</u>	Permit fee \$ <u>28.00</u>	Date permit issued	Permit number <u>932</u>
---------------------------------	-------------------------------	--------------------	-----------------------------

Payment of \$28.00 CR# 6037 received by Union County Treasurer
Date 9/5/07 Billy A M



4032
473 AC

Elsie Glovers

Welding

1 300'
2 300'
3 307'
4 312'
5 316'
6 321'
7 328'
1st Add.

338'
40091
504 AC

127.5



4103
1,000 AC

4091
200 AC

4092
194 AC

4092
36 AC



UNION COUNTY Prop. No. BUILDING PERMIT APPLICATION

06-19-04-603

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

I. LOCATION OF BUILDING	Number and street <u>2120 Jonesboro Quarry Rd</u>	Subdivision or Addition	Lot	Block	Census tract	
	Legal Description <u>Sec 19 T 13 R 1W</u>	N S				
	<u>PT SW</u>	E W from intersection of _____ and _____ Streets				
Applicable Zoning District _____						

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>grain bin</u></p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>grain bin</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>grain bin</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$</p>	<p align="center">MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>36 1/2 feet</u></p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Earnest Russell</u>	<u>2120 Jonesboro Quarry Rd Jonesboro GA 30295</u>		
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 <u>Earnest Russell</u>	Address <u>2120 Jonesboro Quarry Rd</u>	Application date <u>8-22-07</u>
--	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee \$ <u>10.00</u>	Date permit issued	Permit number <u>931</u>

Payment of \$10.00 Cash received by Union County Treasurer

Date 9/5/07 [Signature]

UNION COUNTY Prop. 1 05-15-03-225-L
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>395 Willow Lane, Anna, IL 62906</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>15-12-1W Pt. SE-SW Pt. SW-SE</u>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building -- <u>Garage</u></p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any. In Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>8/07</u></p> <p>Completion construction date <u>8/07</u></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO: <u>N/A</u></p>		

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <u>20,000.00</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>20,000.00</u></p>	<p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:30%;">Make</td> <td style="width:30%;">Size</td> <td style="width:40%;">Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public <u>N/A</u></p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1200</u></p> <p>50. Total land area, sq. ft. <u>1200</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify <u>N/A</u></p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public <u>N/A</u></p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES <u>N/A</u></p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>N/A</u></p> <p>54. Number of bathrooms { Full <u>N/A</u> Partial</p>	<p>51. Enclosed <u>N/A</u></p> <p>52. Outdoors</p>

IV. IDENTIFICATION - To be completed by all applicants

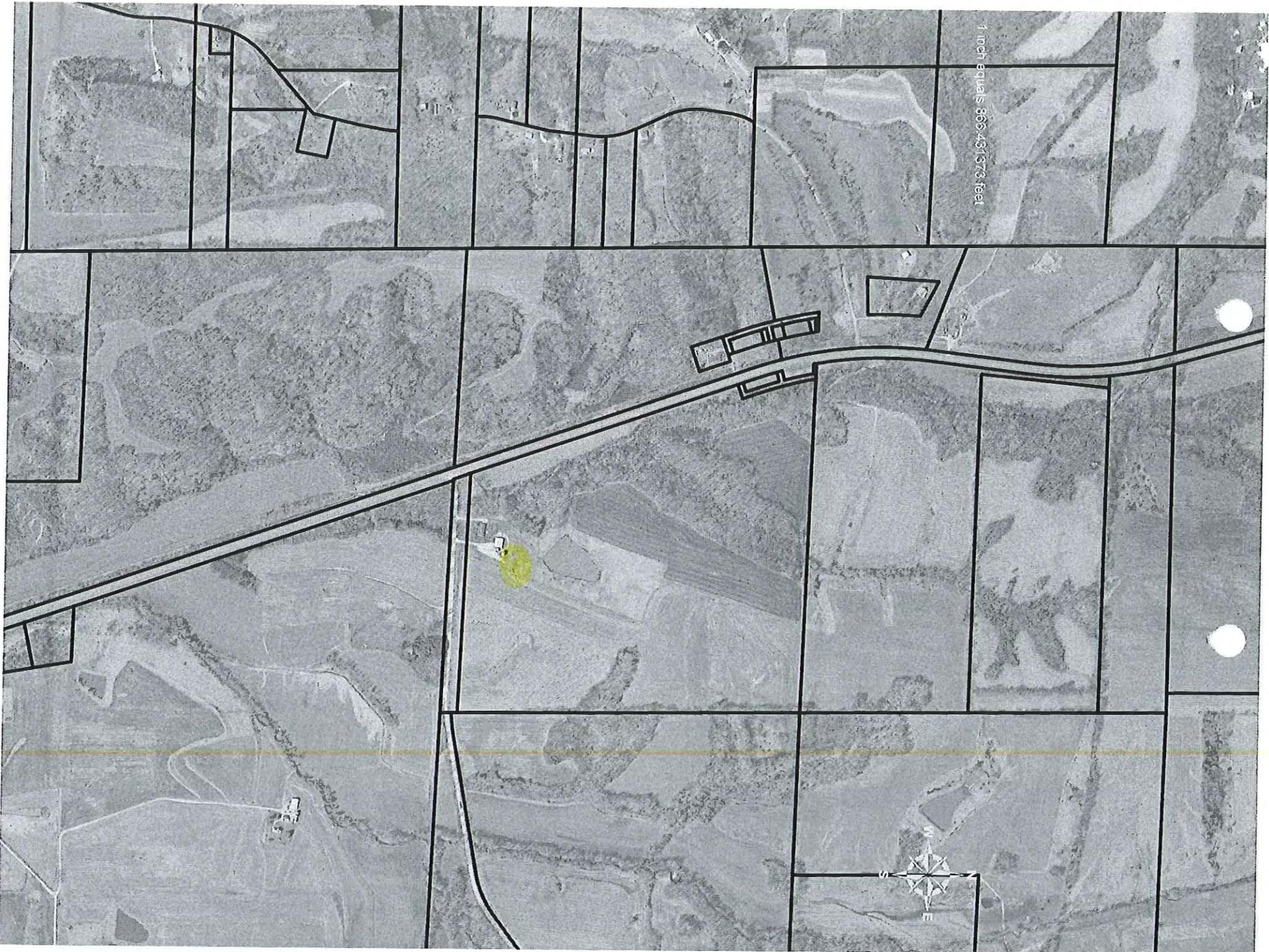
	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>James R. Holdersfield Sr</u>	<u>395 Willow Lane Anna, IL 62906</u>	<u>62906</u>	<u>618-833-8464</u>
	<u>Susan T. Holdersfield</u>	<u>"</u>	<u>"</u>	<u>"</u>
2. Contractor or Builder	<u>Not Applicant</u>	<u>3795 State Rt 127 North Cobden, Ill</u>	<u>62920</u>	<u>618-893-4771</u>
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 <u>[Signature]</u>	Address <u>395 Willow Lane Anna, IL 62906</u>	Application date <u>8/21/07</u>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>[Signature]</u>	Permit fee <u>\$ 50.00</u>	Date permit issued <u>8-21-07</u>
		Permit number <u># 930</u>

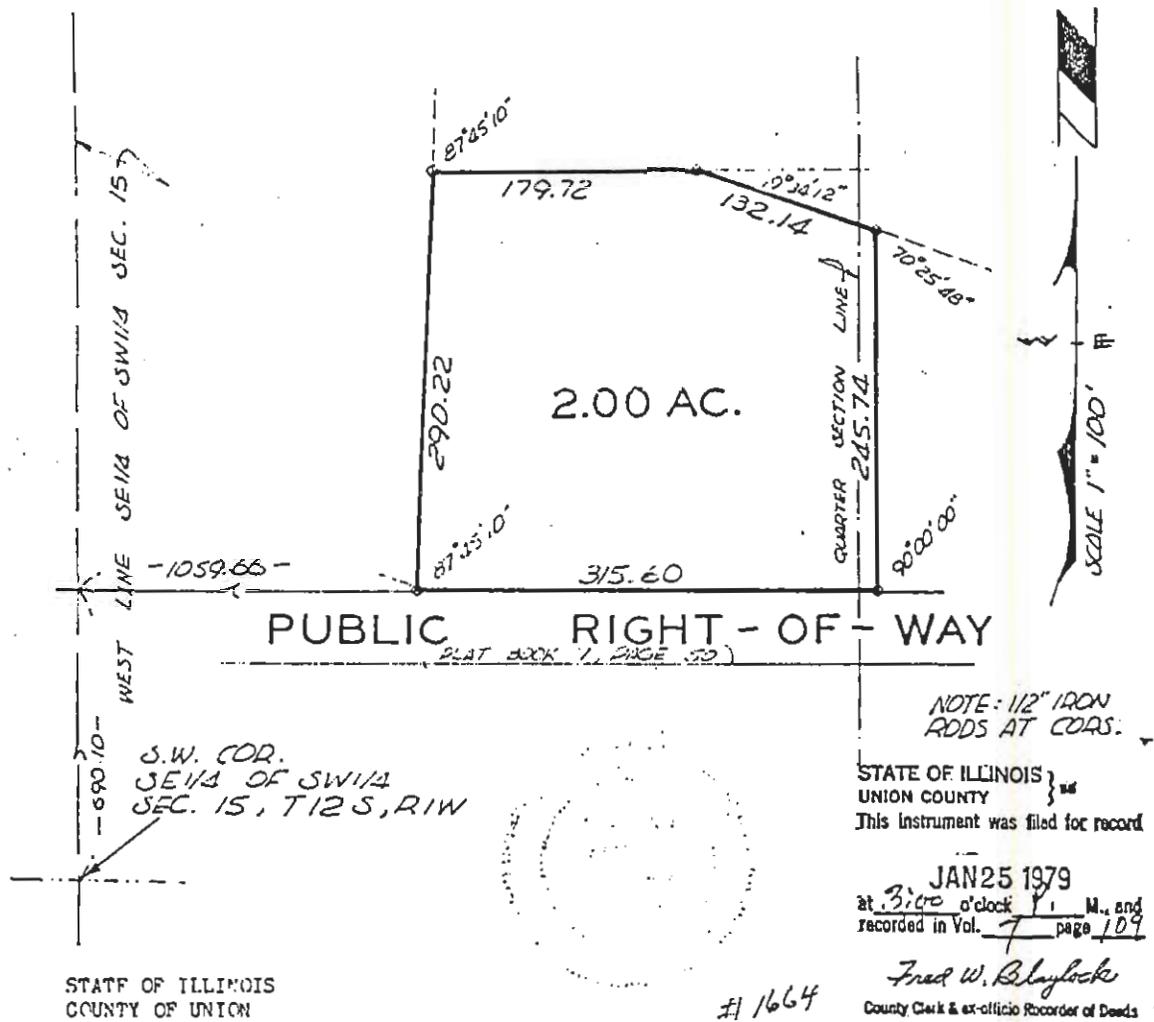
Payment of \$ 50.00 CR # 7592 received by Union County Treasurer
 Date 9/5/07 [Signature]

1 inch equals 866.431373 feet



PLAT OF SURVEY

That part of the Southeast quarter of the Southwest quarter and the Southwest quarter of the Southeast quarter of Section 15, Township 12 South, Range 1, West of the Third Principal Meridian, described as follows: Commence at the Southwest corner of said Southeast quarter of the Southwest quarter; thence Northerly along the West line thereof, 690.10 feet to the North right-of-way line of a Public Right-of-way (Plat Book 7, page 50); thence Easterly along said right-of-way, 1059.66 feet to a 1/2 inch iron rod for a place of beginning; thence Northerly with a deflection of 87 deg. 45 min. 10 sec. to the left, 290.22 feet to a 1/2 inch iron rod; thence Easterly parallel to said right-of-way, 179.72 feet to a 1/2 inch iron rod; thence Southeasterly with a deflection of 19 deg. 34 min. 12 sec. to the right, 132.14 feet to a 1/2 inch iron rod; thence Southerly with a deflection of 70 deg. 25 min. 48 sec. to the right, 245.74 feet to a 1/2 inch iron rod on said North right-of-way line; thence Westerly perpendicular to the last described course, 315.60 feet to the place of beginning, in Union County, Illinois, containing 2.00 acres.



STATE OF ILLINOIS
COUNTY OF UNION

NOTE: 1/2" IRON RODS AT CORNS.
STATE OF ILLINOIS }
UNION COUNTY }
This instrument was filed for record
JAN 25 1979
at 3:00 o'clock P. M. and
recorded in Vol. 7 page 109
Fred W. Blaylocke
County Clerk & ex-officio Recorder of Deeds

This is to certify that I, an Illinois Land Surveyor, have surveyed the property described in the above caption as shown by the annexed plat which is a correct and true representation of said survey.

Given under my hand and seal at Cape Girardeau, Missouri, this 20th day of January, A. P. 1979.

Illinois Land Surveyor No. 1749
FOR: DEL MOWERY
ANNA, ILL.

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

14-00-12-266

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

I. LOCATION OF BUILDING	Number and street <u>US Hwy 51 South Anna</u>	Subdivision or Addition <u>Rose Est Lot 1</u>	Lot <u>1</u>	Block	Census tract
	Legal Description <u>Sec 28 T12 Range 1W</u>		N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____ <u>ac 1.136</u>		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Beginning construction date <u>8-17-07</u></p> <p>Completion construction date _____</p>		

COPY

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <u>73,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>156.00</u></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <p>Make <u>Redman</u> Size <u>60 X 28</u> Yr. Model <u>2006</u></p> <p>Previous MH Owner <u>NEW</u></p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>
---	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame (<u>garage</u>)</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>garage</u> <u>30 X 30</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. <u>900</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>3</u></p> <p>54. Number of bathrooms { Full <u>2</u> Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Harold & Wanda Hase</u>	<u>844 Mill Creek Rd Dongola IL</u>	<u>62926</u> <u>618 845-3335</u>
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 <u>Harold & Wanda Hase</u>	Address <u>844 Mill Creek Rd Dongola</u>	Application date <u>8-13-07</u>
--	---	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>156.00</u>	Date permit issued <u>8-13-07</u>	Permit number <u>929</u>
-----------------------------------	--------------------------------	--------------------------------------	-----------------------------

Payment of 156.00 CR# 3724 received by Union County Treasurer
Date 8/20/07 [Signature]

**UNION COUNTY Prop. No. 02-01-00-596
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street <i>1385 Hummingbird Rd.</i>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <i>SW SW Sec. 1 Township 12 Range 1 East</i>	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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p> <p align="center" style="font-size: 1.5em;"><i>Open Pole Building</i></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <i>2500.00</i></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <i>2500.00</i></p>
---	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <i>20x55</i></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <i>1100 sq</i></p> <p>50. Total land area, sq. ft. <i>1100 sq</i></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <i>David Lee</i>	<i>1385 Hummingbird Rd. Burrhead, Ill. 62912</i>		
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 <i>David Lee</i>	Address <i>1385 Hummingbird Rd. Burrhead, Ill. 62912</i>	Application date <i>August 9, 07</i>
--	---	---

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>[Signature]</i>	Permit fee <i>\$ 15.00</i>	Date permit issued	Permit number <i>927</i>
-----------------------------------	-------------------------------	--------------------	-----------------------------

Payment of *\$15.00* CK # *2592* received by Union County Treasurer

Date *8/20/07*

Bobby A. Mays

UNION COUNTY Prop. No. **08-17-05-888-A**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>2090 Morgan School RD</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S17 T12 R2W</u>	N S		<u>Leonard Goetz</u>	
	<u>WSD SW SW 11.31 ac</u>	E W from intersection of _____ and _____ Streets			

Applicable Zoning District _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>8-24-2007</u></p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>6,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>6,000</u></p>
--	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>840 sq ft</u></p> <p>50. Total land area, sq. ft. <u>11.31 ac.</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors <u>1</u></p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Daniel Hapcha</u>	<u>110 W. CERNAK RD Braidwood IL 60408</u>	<u>60408</u>	<u>815 390-5112</u>
2. Contractor or Builder	<u>SAME</u>			
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 <u>Daniel Hapcha</u>	Address <u>110 W CERNAK RD Braidwood IL 60408</u>	Application date <u>8-8-07</u>
--	--	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee \$ <u>22.00</u>	Date permit issued <u>8-8-07</u>	Permit number <u>926</u>

Payment of \$22.00 CK #2551 received by Union County Treasurer

Date 8/20/07

[Signature]

00AC

001
440 AC

100

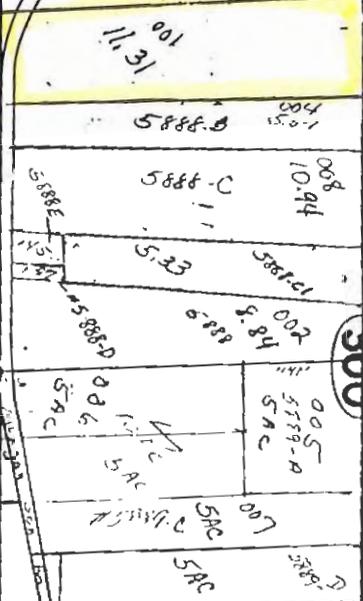
200

STATE
OF
ILLINOIS

17

300

400



USA
001
38AC

UNION COUNTY
T12S-R2W

302 W MARKET ST JONESBORO IL 62952

UNION COUNTY Prop. BUILDING PERMIT APPLICATION 05-14-03-195-A1A

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

I. LOCATION OF BUILDING	Number and street <u>Trinity Cemetery Lane</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>Sec 14 T12 R1W</u>				
	<u>PT SE NE</u>	<u>2.10 AC</u>			

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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify Beginning construction date <u>8-07</u> Completion construction date <u>12-07</u>	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify Beginning construction date _____ Completion construction date _____	

C. COST (Estimated) 10. Cost of improvement \$ <u>4000</u> <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing <u>4000</u> c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ <u>8000</u>	MOBILE HOME INFO: Date MH was set-up: _____ Make <u>Schult</u> Size <u>14x70</u> Yr. Model _____ Previous MH Owner <u>Carol Williams</u> Previous MH Location <u>Trinity Cem. Ln</u> Current MH Owner <u>Stan Lummus</u> Current MH Location <u>Trinity Cem Ln</u> Current Land Owner <u>Stan Lummus</u>	
--	--	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories <u>1</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>980</u> 50. Total land area, sq. ft. <u>90,000 sq. ft.</u>
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors <u>2</u>
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <u>2</u> 54. Number of bathrooms { Full <u>2</u> Partial

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Stan Lummus</u>	<u>P.O. Box 458 Anna</u>		<u>770-887-8056</u>
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 <u>Stan Lummus</u>	Address	Application date <u>8-2-02</u>
--	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee \$ <u>10.00</u>	Date permit issued <u>8-2-02</u>	Permit number <u>924</u>

Payment of 10.00 Cash received by Union County Treasurer
 Date 8/07/2007
Bobby A. M...

UNION COUNTY Prop. .
BUILDING PERMIT APPLICATION

02-25-01-044-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	N S E W from intersection of _____ and _____ Streets			

1636 WOODS RD BUNCOMB NC 27003
12-1E Sec 25
PT NE NW 10 AC
Applicable Zoning District _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home</p> <p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>D. PROPOSED USE - For "Wracking" most recent use</p> <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input checked="" type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table> <p>Beginning construction date <u>Sept 1, 07</u> Completion construction date <u>Dec 1, 07</u></p>	Residential	Nonresidential	12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										

MOBILE HOME INFO:

Date MH was set-up: _____
 Make Incor Size 52x28 Yr. Model 2007
 Previous MH Owner _____
 Previous MH Location Energy IL
 Current MH Owner SE Homes
 Current MH Location _____
 Current Land Owner Terry Marshall

C. COST (Estimated)

10. Cost of Improvement \$ 55,000.00

To be installed but not included in the above cost

a. Electrical \$ 24,000.00
 b. Plumbing \$ 3,000.00
 c. Heating, air conditioning _____
 d. Other (elevator, etc.) _____

11. TOTAL COST OF IMPROVEMENT \$ 60,000.00

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p> <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>1398</u> 50. Total land area, sq. ft.</p> <p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed <u>0</u> 52. Outdoors <u>0</u></p> <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>4</u> 54. Number of bathrooms { Full <u>2</u> Partial</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Terry Marshall</u>	<u>1745 WOODS ROAD BUNCOMB NC 27003</u>	<u>6292</u>	<u>933-2093</u>
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 <u>Terry Marshall</u>	Address <u>1745 WOODS RD BUNCOMB NC 27003</u>	Application date <u>7-30-07</u>
---	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>130.00</u>	Date permit issued <u>7-31-07</u>	Permit number <u>922</u>
-----------------------------------	--------------------------------	--------------------------------------	-----------------------------

Payment of \$ 130.00 CK # 5095 received by Union County Treasurer
 Date 8/07/2007
[Signature]

UNION COUNTY Prop. ..
BUILDING PERMIT APPLICATION

02-01-00-586-B

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

I. LOCATION OF BUILDING	Number and street <u>1095 Hummingbird Rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>PT SE 1/4 T12 R1E</u> <u>PT NE SW 31.56 ac</u>	N S E W from Intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Temp Dwelling until home built</u></p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date <u>June 2007</u></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Temp Dwelling until home built</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>Temp Dwelling until home built</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

B. OWNERSHIP

8a Private (individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <u>48,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>48,000</u></p>	<p align="center"><i>(Omit cents)</i></p> <p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Make</td> <td style="width:30%;">Size</td> <td style="width:40%;">Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. <u>4800</u></p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public <u>Loop</u></p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>1</u></p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Daniel I. Mattingly 1095 Hummingbird Rd, Buncombe, IL</u>	<u>62912</u>	<u>240-538-6278</u>
2.	Contractor or Builder	<u>Tru-Bilt 9328 Foyt Rd, Marion, IL 62954</u>	<u>62959</u>	<u>618-982-2211</u>
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 <u>Daniel I. Mattingly</u>	Address <u>1095 Hummingbird Rd, Buncombe, IL 62912</u>	Application date <u>31 July 2007</u>
--	---	---

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>106.</u>	Date permit issued <u>7-31-07</u>	Permit number <u>921</u>
-----------------------------------	------------------------------	--------------------------------------	-----------------------------

Payment of \$106.00 CK # 5490 received by Union County Treasurer
Date 8/07/2007 [Signature]

**UNION COUNTY Prop. 05-18-03-325
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street <i>Kratzinger Hollow, Colden</i>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <i>Attached Pt W1/2 SE 12-1W Sec 18 West of Road</i>	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D. 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D. 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date <i>F-25-07</i> Completion construction date <i>Jan 1-08</i> <i>J Bed Cilla</i>		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		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 _____			

C. COST (Estimated) 10. Cost of Improvement <i>\$278,500.00</i> <i>To be installed but not included in the above cost</i> a. Electrical <i>14,000.00</i> b. Plumbing <i>19500.00</i> c. Heating, air conditioning <i>18,000.00</i> d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT <i>\$330,000.00</i>			
--	--	--	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories <i>1</i> 49. Total square feet of floor area, all floors, based on exterior dimensions <i>3500</i> 50. Total land area, sq. ft. <i>2 1/2 Acres</i>	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors <i>3</i>	
		I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <i>3</i> 54. Number of bathrooms { Full <i>2</i> { Partial <i>1</i>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<i>Independent Living Swiss</i>	<i>Box 88, Anna, AL 36906</i>		<i>618697 1141</i>
2. Contractor or Builder	<i>GARY D Fuller Const</i>	<i>P.O. Box 589 ANNA AL 36906</i>		
3. Architect		<i>Floor plan & Elevation by Contractor</i>		

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

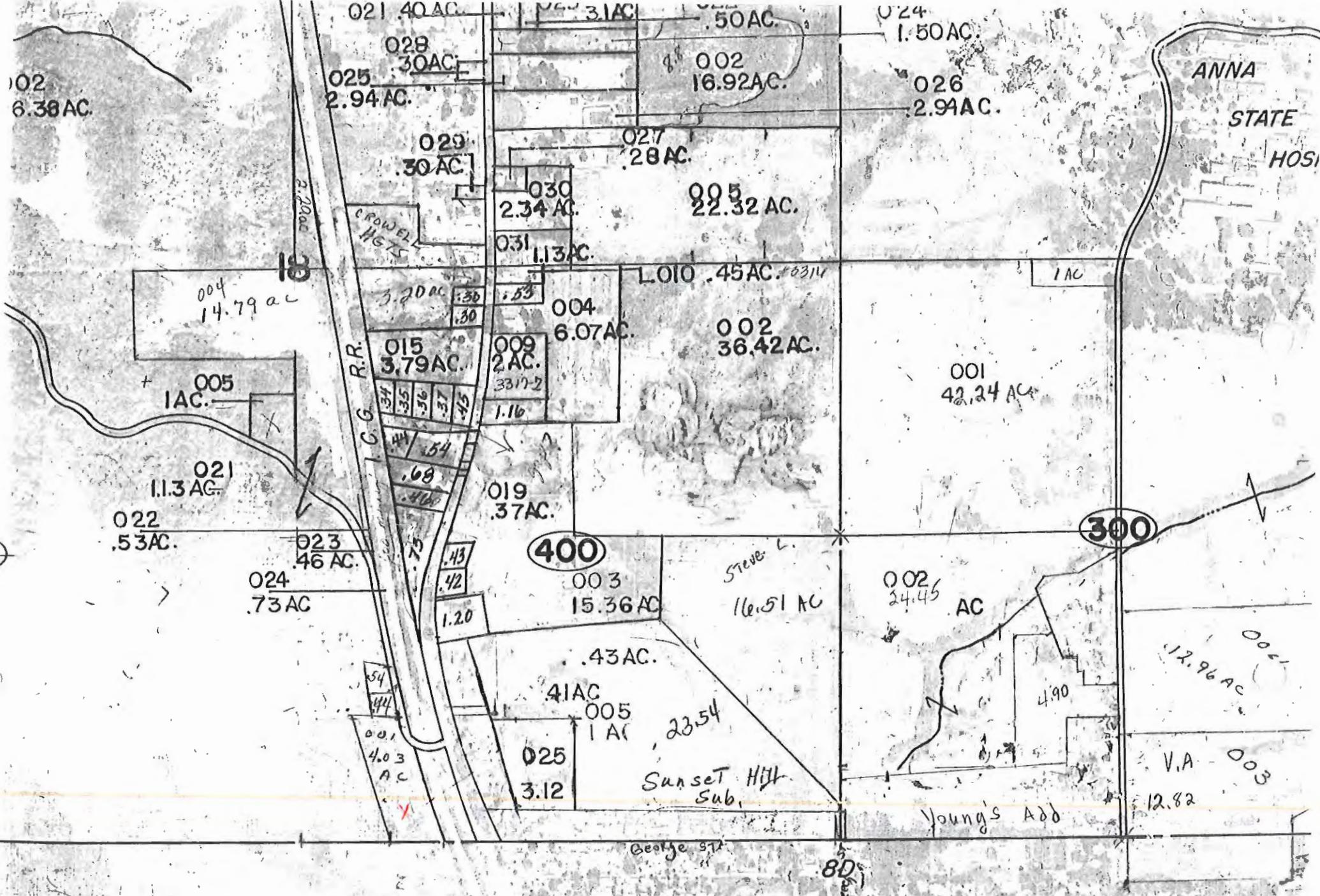
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <i>Jacob Allen</i>	Address <i>810 US 51 South</i>	Application date <i>7/26/07</i>
--	-----------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>Jacob Allen</i>	Permit fee <i>\$ 670.00</i>	Date permit issued <i>7-26-07</i>	Permit number <i>#920</i>
-----------------------------------	--------------------------------	--------------------------------------	------------------------------

Payment of *\$670.00* *CR # 0961* received by Union County Treasurer
 Date *8/07/2007* *Benny J. Moore*



**UNION COUNTY
T. 12S.-R. 1W.**

BOOK 166 PAGE 197

**CORPORATION
WARRANTY DEED**

THIS INDENTURE WITNESSETH,
that the Grantor, INDEPENDENT LIVING SERVICES, INC., a corporation duly organized and existing under and by virtue of the laws of the State of Illinois, and duly authorized to transact business in the State where the following described real estate is located, for and in consideration of the sum of One and no/100 Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, and pursuant to authority given by the Board of Directors of said corporation, **CONVEYS and WARRANTS** to T. RICHARD MAGER, not personally, but as Trustee pursuant to the terms of that certain Land Trust Agreement known as Independent Living Services Land Trust Number 94, dated the 1st day of July, 1994, whose address is 2001 West Main Street, Suite 101, P. O. Box 1570, Carbondale, Illinois 62903, the following described real estate, to-wit:

GENERAL DESCRIPTION: Part of the Southeast Quarter of Section 18, Township 12 South, Range 1 West of the Third Principal Meridian, Union County, Illinois.

DETAIL DESCRIPTION: Commencing at the intersection of the Westerly line of right-of-way of the Illinois Central Railroad with the South line of the said Section 18; thence Northwesterly along the said Westerly line of right-of-way, said line being the arc of a circular curve concave to the Northeast with a radius of 9649.41 feet and an internal angle of 3° 38' 28", a distance of 613.25 feet to a point; thence West along a line with a deflection angle of 71° 48.5' from the chord of the last aforesaid arc of circular curve, a distance of 41.18 feet to a point in the Westerly line of a public road and the point of

STATE OF ILLINOIS 1SS
UNION COUNTY
This instrument was filed for record
at 7:31 o'clock PM. and
2761
OCT 26 1995
Recorded in Vol. 126 page 197
Bobby John B. 202
Clerk & ex-officio Recorder of Deeds

For Recorder's Use Only

BOOK 26 PAGE 198

beginning for this description; from said point of beginning thence Northwesterly along the said Westerly line of a public road; said line being the arc of a circular curve concentric with the last aforesaid arc of a circular curve with a radius of 9689.41 feet and an internal angle of $1^{\circ} 30' 24''$, a distance of 254.78 feet to a point; thence Westerly along a line with a deflection angle of $69^{\circ} 16'$ from the chord of the last aforesaid arc of a circular curve, a distance of 184.30 feet to a point; thence South along a line with a deflection angle of $95^{\circ} 59'$, a distance of 270.0 feet to a point; thence East along a line with a deflection angle of $91^{\circ} 00'$, a distance of 248.20 feet to the point of beginning;

ALSO

GENERAL DESCRIPTION: Part of the Southeast Quarter of Section 18, Township 12 South, Range 1 West of the Third Principal Meridian, Union County, Illinois.

DETAIL DESCRIPTION: Commencing at the intersection of the Westerly line of right-of-way of the Illinois Central Railroad with the South line of the said Section 18; thence Northwesterly along the said Westerly line of right-of-way, said line being the arc of a circular curve concave to the Northeast with a radius of 9649.41 feet and an internal angle of $3^{\circ} 38' 28''$, a distance of 613.25 feet to a point; thence West along a line with a deflection angle of $71^{\circ} 48.5'$ from the chord of the last aforesaid arc of a circular curve, a distance of 41.18 feet to a point in the Westerly line of a public road and the point of beginning for this description; from said point of beginning thence continuing Westerly along the projection of the last aforesaid line a distance of 248.20 feet to a point; thence Southerly along a line with a deflection angle of $108^{\circ} 08' 44''$, a distance of 614.76 feet to a point in the South line of the said Southeast Quarter; thence Easterly along the said South line with a deflection angle of $72^{\circ} 13' 16''$ a distance of 248.20 feet to a point in the Westerly line of a public road; said point being 42.02 feet West of the said intersection of the Westerly line of right-of-way of the Illinois Central Railroad with the said South line of the Southeast Quarter; thence Northwesterly along the Westerly line of the said public road, said line being the arc of a circular curve concave to the Northeast which lies 40.0 feet Westerly from, as measured on a radius of the said arc, and concentric with the said arc of the Westerly line of right-of-way of the Illinois Central Railroad, said Westerly line of the public road having a radius of 9689.41 feet and an internal angle of $3^{\circ} 37' 37''$, a distance of 613.35 feet to the point of beginning;

BOOK 126 PAGE 199

all situated in the County of Union and State of Illinois.

The covenants of warranty of this conveyance are subject to:

1. Real estate taxes for 1994 and 1995, due and payable in 1995 and 1996, respectively; and
2. Covenants, rights-of-way, restrictions and easements of record.

PERMANENT PARCEL INDEX NUMBER: 05-18-03-325.

This transfer exempt under paragraph (e), Section 4 of the Real Estate Transfer Tax Act.

IN WITNESS WHEREOF, the Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its Corporate President, and attested by its Corporate Secretary, this 17th day of October, 1995.

INDEPENDENT LIVINGS SERVICES, INC.

(CORPORATE SEAL)

BY:

Don Pippins
President

ATTEST:

JoAnn Keller
Secretary

STATE OF ILLINOIS)
) SS.
COUNTY OF UNION)

I, the undersigned, a Notary Public, in and for said County and State aforesaid, do hereby certify that Don Pippins, personally known to me to be the Corporate President of the corporation who is the grantor, and JoAnn Keller, personally known to me to be the Corporate Secretary of the corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such Corp. President and Corp. Secretary, they signed and delivered the instrument as Copr. President and Corporate Secretary of the corporation and caused the corporate seal of the

BOOK 126 PAGE 200

corporation to be affixed thereto, pursuant to authority given by the Board of Directors of the corporation, as their free and voluntary act, and as the free and voluntary act and deed of the corporation, for the uses and purposes therein set forth.

Given under my hand and official seal this 17th day of October, 1995.



Melanie Lu McReynolds
Notary Public

Future taxes to:
Grantee

Return this document to:
Grantee

This instrument was prepared by:
T. Richard Mager
FEIRICH/MAGER/GREEN/RYAN
2001 West Main Street, Suite 101
P. O. Box 1570
Carbondale, Illinois 62903
Telephone: 618/529-3000
g:\caf\deed\11s.doc

UNION COUNTY Prop. No. BUILDING PERMIT APPLICATION

04-10-02-174-B1

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

I. LOCATION OF BUILDING
Number and street: Heern Rd.
Subdivision or Addition:
Lot:
Block:
Census tract:
Legal Description: Sec 10 T-11 R1W PT SE
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

D. PROPOSED USE - For "Wrecking" most recent use
Residential
12 [] One family
13 [X] 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:
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: 7/25/07
Completion construction date: 2/27/08

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

C. COST (Estimated)
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 \$85,000

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:

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: 884
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: 4, Partial:

IV. IDENTIFICATION - To be completed by all applicants

Table with 4 columns: Name, Mailing address - Number, street, city and state, ZIP code, Tel. No.
1. Owner: Donna Dale, Pamela Dale, 705 Heern Rd Cobden IL, 62920, 893-2704
2. Contractor or Builder: Donald Dale, 705 Heern Rd Cobden IL, 62920, 893-2704
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: Donna Dale Pamela Dale
Address: 705 Heern Rd Cobden IL 62920
Application date: 7/20/07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE
Approved by: Bill Cochran
Permit fee: \$180.00
Date permit issued: 7-20-07
Permit number: 919

Payment of \$180.00 CK # 765 received by Union County Treasurer
Date: 5-5-08

UNION COUNTY Prop. 04-32-02-822-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	N S			
	<u>11-W 5 32 14-28AC</u>	E W from intersection of _____ and _____ Streets			
	<u>Pt SE NW : PT NE SW</u>				
	Applicable Zoning District _____				

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

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify Beginning construction date <u>07/07</u> Completion construction date <u>08/07</u>	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST (Estimated) 10. Cost of Improvement \$ <u>2500</u> <i>To be installed but not included in the above cost</i> a. Electrical <u>1200</u> b. Plumbing <u>900</u> c. Heating, air conditioning <u>800</u> d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ <u>11000</u>	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions <u>384</u> 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <u>1</u> 54. Number of bathrooms { Full <u>1</u> Partial	

IV. IDENTIFICATION - To be completed by all applicants

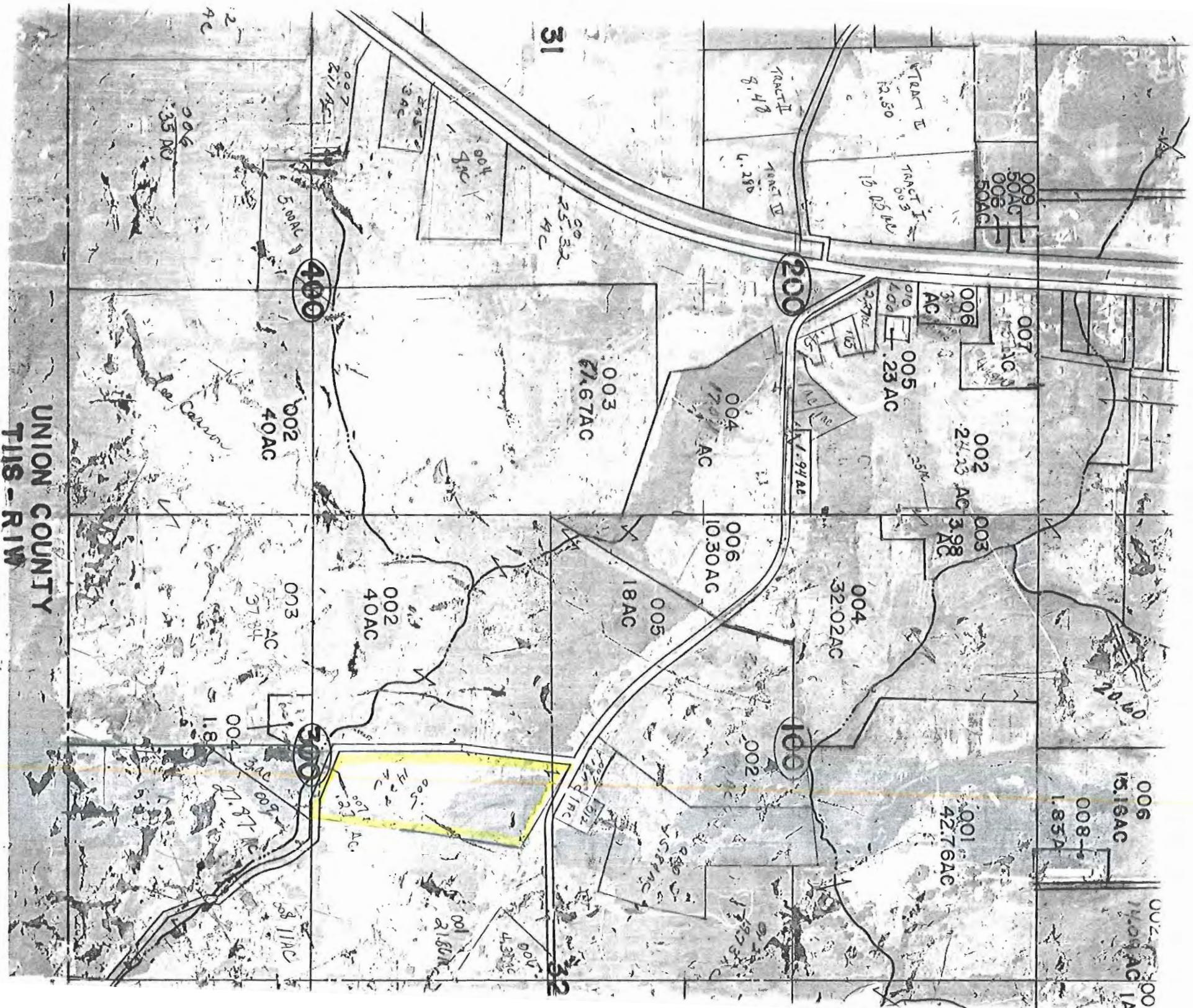
	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Robert V. Lintz</u>	<u>PO Box 455 Colden IL 62920</u>	<u>62920</u>	<u>(309-236-7359)</u>
	<u>Jonathon Lintz</u>	<u>PO Box 455 Colden IL 62920</u>	<u>62920</u>	
2. Contractor or Builder	<u>COOKS /</u>			
	<u>Darren Duty</u>			
3. Architect				

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

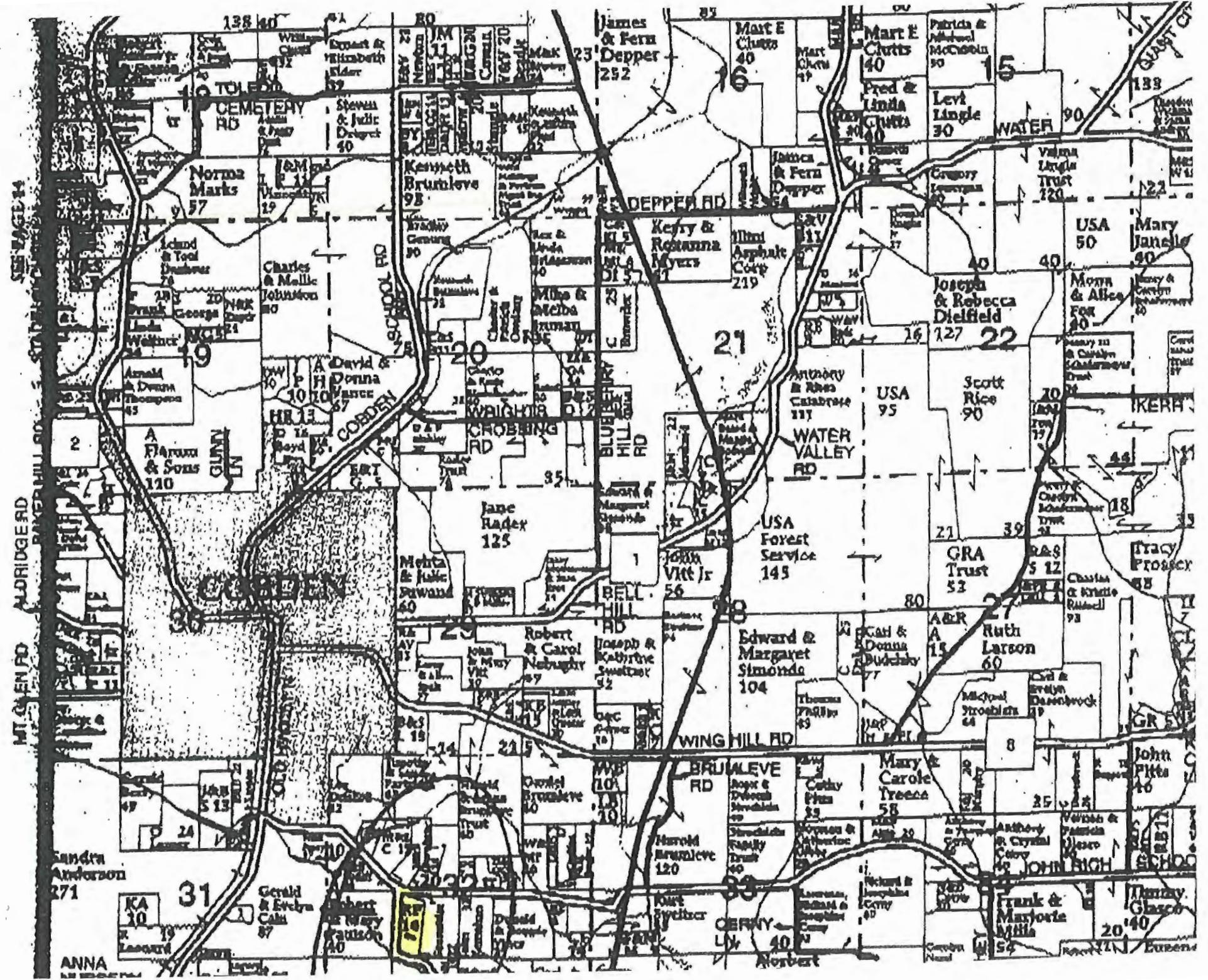
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <u>Robert Lintz</u>	Address <u>PO Box 455 Colden IL 62920</u>	Application date <u>07-18-07</u>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>Bill Jackson</u>	Permit fee \$ <u>32.00</u>	Date permit issued <u>7-18-07</u>
		Permit number <u>918</u>

Payment of Cash \$32.00 received by Union County Treasurer
 Date 7/24/07
Bobby A. Maynard



UNION COUNTY
TN 118 - R 1 W



SEE PAGE 14

MT. CLEM RD
ALDRIDGE RD
BAKER HILL RD

Sandra Anderson
271

KA 10
31

ANNA

Gerald & Evelyn
Calk
87

Robert & Mary
Patterson
40

10

CERNY
LN
40

Robert

Frank & Marjorie
Miller
20

Theray
Glasco
40

Eugene

UNION COUNTY Prop. J. 02-07-00-718-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>4740 Lick Creek Rd., Anna</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>12-1E S-7</u>	N S			
	<u>P4 SW SE 4.65 AC</u>	E W from intersection of _____ and _____ Streets			
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>Aug 13, 07</u></p> <p>Completion construction date <u>Nov 1, 07</u></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>										
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>												
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td colspan="2">Previous MH Location</td> </tr> <tr> <td>Current MH Owner</td> <td colspan="2">Current MH Location</td> </tr> <tr> <td colspan="3">Current Land Owner</td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner	Previous MH Location		Current MH Owner	Current MH Location		Current Land Owner		
Make	Size	Yr. Model											
Previous MH Owner	Previous MH Location												
Current MH Owner	Current MH Location												
Current Land Owner													

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT <u>\$ 120,000</u></p>	<p>(Omit cents)</p>
--	---------------------

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1.5</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1255</u></p> <p>50. Total land area, sq. ft.</p>				
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>				
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>3</u></p> <p>54. Number of bathrooms</p> <table style="margin-left: 20px;"> <tr> <td>Full</td> <td><u>2</u></td> </tr> <tr> <td>Partial</td> <td></td> </tr> </table>	Full	<u>2</u>	Partial		
Full	<u>2</u>					
Partial						

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>JAY BAITY</u> <u>4740 Lick Creek Rd</u> <u>ANNA IL 62906</u>	<u>62906</u>	<u>618 833 3852</u>
2.	Contractor or Builder	<u>DOUG VAUGHAN</u> <u>New Stratoga</u> <u>ANNA IL</u>	<u>62906</u>	<u>618 988 2833</u>
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.

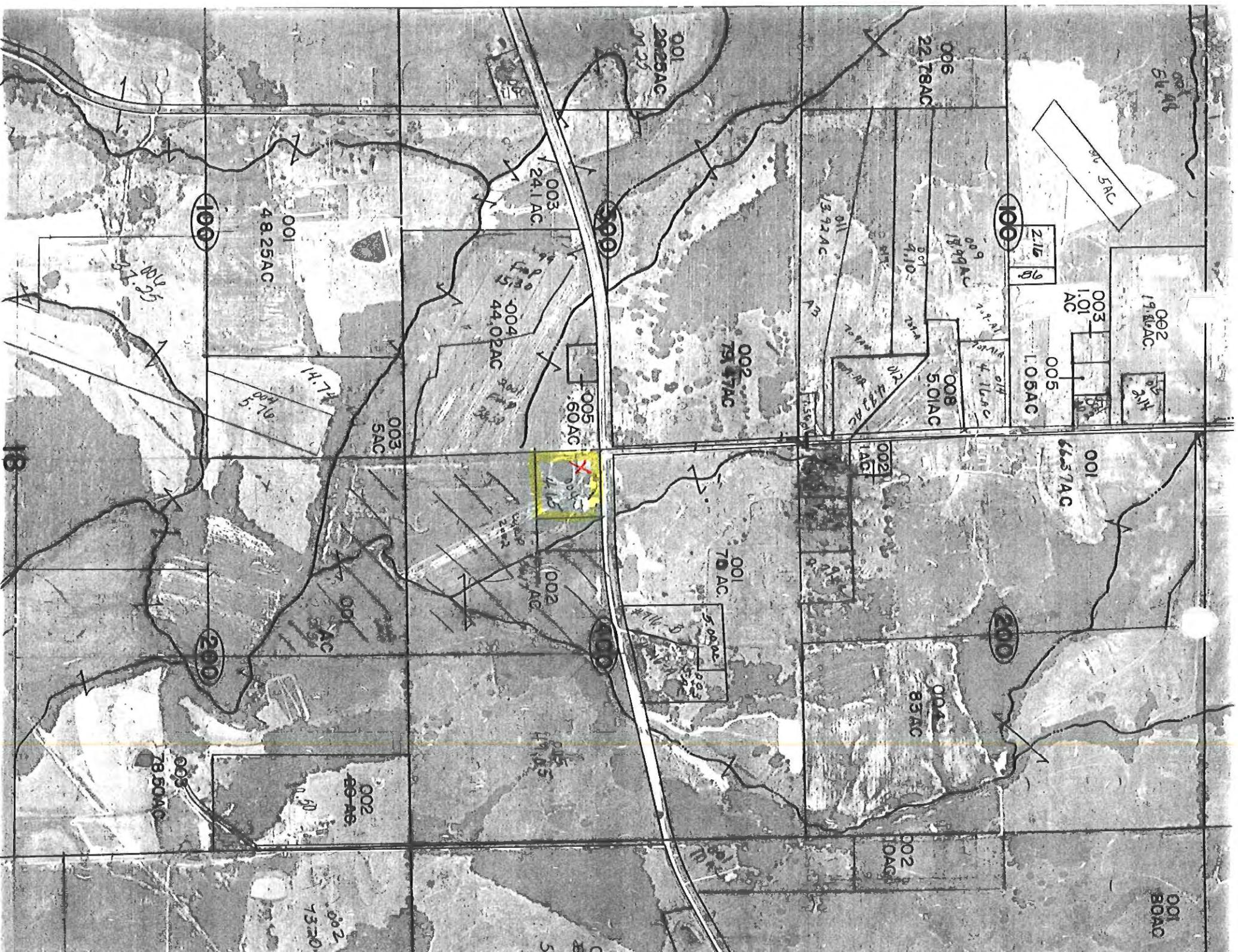
Signature of applicant <u>Douglas Baity</u>	Address <u>4740 Lick Creek Rd Anna</u>	Application date <u>07/18/07</u>
--	---	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>250.00</u>	Date permit issued <u>7-18-07</u>	Permit number <u>#917</u>
-----------------------------------	--------------------------------	--------------------------------------	------------------------------

Payment of \$250.00 CR# 1497 received by Union County Treasurer

Date 8/7/07 [Signature]



18

001
80 AC

002
10 AC

004
83 AC

001
66.57 AC

005
1.05 AC

003
1.01 AC

002
19.80 AC

008
5.01 AC

007
4.72 AC

011
13.72 AC

006
22.78 AC

001
29.25 AC

002
79.57 AC

001
70 AC

003
124.1 AC

004
44.02 AC

005
6.60 AC

001
48.25 AC

003
5 AC

002
49.46 AC

002
73.20

003
78.50 AC

005
5 AC

216
86

100

100

200

200

UNION COUNTY Prop. No. **10-19-06-697**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 118 Galilee Road Subdivision or Addition: _____ Lot: _____ Block: _____ Census tract: _____

Legal Description: (see attached deed, survey and tax statement)

N 8
E W from intersection of Route 3 Galilee and _____ Streets

Applicable Zoning District: agricultural

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

A. TYPE OF IMPROVEMENT

New Building and cell tower

Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)

Alteration (See 2 above)

Repair, replacement

Working (if multifamily residential, enter number of units in building in part D, 13)

Moving (relocation)

Foundation only

Mobile Home

B. OWNERSHIP

Private (individual, corporation, nonprofit institution, etc.)

Public (Federal, State, or local government)

D. PROPOSED USE - For "Wracking" 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 Towers; towers

29 Other - Specify telecommunications facility

Beginning construction date estimate in spring

Completion construction date one month later

C. COST (Estimated)

10. Cost of Improvement \$ 40,000

To be installed but not included in the above cost:

a. Electrical N/A

b. Plumbing N/A

c. Heating, air conditioning _____

d. Other (elevator, etc.) _____

11. TOTAL COST OF IMPROVEMENT \$ 40,000

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 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 N/A

41 Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A

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 345 (equipment shelter)

50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES N/A

51. Enclosed _____

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	Verizon Wireless	10740 Mill Ave., Suite 400 Overland Park, KS 66211	(913)	344-2892
2. Contractor or Builder	TBD			
3. Architect	KDG	15 East Washington Belleville, IL 62220	(618)	234-8898

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. Flood Map: Various in Design

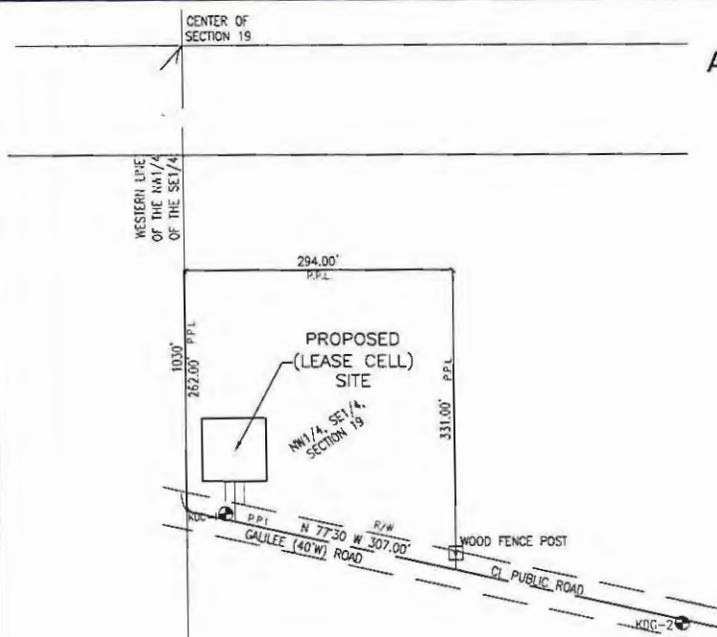
Signature of Applicant: Mike Dowdant Address: 7718 Forsyth Blvd, Clayton, MO 63105 Application No.: (314) 726-2610

Signature of Approver: Bill Jackson Permit fee: \$90.00 Date permit issued: July 9, 2007 Permit number: 916

Payment of \$190.00 CK# 4037 received by Union County Treasurer Bobby J. Meyer

Date 10/19/07

A TRACT OF LAND IN THE NORTHWEST QUARTER C
SECTION 19, IN TOWNSHIP 11 SOUTH, RANGE 3 WE
MERIDIAN, UNION COUNTY,



PARENT PARCEL
SCALE 1" = 100'

LEGAL DESCRIPTION (PARENT PARCEL)

COMMENCING AT THE CENTER OF THE PUBLIC ROAD ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, IN TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, AT A POINT 1030 FEET SOUTH OF THE CENTER OF SAID SECTION 19, AND RUNNING THENCE NORTH ON THE ONE-HALF SECTION LINE A DISTANCE OF 262 FEET; THENCE EAST 294 FEET; THENCE SOUTH 331 FEET, TO THE CENTER OF THE PUBLIC ROAD; THENCE NORTH 77 DEGREES 30 MINUTES WEST A DISTANCE OF 307 FEET TO THE PLACE OF BEGINNING, CONTAINING 2.01 ACRES, MORE OR LESS, SITUATED IN THE COUNTY OF UNION IN THE STATE OF ILLINOIS.

LEGAL DESCRIPTION (LEASE PARCEL)

PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, UNION COUNTY, ILLINOIS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 19, BEING 1030 FEET, MORE OR LESS, SOUTH OF THE NORTHWEST CORNER OF THE NORTHWEST QUARTER AND ON THE APPROXIMATE CENTER LINE OF GALILEE ROAD; THENCE SOUTH 77 DEGREES 30 MINUTES 00 SECONDS EAST, ALONG SAID CENTER LINE, A DISTANCE OF 53.86 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 44.36 FEET TO THE POINT OF BEGINNING OF THE LEASE CELL SITE AS DESCRIBED IN THIS PARAGRAPH, THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 35.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 70.00 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 70.00 FEET; THENCE SOUTH 00 DEGREES 00 SECONDS 00 MINUTES WEST, A DISTANCE OF 70.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 35.00 FEET TO THE POINT OF BEGINNING

LEASE CELL SITE IS SITUATED IN UNION COUNTY, ILLINOIS AND CONTAINS 4900 SQUARE FEET OR 0.112 ACRES, MORE OR LESS.

BEARINGS ARE BASED ON THE ILLINOIS STATE PLANE COORDINATES SYSTEM (NAD 83), EAST ZONE

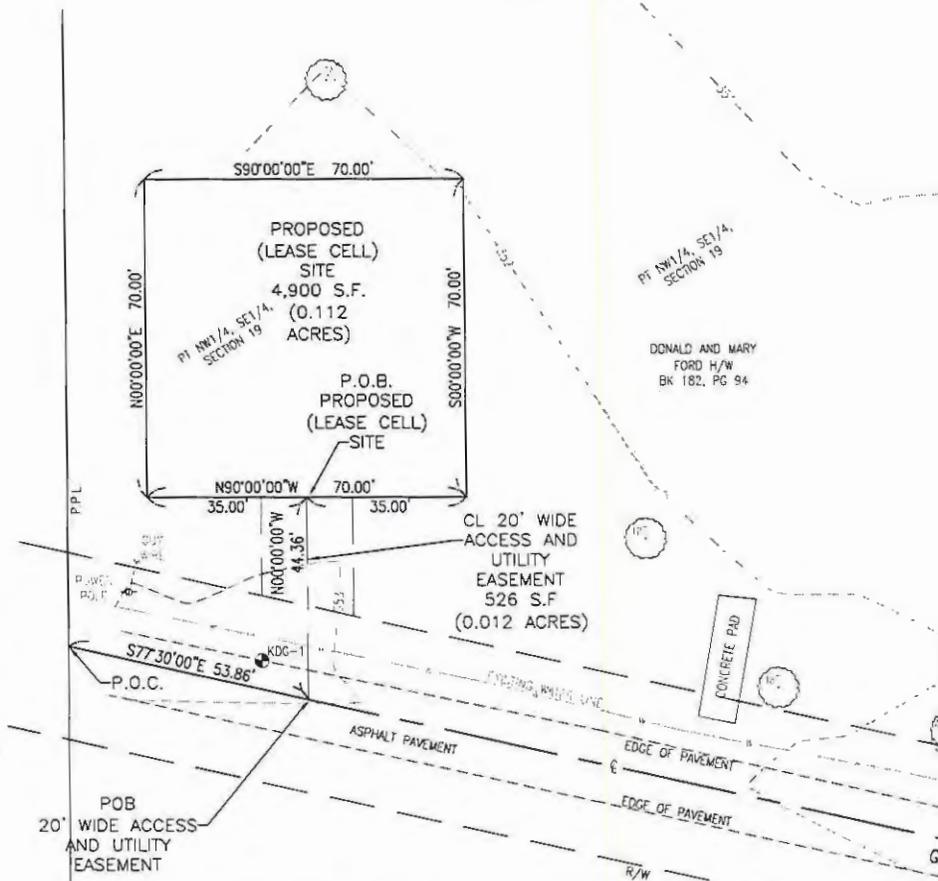
LEGAL DESCRIPTION (ACCESS & UTILITY EASEMENT)

A 20 FOOT WIDE ACCESS & UTILITY EASEMENT THROUGH PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, UNION COUNTY, ILLINOIS, AND LYING 10 FEET ON EACH SIDE THE FOLLOWING DESCRIBED CENTERLINE:

COMMENCING AT A POINT ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 19, SAID POINT BEING 1030 FEET, MORE OR LESS, SOUTH OF THE NORTHWEST CORNER OF THE NORTHWEST QUARTER AND ON THE APPROXIMATE CENTER LINE OF GALILEE ROAD; THENCE SOUTH 77 DEGREES 30 MINUTES 00 SECONDS EAST, ALONG SAID CENTER LINE, A DISTANCE OF 53.86 FEET TO THE POINT OF BEGINNING; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 44.36 FEET TO THE TERMINUS OF SAID CENTERLINE.

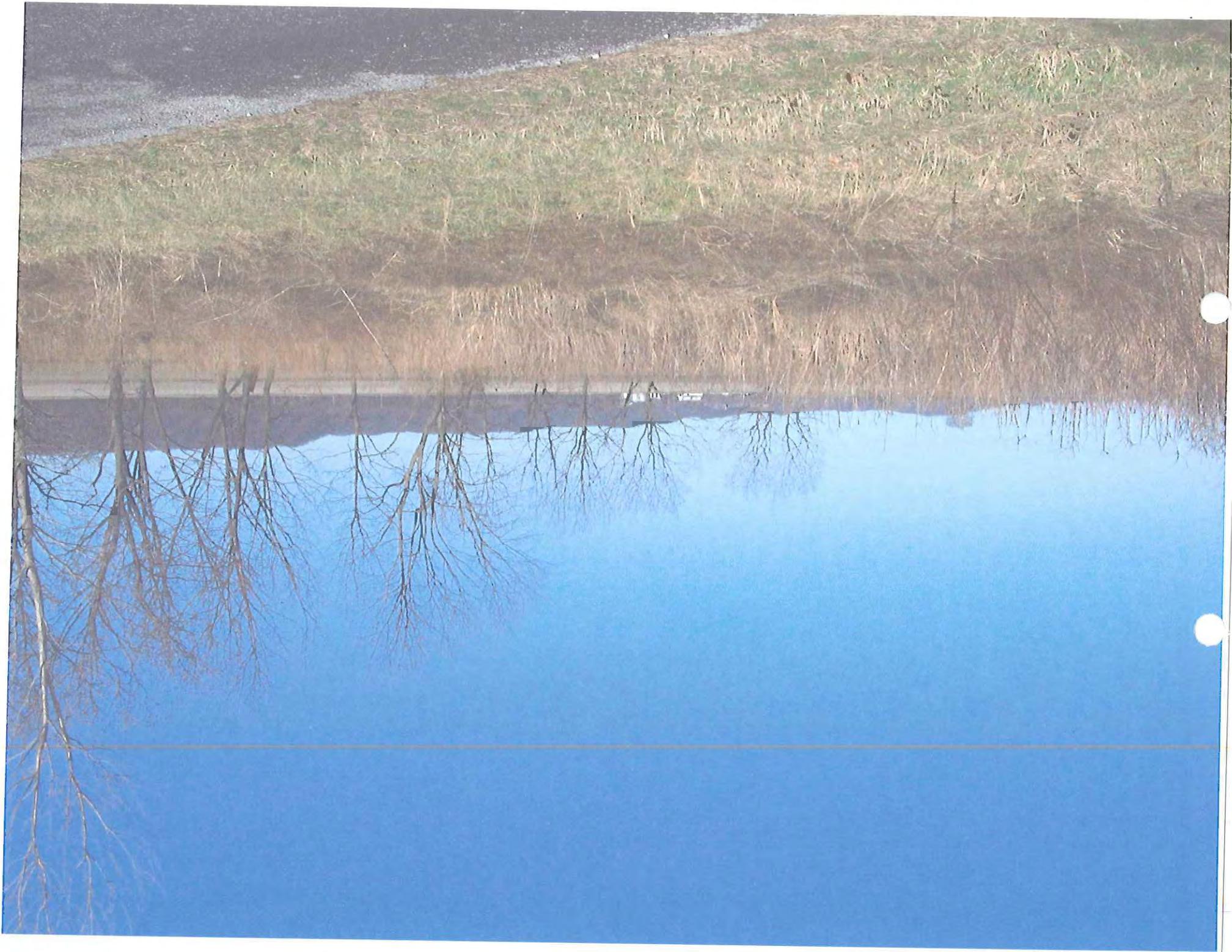
ACCESS & UTILITY EASEMENT IS SITUATED IN UNION COUNTY, ILLINOIS AND CONTAINS 526 SQUARE FEET OR 0.012 ACRES, MORE OR LESS.

BEARINGS ARE BASED ON THE ILLINOIS STATE PLANE COORDINATES SYSTEM (NAD 83), EAST ZONE



NOTES CORRESPONDING TO SCHEDULE 'B':

3. TAXES PAID FOR THE YEARS 2006 AND 2007. TAX NO10-19-06-097 2005 TAXES APPEAR PAID IN THE AMOUNT OF \$78.62. (NOT SURVEY RELATED)
4. SPECIAL ASSESSMENTS, IF ANY, NOT CERTIFIED TO THE ABSTRACTOR. (NOT A SURVEY MATTER)
5. FINANCING STATEMENTS, IF ANY, NOT CERTIFIED TO BY ABSTRACTOR (NOT A SURVEY MATTER)
6. RIGHT OF THE PUBLIC, THE STATE OF ILLINOIS, THE COUNTY AND THE MUNICIPALITY IN AND TO THAT PART OF THE PREMISES IN QUESTIONS TAKEN, USED OR DEDICATED FOR ROADS OR HIGHWAYS. (DOES NOT AFFECT SITE)
7. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN OF RECORD; QUESTIONS OF SURVEY; EASEMENTS AND CLAIMS OF EASEMENTS NOT SHOWN OF RECORD. (DOES NOT AFFECT SITE)
8. RIGHTS OF WAY FOR DRAINAGE DITCHES, DRAIN TILES, FEEDERS, LATERALS AND UNDERGROUND PIPES IF ANY. (DOES NOT AFFECT SITE)
9. ACREAGE SHOWN, IF ANY, IS FOR CONVENIENCE ONLY TO IDENTIFY THE PROPERTY AND THIS COMMITMENT OR ANY POLICY, TO ISSUE, DOES NOT INSURE THE AMOUNT OF ACREAGE. (NOT A SURVEY MATTER)





© 2008 Google

Dama Ln

© 2008 Navteq

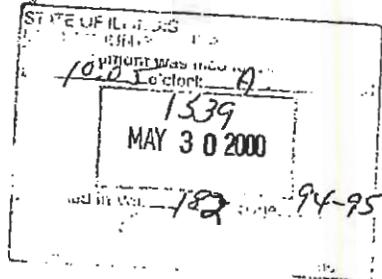


Gallie Rd

N 37 32' 46.2", W 89 28' 48.8"

10-19-06-697

182 PAGE 94



WARRANTY DEED

THE GRANTOR, JAMES D. RUMFELT, divorced and not remarried, of the City of Fulton, in Whiteside County, Illinois, for and in consideration of the sum of Ten Dollars (\$10) and other good and valuable consideration, CONVEYS and WARRANTS to DONALD FORD and MARY FORD, husband and wife, of the Village of Grand Tower, in Jackson County, Illinois, not in tenancy in common, but in joint tenancy with full right of survivorship, the following described real estate, to-wit:



COMMENCING AT THE CENTER OF THE PUBLIC ROAD ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, IN TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, AT A POINT 1030 FEET SOUTH OF THE CENTER OF SAID SECTION 19, AND RUNNING THENCE NORTH ON THE ONE-HALF SECTION LINE A DISTANCE OF 262 FEET; THENCE EAST 294 FEET; THENCE SOUTH 331 FEET, TO THE CENTER OF THE PUBLIC ROAD; THENCE NORTH 77 DEGREES 30 MINUTES WEST A DISTANCE OF 307 FEET TO THE PLACE OF BEGINNING, CONTAINING 2.01 ACRES, MORE OR LESS.

situated in the County of Union in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Dated this 22 day of March, 2000.

James D. Rumfelt (S.S.)
 JAMES D. RUMFELT

182 95

Page Two - Warranty Deed

ACKNOWLEDGMENT

STATE OF ILLINOIS

COUNTY OF UNION

This instrument was acknowledged before me on March 22, 2000,

by JAMES D. RUMFELT.



Tina Marie Dalton
NOTARY PUBLIC

Tax Number: 10-19-06-697

Tax Notice to: Donald and Mary Ford
410 Main Street
Grand Tower, IL 62942

Prepared for Grantor by Mark M. Boie.
Legal description furnished and not
endorsed or guaranteed by preparer.
Title not examined by preparer.

UNION COUNTY
BOBBY G. MYERS, COLLECTOR
309 W. MARKET ST-ROOM 103
JONESBORO, IL 62952

TOWNSHIP		LANDING CODE
11-3W		
LANDING CODE	PARCEL NO.	ASSESSED TAX
2.00		

PROPERTY NUMBER	CLASS	CODE	NUMBER	TAX NOTICE
10-19-06-697	00301	0007	58	
S19 T11 R3W				
PT NW SE.				
LANDING CODE	PARCEL NO.	ASSESSED TAX	LANDING CODE	PARCEL NO.
		1000		
LANDING CODE	PARCEL NO.	ASSESSED TAX	LANDING CODE	PARCEL NO.
				1.00000
LANDING CODE	PARCEL NO.	ASSESSED TAX	LANDING CODE	PARCEL NO.
		1000		
SCAPE	1ST INSTALLMENT	DUE DATE	2ND INSTALLMENT	DUE DATE
	08/10/2006		10/10/2006	
	39.31	INSTALLMENT	39.31	
TOTAL				

M
A
FORD DONALD & MARY
L
420 MAIN ST
O
GRAND TOWER IL 62942-0000
PROPERTY OFFERED UNDER SEAN ANGE 2005 REAL ESTATE TAX

RETURN COMPLETE TAX BILL IF MAILED &
INCLUDE STAMPED ENVELOPE IF RECEIPT IS
REQUIRED

TOTAL TAX: 78.62

PROPERTY NUMBER	CLASS	NUMBER	TOWNSHIP			
10-19-06-697	0030	58	11-3W			
2004 RATE	2004 TAX	CLASSIFICATION	2005 RATE	PERCENT	2005 TAX	PENSION
1.21353	11.52	COUNTY TAX	1.20319	16.8	12.04	4.72
.42406	4.02	COUNTY HOSP & BOND				
.03926	.38	SOUTHERN 7 HEALTH	.03714	.5	.38	
.02153	.20	CO-OP EXTENSION	.02098	.3	.20	
.21568	2.04	COUNTY AMBULANCE	.21497	3.0	2.14	
4.53518	43.08	COMMUNITY UNIT DIS	4.55196	63.6	45.52	2.42
		SEAWEE VALLEY WD				
.41820	3.98	SEAWEE COB COL'GE	.45608	6.4	4.56	.20
.04297	.40	ROAD & BRIDGE	.04085	.6	.40	
.14825	1.40	ROADS OUT VILLAGE	.14935	2.1	1.50	
.30000	2.86	FIRE DISTRICT W W	.30000	4.2	3.00	
.18932	1.80	STUBSON H LIBRARY	.18735	2.6	1.88	.13
	7.00	PRESTON		-1	7.00	
7.54798	78.68	TOTAL TAX	7.16187	100.0	78.62	

YOU MAY BE ELIGIBLE FOR THE SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND PHARMACEUTICAL ASSISTANCE ACT.
APPLICATIONS ARE AVAILABLE FROM THE ILLINOIS DEPARTMENT OF REVENUE. FOR QUESTIONS CALL: 1-800-824-2459 FOR FORMS CALL: 1-800-355-6302

BANK PAYEE MONTHLY DEBIT FROM YOUR

BANK CHECK READY TO GO DEBIT FROM YOUR

PROPERTY NUMBER	CODE	NUMBER
10-19-06-697	10007	58

PROPERTY NUMBER	CODE	NUMBER
10-19-06-697	10007	58

FORD DONALD & MARY

FORD DONALD & MARY

RETURN STUB WITH PAYMENT

RETURN STUB WITH PAYMENT

1

1ST INSTALLMENT	
DUE DATE	08/10/2006
INSTALLMENT	39.31
PENALTY COST	
TOTAL	

2

2ND INSTALLMENT	
DUE DATE	10/10/2006
INSTALLMENT	39.31
PENALTY COST	
TOTAL	

UNION COUNTY

UNION COUNTY

10.00058.2005

10.00058.2005

TOTAL TAX: 78.62

Kuhlmann design Group, Inc.

15 East Washington Street
Belleville, Illinois 62220-2149

Telephone: 618.254.8898
Fax: 618.254.8959

kdg

June 15, 2007

FAA Great Lakes Regional Office
Air Traffic Division AGL-530
2300 East Devon Avenue
Des Plaines, Illinois 60018

Re: Aeronautical Study
Verizon Communications Site
KdG Project No. 060003-0157
Site Name: IL08 Wolf Lake
Location: Galilee Road
Wolf Lake, Illinois 62998

Gentlemen:

For the subject referenced Aeronautical Study called "Wolf Lake", we certify that the following horizontal coordinates are accurate to within 50 feet \pm horizontally and 20 feet \pm vertically to their respective datum as noted.

(NAD 83):

Latitude: 37 degrees 32 minutes 46.08 seconds North

Longitude: 89 degrees 28 minutes 50.18 seconds West

(NAVD 88):

Site Elevation: 353.5

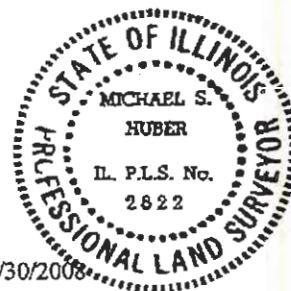
The horizontal datum (coordinates) are in terms of the North American Datum of 1983 (NAD 83) is expressed in degrees, minutes and seconds. The vertical data (heights) are in terms of the North American Vertical Datum of 1988 (NAVD 88).

Sincerely,

Kuhlmann design Group, Inc.


Michael S. Huber, IL P.L.S. No. 035-002622

Expires: 11/30/2008



UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION

08-23-06002-A

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

I. LOCATION OF BUILDING	Number and street <u>Berryville Rd</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>PT SW SE</u>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D. 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D. 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>3,500</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>3,500</u></p>
--	---

MOBILE HOME INFO:

Date MH was set-up: _____

Make _____ Size 14x70 Yr. Model 1995

Previous MH Owner Randy Mead

Previous MH Location 57 John Rd

Current MH Owner Erika Wheaton

Current MH Location 340 Berryville Rd

Current Land Owner William R Womack

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">{ Full</p> <p style="margin-left: 20px;">{ Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner <u>Erika Wheaton</u>	<u>P.O. Box 875 Jonesboro IL</u>	<u>62452</u>	
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 <u>Erika Wheaton</u>	Address	Application date <u>7/11/07</u>
--	---------	------------------------------------

Approved by <u>Gull Jackson</u>	Permit fee \$ <u>17.00</u>	Date permit issued <u>7/11/07</u>	Permit number <u>915</u>
------------------------------------	-------------------------------	--------------------------------------	-----------------------------

Payment of CL# 1057 William R. Womack received by Union County Treasurer
Date 7/24/07

Billy J. May

UNION COUNTY Prop. No. BUILDING PERMIT APPLICATION

New property
03-15-01-607-A

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

I. LOCATION OF BUILDING	Number and street Moscow Rd, Dongola	Subdivision or Addition	Lot	Block	Census tract
	Legal Description 13-1E Sec 15	N S E W from intersection of _____ and _____ Streets			
	Pt SW 53.50 ac				Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input checked="" type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input checked="" type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input checked="" type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	Beginning construction date Aug 1, 07 Completion construction date Sept 1, 07 Beginning construction date _____ Completion construction date _____																										

C. COST (Estimated) 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 8,000.-	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL ? 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY ? 42 <input type="checkbox"/> Public <i>maybe later</i> 43 <input checked="" type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 30x50 50. Total land area, sq. ft. 1500	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 2 52. Outdoors
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input checked="" type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	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	Kenneth B. Bartley Mary S Bartley	404 West Illinois St Steeleville IL	62288	618 905-9473
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 <i>Kenneth B. Bartley</i>	Address 404 West Illinois St Steeleville IL 62288	Application date 6-20-07
---	---	-----------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>Bill Jackson</i>	Permit for WA-5 40, 22 \$ 26.00	Date permit issued 7-11-07	Permit number #914
------------------------------------	--	-------------------------------	------------------------------

Payment of **\$26.00** *Mary Bartley* received by Union County Treasurer
 Date **7/24/07**
Buddy A. Maguire

UNION COUNTY
T 13S - R 1E

NORTH
1"=600'

CORRECT



UNION COUNTY Prop. 199.
BUILDING PERMIT APPLICATION

02-03-00-626-A

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

I. LOCATION OF BUILDING	Number and street 920 Texas Eastern Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description Sec 3 T 12 R 1 E NENE E PT NW NE 65.21	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify Pole-Barn</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify Pole-Barn</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify Pole-Barn</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 32,000.00</p>
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 50x80</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Mervin Jr. & Tammy Lence	920 Texas Eastern Rd. Buncombe, FL 62912	62912	833-3510
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 Tammy Lence	Address 920 Texas Eastern Rd. Buncombe	Application date 7/9/07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by Dell Jackson	Permit fee \$ 74.00	Permit number 913

Payment of **CK # 6014 Tammy Lence** received by Union County Treasurer
Date **7/24/07**

Bobby A. Murray

**UNION COUNTY Prop. No. 14-00-11-267
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street 587 Timber Rd, Buncombe	Subdivision or Addition	Lot	Block	Census track
	Legal Description E 1/2 Lot 34 Original Plat of Mt Pleasant Lots 30, 31, 32 & 33	N S E W from Intersection of _____ and _____ Streets			
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date 7-9-07</p> <p>Completion construction date 8-1-07</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Beginning construction date _____</p> <p>Completion construction date _____</p>		

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 40,000</p>	<p align="center"><i>(Omit cents)</i></p> <p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <p>Make FLEETWOOD Size 28X68 Yr. Model 1999</p> <p>Previous MH Owner MAX SNYDER</p> <p>Previous MH Location 234 Russell Rd C'DALE</p> <p>Current MH Owner ROBERT AMES</p> <p>Current MH Location _____</p> <p>Current Land Owner ROBERT AMES</p>
---	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	ROBERT AMES 587 TIMBER RD BUNCOMBE	62912	697-0462
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 Robert Ames	Address 587 TIMBER RD, BUNCOMBE	Application date 7-6-07
--	---	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by [Signature]	Permit fee \$ 90.00	Date permit issued 7-6-07	Permit number #912
-----------------------------------	-------------------------------	-------------------------------------	------------------------------

Payment of **\$40.00** CK # **6356** received by Union County Treasurer

Date **7-10-07**

[Signature]

UNION COUNTY Prop. N. **08-03-05-706-B1**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 2186 Rt 127 N, Jonesboro	Subdivision or Addition	Lot	Block	Census track
	Legal Description 12-2W	N S			
	Pt E 1/2 SW 7-87 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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any. In Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date July 9, 07 Completion construction date Aug 1, 07	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST (Estimated) 10. Cost of Improvement \$ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 110,000	MOBILE HOME INFO: Date MH was set-up: July 9, 07 Make Fairmont Size 32x76 Yr. Model 2008	
	Previous MH Owner	
	Previous MH Location Marion	
	Current MH Owner Scott Swain	
	Current MH Location	
Current Land Owner Scott Swain		

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	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.
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input checked="" type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors
	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	

IV. IDENTIFICATION - To be completed by all applicants			
Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner Scott Swain	1290 Clear Creek Levee Jonesboro, IL.	62952	618 833-4544
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 <i>Scott Swain</i>	Address	Application date 7-6-07
--	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <i>[Signature]</i>	Permit fee \$230.00	Date permit issued 7-6-07	Permit number #911

Payment of **\$230.00** **CR # 8448** received by Union County Treasurer
 Date **7/10/07** *[Signature]*

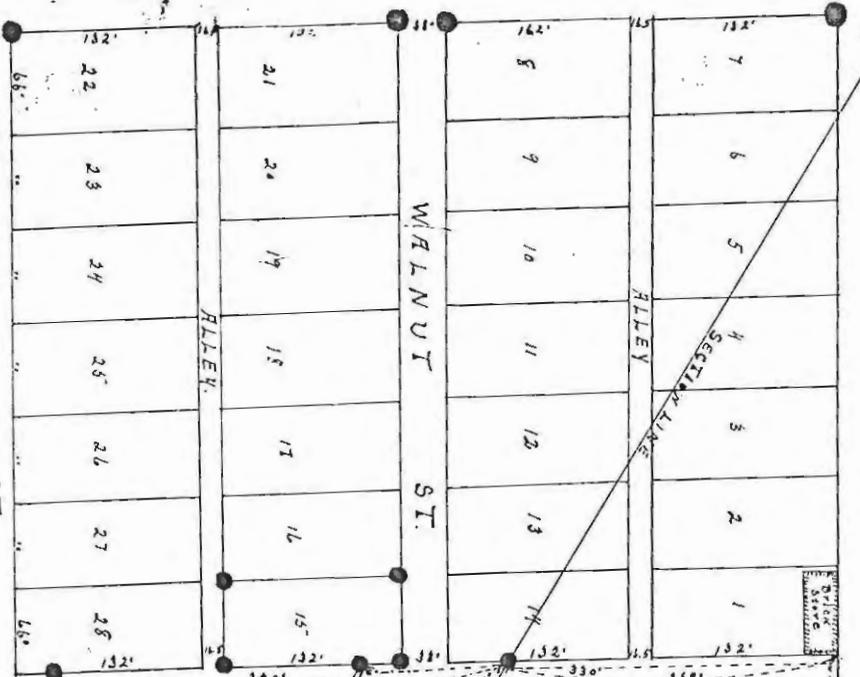
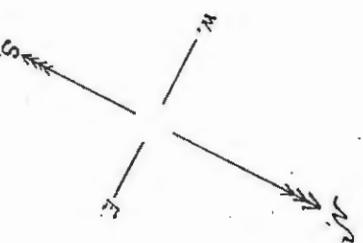
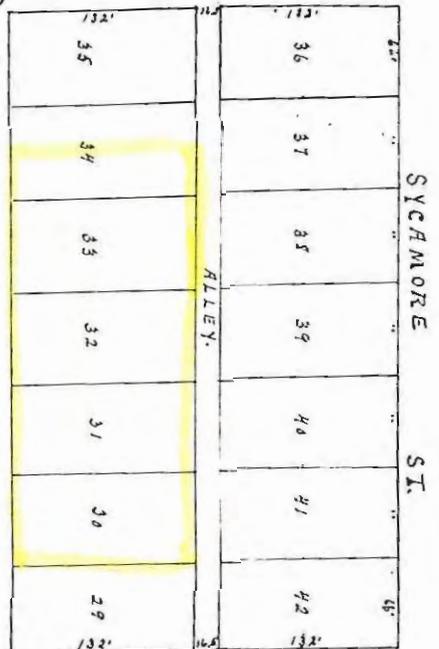
Wm. O. MITPLEASANT

Reviewed by Instruction of Mrs. L. J. O'K.

Oldfield & Brady Co.

Engineers, Chicago, Ill.

SCALE 1" = 100 FT.



Note:
Stakes are set at
Points marked thus ●

I, A. F. Oldfield, a duly qualified Civil Engineer do hereby certify that I was present at the site of the above described property and that the same was surveyed and the stakes set in accordance with the plan and specifications hereon and that the same are correctly represented by this survey.

A. F. OLDFIELD, Jr.

R. M. Co. Sec. A. E.

Subscribed and sworn to before me this 16th day of June 1915.

A. F. Oldfield

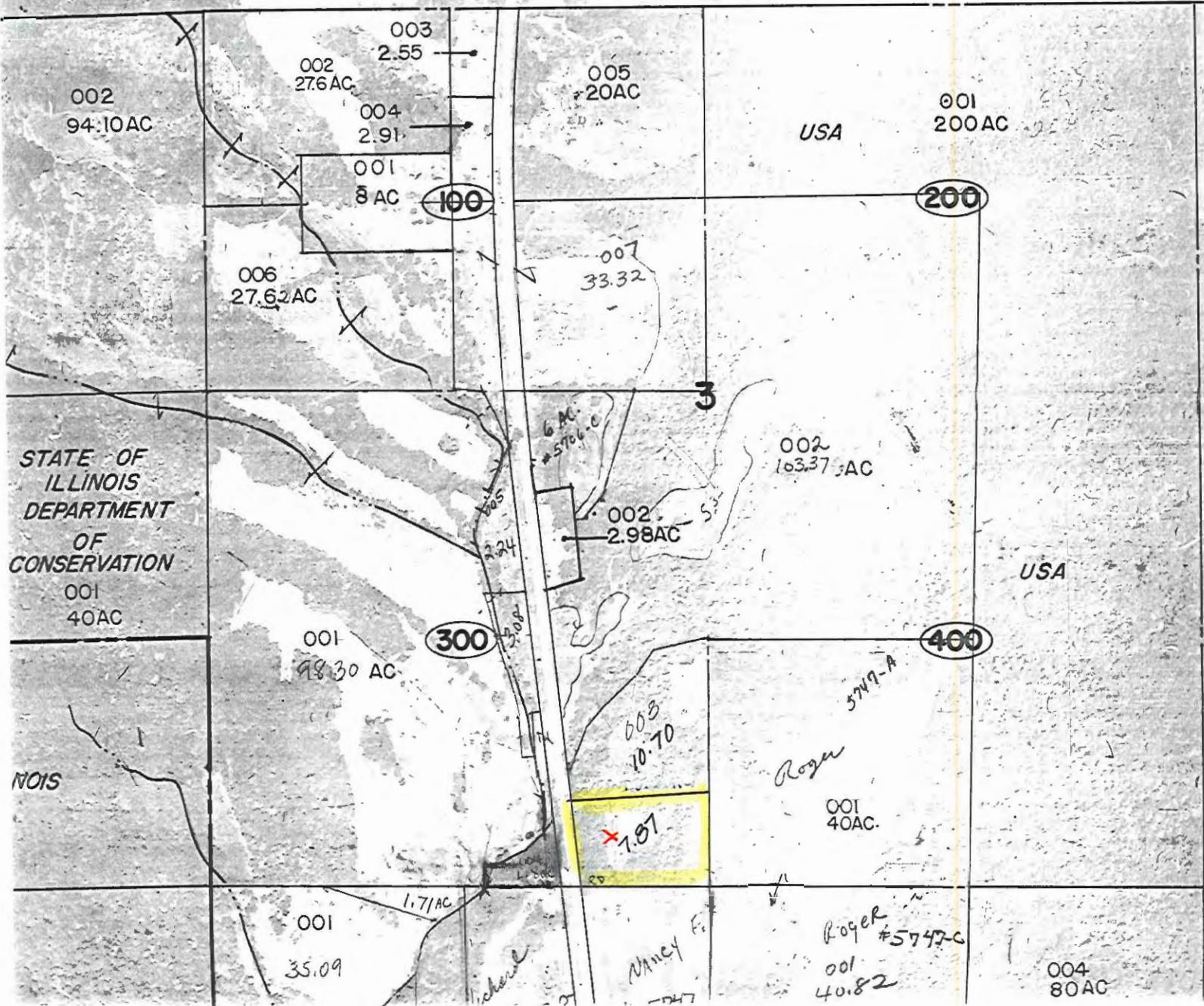
Jno. B. Jackson, Notary Public.

OLDFIELD & BRADY CO.
ENGINEERS &
CHICAGO, ILL.

Drawn 23rd June 15

T. J. O'K.

3E



UNION COUNTY Prop. . . .
BUILDING PERMIT APPLICATION

05-31-04-123-A5

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

I. LOCATION OF BUILDING	Number and street 56 Rhodes Lane	Subdivision or Addition	Lot	Block	Census tract
	Legal Description 5 acres S31 T12 R1W PT NWSW 5ac.	N S E W from intersection of _____ and _____ Streets		Applicable Zoning District _____	

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: currently on order</p> <p>Make Forwood Bona Vista Size 32x72 Yr. Model: 2008</p> <p>Previous MH Owner none</p> <p>Previous MH Location none</p> <p>Current MH Owner none</p> <p>Current MH Location 1</p> <p>Current Land Owner Joseluis & Jerri Tehandon</p>		

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$115,000.</p>	<p>(Omit cents)</p> <p>Date MH was set-up: currently on order</p> <p>Make Forwood Bona Vista Size 32x72 Yr. Model: 2008</p> <p>Previous MH Owner none</p> <p>Previous MH Location none</p> <p>Current MH Owner none</p> <p>Current MH Location 1</p> <p>Current Land Owner Joseluis & Jerri Tehandon</p>
--	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 2,085.</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner Joseluis & Jerri Tehandon	56 Rhodes Lane Jonesboro, IL	62952	697-0791
2.	Contractor or Builder			
3.	Architect			

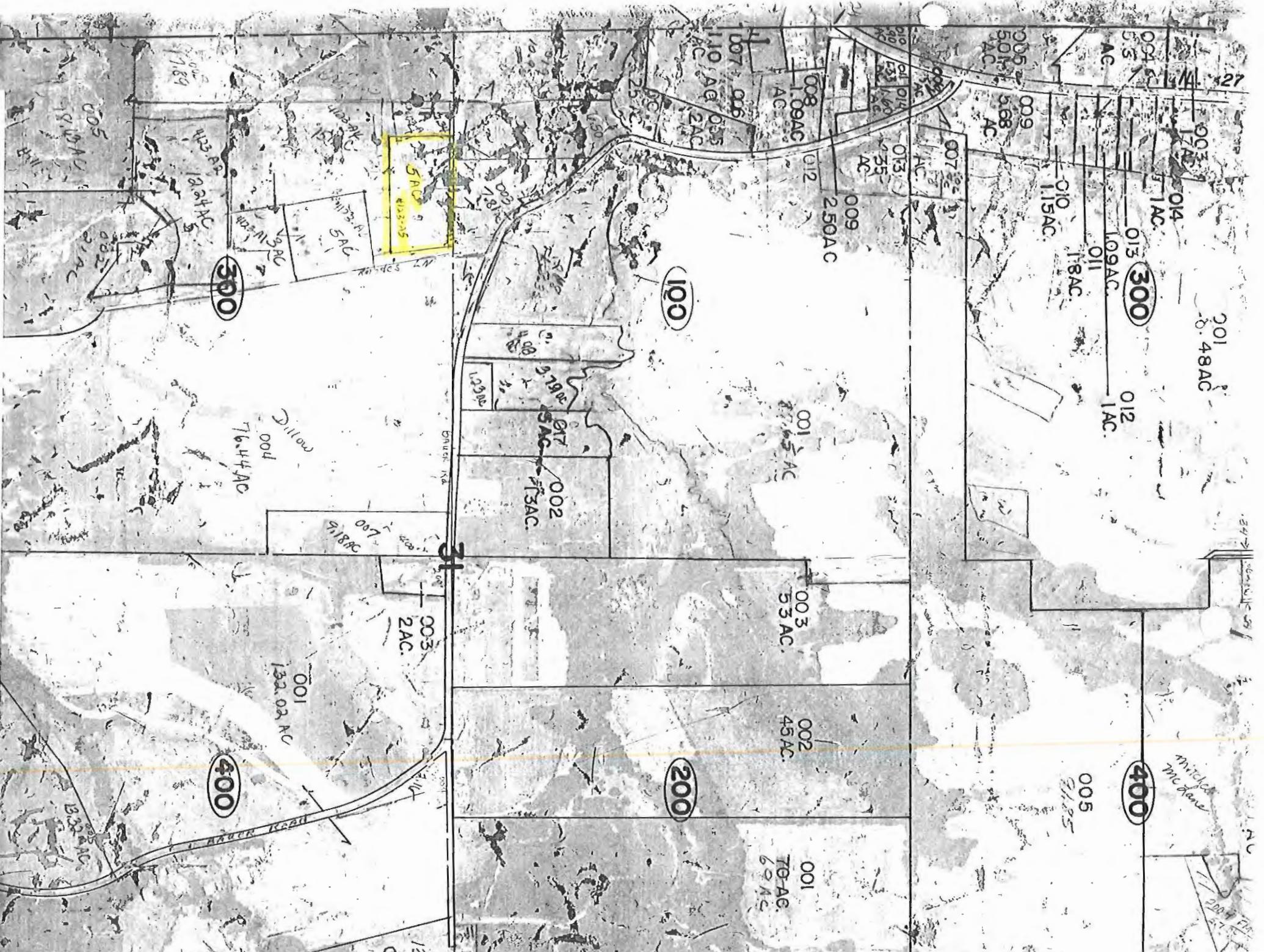
The owner of this building and the undersigned agree to conform to all applicable laws of Union County. I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant Jerri Tehandon	Address 56 Rhodes Lane Jonesboro IL 62952	Application date 7/10/07
---	---	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by Bill Jackson	Permit fee \$ 240.00	Date permit issued 7/10/07	Permit number 9.10
------------------------------------	--------------------------------	--------------------------------------	------------------------------

Payment of **JK 5389 Jerri Tehandon** received by Union County Treasurer
Date **7/24/07** **Buddy D. P. [Signature]**



JOSE OR JERRI TEHANDON 10-94
 LIC 1535-4327-5212 OR 1535-4327-2624
 303 SANBORIN DRIVE
 ANNA, IL 62906

DATE 7-10-07

70-1910/812

5289

PAY TO THE ORDER OF

Union County Treasurer

\$ 240.00

DOLLARS

Security features include: Details on back.

Anna State Bonds

P.O. Box 647
 Anna, Illinois 62906

FOR *Building Permit 910*

Jose Tehandon MR

⑆081219108⑆ ⑆461143⑆ ⑆5289

*MAIN STREET CHECK - RECORDER WHEN

UNION T.12

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

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 tract
	Legal Description Cobden, Ill. 62920	N S E W from intersection of _____ and _____ Streets		Applicable Zoning District _____	
5 35.711 RIW 6.74 AC NE NW					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input checked="" type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify Addition Kitchen</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify Addition Kitchen</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>				
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify Addition Kitchen</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>						
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					
<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ 20,000</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 20,000.</p>							

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p> <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 40 x 24</p> <p>50. Total land area, sq. ft.</p> <p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p> <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	

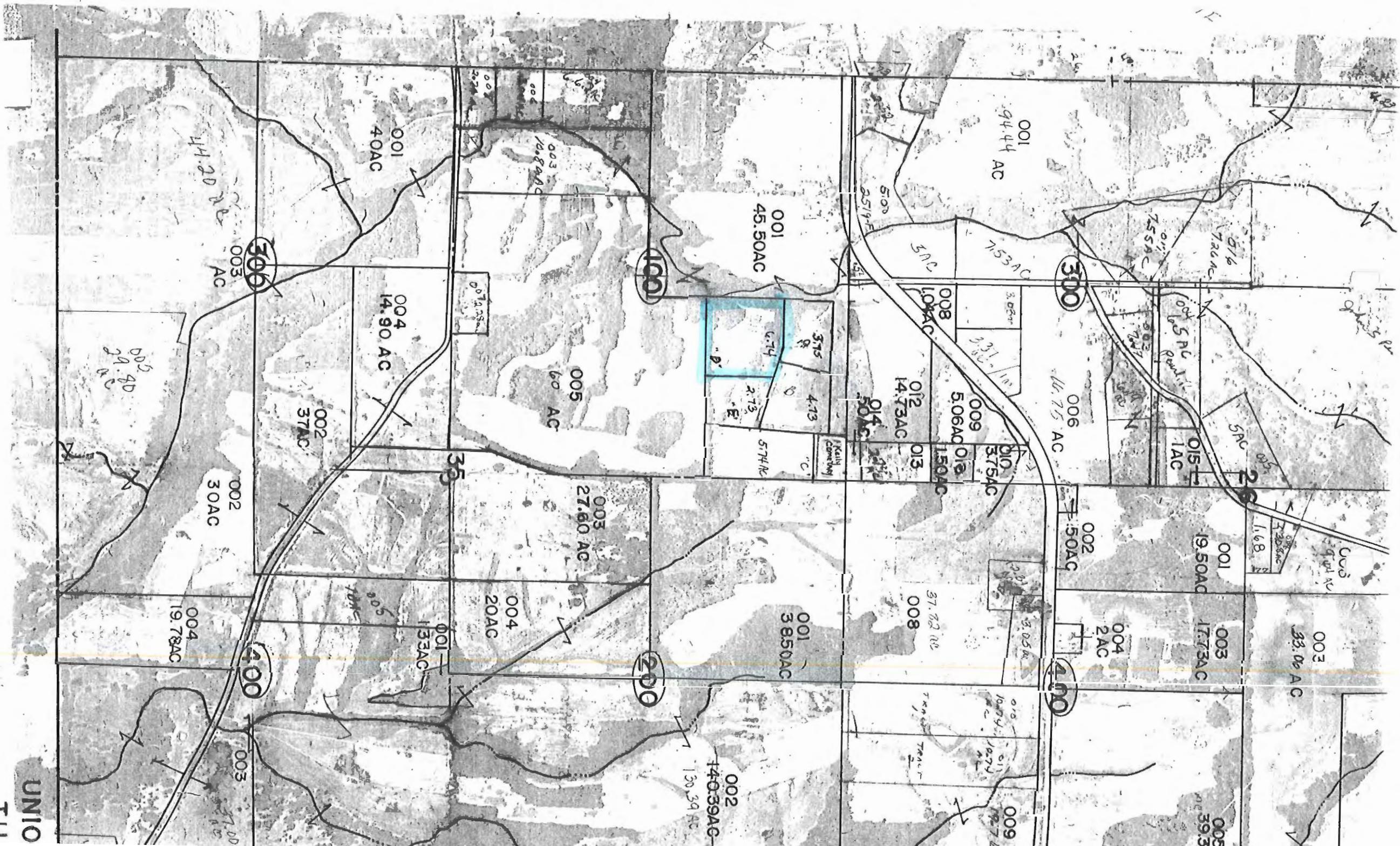
IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	Maist Clark Jucille Clark	310 Quail Ln Cobden, Ill.	62920 893-4368
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 Jucille Clark	Address	Application date 4-5-07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by Bill Jacobs	Permit fee \$ 50.00	Permit number 909

Payment of **\$50.00** **Cash** received by Union County Treasurer
Date **7-10-07**
Billy J. Mason



003
33.06 AC

001
19.50 AC

003
17.73 AC

002
1.50 AC

004
2 AC

400

001
94.44 AC

300

006
16.75 AC

014
5.0 AC

013
1.50 AC

012
14.73 AC

010
3.75 AC

009
5.06 AC

008
37.22 AC

001
38.50 AC

008

009

001
45.50 AC

100

3.75
4.13
2.73
5.74 AC
"C"
"E"
"D"
C-74
Meadow
Cresting

003
27.60 AC

200

002
140.39 AC
130.39 AC

005
60 AC

004
20 AC

001
13.3 AC

001
40 AC

004
14.90 AC

002
37 AC

002
30 AC

004
19.78 AC

400

003
14.20 AC

300

005
29.40 AC

003
37.00 AC

**UNION COUNTY Prop. N
BUILDING PERMIT APPLICATION** 04-26-02-533

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

I. LOCATION OF BUILDING	Number and street 4146 Winghill Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description 526 TH RIW PT. SW SE	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date March Completion construction date AUG 1, 2007		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		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 _____			

C. COST (Estimated) 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 \$ 230,000		(Omit cents) 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 2 49. Total square feet of floor area, all floors, based on exterior dimensions 2300 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		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	Clay Mitchell Rita Mitchell	4146 Winghill Road Cobden IL	62920	
2. Contractor or Builder	Stone Creek Carpentry Steve Wein	Anna 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 Rita Mitchell	Address 427 Oak St Cobden	Application date 6-5-07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by [Signature]	Permit fee \$ 470.00	Permit number 908

Payment of **470.00** CK # **3713** received by Union County Treasurer
 Date **7-10-07** **[Signature]**



UNION COUNTY Prop. No. 07-08-05-212-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 1825 Bald Knob Rd Alto Pass	Subdivision or Addition Pass	Lot	Elock	Census track
	Legal Description 11-2W Sec 8	N S	E W from intersection of _____ and _____ Streets		
	Pt SW SW	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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	Nonresidential 18 <input checked="" type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industria 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input checked="" type="checkbox"/> Other - specify 2 CABINS Beginning construction date _____ Completion construction date already complete
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	MOBILE HOME INFO: (Omit cents) Date MH was set-up: _____ Make _____ Size _____ Yr. Model _____ Previous MH Owner _____ Previous MH Location _____ Current MH Owner _____ Current MH Location _____ Current Land Owner _____	

C. COST (Estimated) 10. Cost of improvement \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning for both d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 40,000	MOBILE HOME INFO: (Omit cents) 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 24x24 @ 576 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	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 Joe Restivo	Po Box 172 HERRIN IL	62194	559-0806
2. Contractor or Builder			
3. Architect			

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

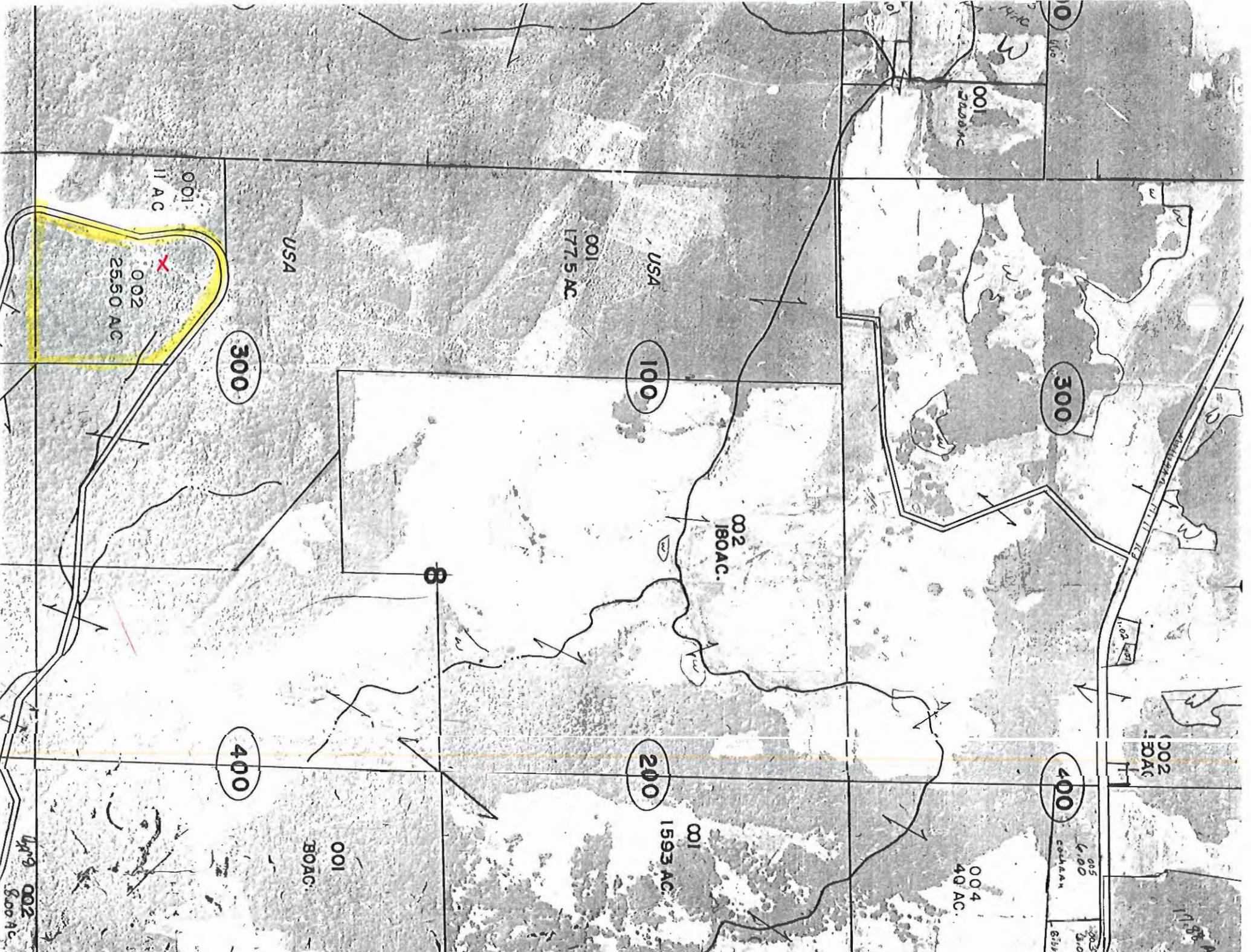
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant Joe Restivo	Address	Application date 7-5-04
--	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by Bill Jackson	Permit fee \$ 90.00	Date permit issued 7-5-04	Permit number # 907
------------------------------------	-------------------------------	-------------------------------------	-------------------------------

Payment of **\$ 90.00 CK # 1088** received by Union County Treasurer
 Date **7-10-07**
Bobby A. Maguire



UNION COUNTY Prop. 05-22-03-774-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <i>Poole Lane</i>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <i>12-1W Sec 22 Pt 6ESE 7.19 AC</i>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____ Completion construction date <i>already placed</i></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ _____ <small>(Omit cents)</small></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____ b. Plumbing _____ c. Heating, air conditioning _____ d. Other (elevator, etc.) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <i>11,000</i></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: <i>6-8-07</i> Make <i>Champion</i> Size <i>24x48</i> Yr. Model <i>1995</i> <small>11021A</small> Previous MH Owner _____ Previous MH Location <i>Marion</i> Current MH Owner <i>Lyn Crabtree</i> Current MH Location <i>05-22-03-774-A</i> Current Land Owner <i>Lyn Crabtree</i></p>
--	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories _____ 49. Total square feet of floor area, all floors, based on exterior dimensions _____ 50. Total land area, sq. ft. _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____ 52. Outdoors _____</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____ 54. Number of bathrooms { Full _____ Partial _____</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<i>Lyn D Crabtree, 3010 State Rt 146 E, Anna IL</i>	<i>62906</i>	<i>833-6070</i>
2. Contractor or Builder			
3. Architect			

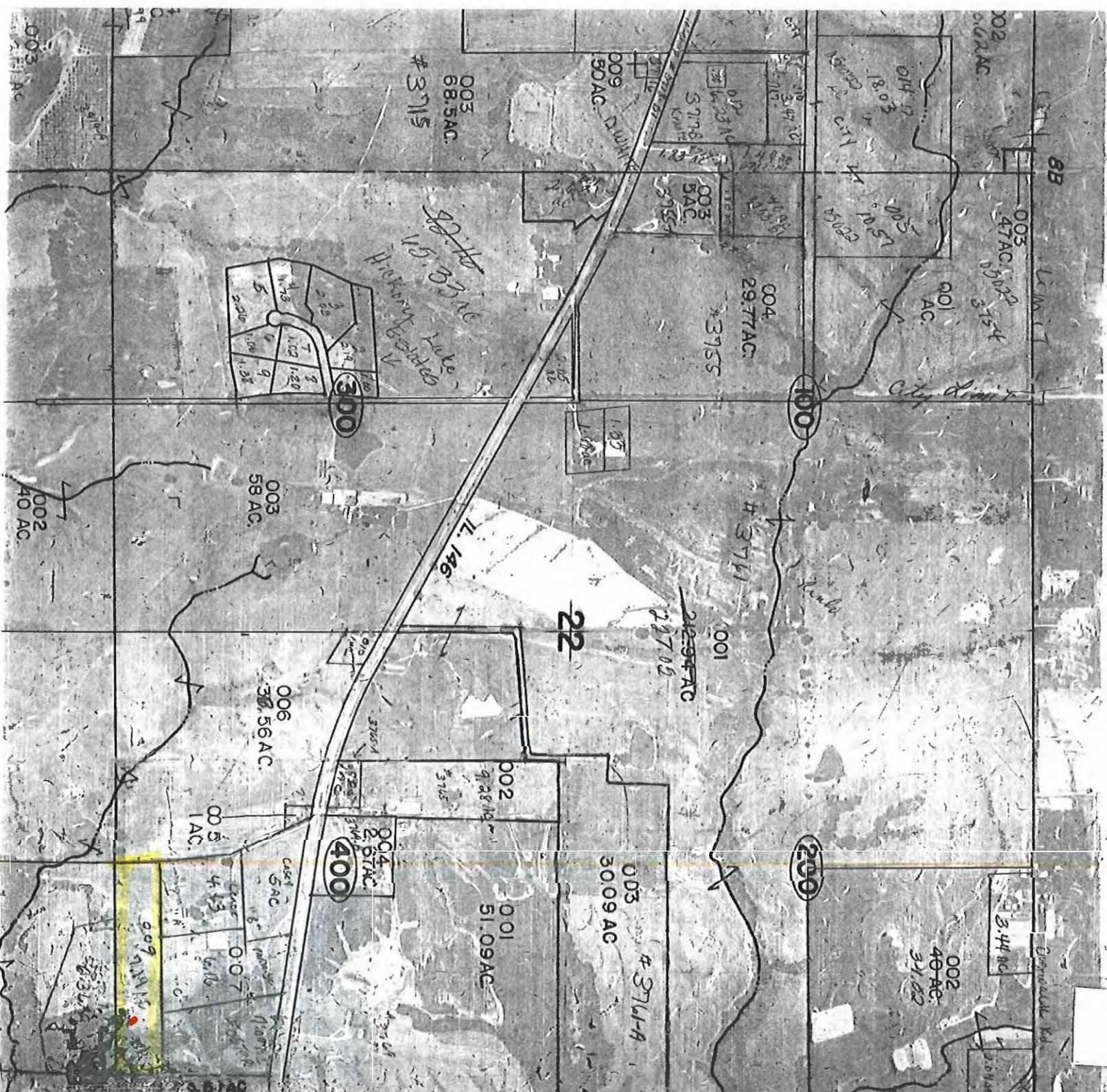
The owner of this building and the undersigned agree to conform to all applicable laws of Union County. I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <i>D. Lyn Crabtree</i>	Address	Application date <i>7-3-04</i>
--	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>[Signature]</i>	Permit fee <i>32.00</i>	Date permit issued <i>7-3-04</i>	Permit number <i>#906</i>
-----------------------------------	----------------------------	-------------------------------------	------------------------------

Payment of *\$32.00* CK # *5565* received by Union County Treasurer
 Date *7-10-07* *[Signature]*



UNION COUNTY Prop. 14-00-11-424-B
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>80 Lakewood ST</u>	Subdivision or Addition <u>Kendleman</u>	Lot	Block	Census track
	Legal Description <u>Lot 4 and South Part of Lot 5, Block E (Kendleman Subdivision)</u>		N S	E <u>(W)</u> from Intersection of <u>Rt 3</u> and <u>Lakewood ST</u> Streets	
	Applicable Zoning District _____				

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input checked="" type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date <u>7-15-07</u></p> <p>Completion construction date <u>9-15-07</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>		

MOBILE HOME INFO:

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>28980⁰⁰</u></p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$</p>	(Omit cents)	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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input checked="" type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>2494</u></p> <p>50. Total land area, sq. ft. <u>16,000</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input checked="" type="checkbox"/> Other - Specify <u>NONE IN GARAGE</u></p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed <u>N/A</u></p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>N/A</u></p> <p>54. Number of bathrooms { Full Partial <u>N/A</u></p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Gerhardt Schaefer</u>	<u>P.O. Box 133 Wolf Lake, IL</u>	<u>62998</u>	<u>618 833 8224</u>
	<u>Sharon Schaefer</u>	<u>P.O. Box 133 Wolf Lake, IL</u>	<u>62998</u>	<u>833 8224</u>
2. Contractor or Builder	<u>Tony Parisi</u>			
3. Architect	<u>NONE</u>			

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.

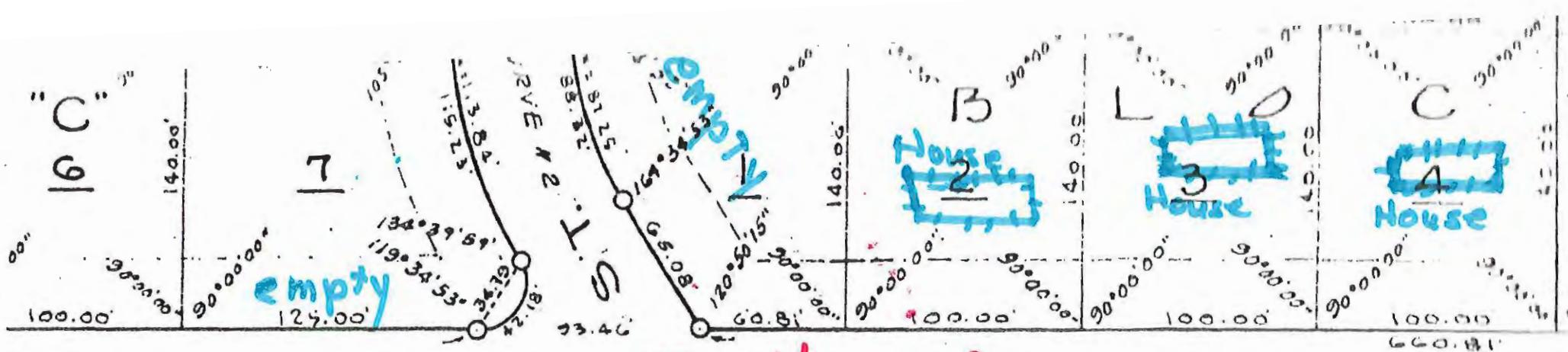
Signature of applicant <u>Gerhardt Schaefer</u>	Address <u>P.O. Box 133 Wolf Lake, IL</u>	Application date <u>6-26-07</u>
--	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

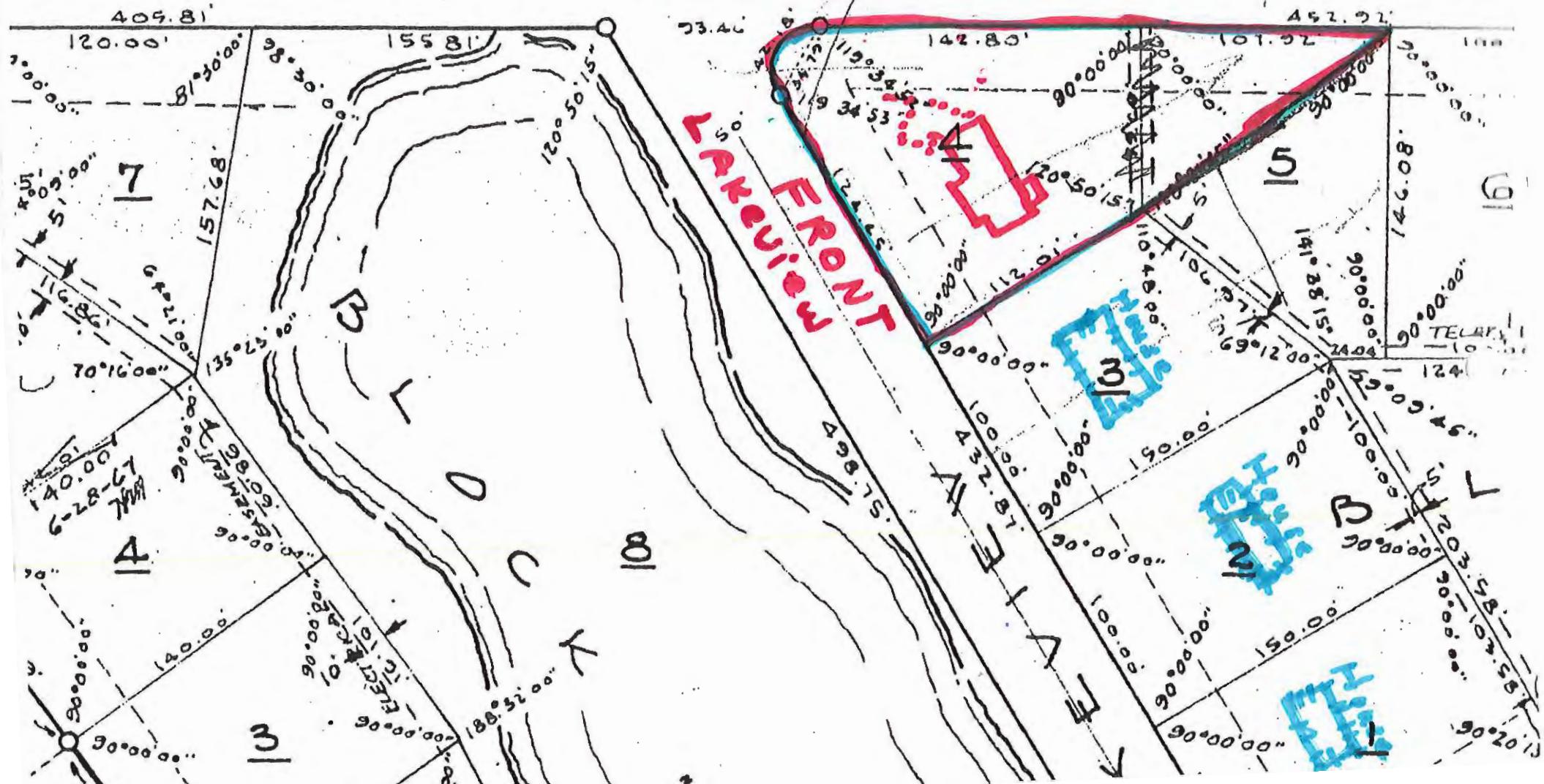
Approved by <u>Bill Jackson</u>	Permit fee <u>\$ 6796</u>	Date permit issued	Permit number <u>905</u>
------------------------------------	------------------------------	--------------------	-----------------------------

Payment of \$6796 CK #1602 received by Union County Treasurer

Date 7/10/07 Bobby J. Johnson



D L E M A N ——— *Rendleman Ave.* ——— A V E N U E



WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Gerhardt and Sharon Schoefer

Address: P.O. Box 133 5th Lakeview St

City: Wolf Lake State: IL Zip: 62998

Phone: (home) ⁶¹⁸833-8224 (work) 618-833-5498

Address of subject property (if different from above):

Parcel (tax) Identification Number 1400-11-424-B

Legal Description: Lot 4 and part of lot 5
Pendleton Subdivision Wolf Lake, IL

Size of Subject Parcel (contiguous parcel under on ownership): 1 1/3 LOT

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) Garage
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 *IF GARAGE DOORS ARE OPEN*
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 354'

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 hook 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.

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

14-00-11-446-5

UNION COUNTY Prop. . . .
BUILDING PERMIT APPLICATION

14-00-11-446-5

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

I. LOCATION OF BUILDING	Number and street <u>Little John Ln., Anna, IL</u>	Subdivision or Addition <u>Shirwood Estates</u>	Lot <u>19</u>	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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D. 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D. 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date <u>Aug. 1st 2007</u></p> <p>Completion construction date <u>March 2008</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>		<p>Beginning construction date _____</p> <p>Completion construction date _____</p>

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>275,000.⁰⁰</u></p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>275,000.⁰⁰</u></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <p>Make _____ Size _____ Yr. Model _____</p> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>2900</u></p> <p>50. Total land area, sq. ft. <u>3200</u></p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>4</u></p> <p>54. Number of bathrooms</p> <p>Full <u>2</u></p> <p>Partial <u>1</u></p>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	Z/P code	Tel. No.
1. Owner	<u>John Bigler</u>	<u>309 W. High Anna, IL</u>	<u>62906</u>	<u>697-2815</u>
	<u>Lisa Bigler</u>	<u>Same</u>		<u>697-1621</u>
2. Contractor or Builder	<u>R.H. Klaim Construction</u>	<u>1356 N 7th Murphysboro, IL</u>	<u>62966</u>	<u>418-687-219</u>
3. Architect	<u>N/A</u>			

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 <u>[Signature]</u>	Address <u>309 W. High Anna</u>	Application date <u>6/27/07</u>
--	------------------------------------	------------------------------------

Approved by <u>[Signature]</u>	Permit fee <u>\$560⁰⁰</u>	Date permit issued	Permit number <u>904</u>
-----------------------------------	---	--------------------	-----------------------------

Payment of \$560.00 Cash received by Union County Treasurer
Date 7/10/07
[Signature]

UNION COUNTY Prop. ... 05-65-03-005
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 tract
	Legal Description S5 T12R1W E 1/2 NESE, E OF CACHE CREEK W 1/2 NESE		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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)					

C. COST (Estimated) 10. Cost of improvement \$ 55,000 <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 55,060		MOBILE HOME INFO: Date MH was set-up: 7-16-07 Make _____ Size 28x70 Yr. Model 2007 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 1960 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
		I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		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	CLARENCE GLASCO & LEAN	2875 US HIGHWAY 51N ANNA IL	62906	893 4649
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. **CLG**

Signature of applicant Clarence Glasco	Address 2875 US HIGHWAY 51N	Application date 6-22-07
--	---------------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by [Signature]	Permit fee \$120.00	Date permit issued 1	Permit number 903

Payment of **\$130.00 Cash** received by Union County Treasurer
 Date **7/19/07**
[Signature]



001 96.35 AC

001 10 AC

002 5 AC

003 23.68 AC

004 1749 AC

005 4.82 AC

006 5.72 AC

007 511.89 AC

008 1.50 AC

009 1.50 AC

010 5.12 AC

011 3 AC

012 3.00 AC

013 3.00 AC

014 3.00 AC

015 3.00 AC

016 3.00 AC

017 3.00 AC

018 3.00 AC

019 3.00 AC

020 3.00 AC

021 3.00 AC

022 3.00 AC

023 3.00 AC

024 3.00 AC

025 3.00 AC

026 3.00 AC

027 3.00 AC

028 3.00 AC

029 3.00 AC

030 3.00 AC

031 3.00 AC

032 3.00 AC

033 3.00 AC

034 3.00 AC

035 3.00 AC

036 3.00 AC

037 3.00 AC

038 3.00 AC

039 3.00 AC

040 3.00 AC

041 3.00 AC

042 3.00 AC

043 3.00 AC

044 3.00 AC

045 3.00 AC

046 3.00 AC

047 3.00 AC

048 3.00 AC

049 3.00 AC

050 3.00 AC

051 3.00 AC

052 3.00 AC

053 3.00 AC

054 3.00 AC

055 3.00 AC

056 3.00 AC

057 3.00 AC

058 3.00 AC

059 3.00 AC

060 3.00 AC

061 3.00 AC

062 3.00 AC

063 3.00 AC

064 3.00 AC

065 3.00 AC

066 3.00 AC

067 3.00 AC

068 3.00 AC

069 3.00 AC

070 3.00 AC

071 3.00 AC

072 3.00 AC

073 3.00 AC

074 3.00 AC

075 3.00 AC

076 3.00 AC

077 3.00 AC

078 3.00 AC

079 3.00 AC

080 3.00 AC

081 3.00 AC

082 3.00 AC

083 3.00 AC

084 3.00 AC

085 3.00 AC

086 3.00 AC

087 3.00 AC

088 3.00 AC

089 3.00 AC

090 3.00 AC

091 3.00 AC

092 3.00 AC

093 3.00 AC

094 3.00 AC

095 3.00 AC

096 3.00 AC

097 3.00 AC

098 3.00 AC

099 3.00 AC

100 3.00 AC

001 19.10 AC

002 873.88 AC

003 30.57 AC

004 5.12 AC

005 1 AC

006 5.12 AC

007 5.12 AC

008 5.12 AC

009 5.12 AC

010 5.12 AC

011 5.12 AC

012 5.12 AC

013 5.12 AC

014 5.12 AC

015 5.12 AC

016 5.12 AC

017 5.12 AC

018 5.12 AC

019 5.12 AC

020 5.12 AC

021 5.12 AC

022 5.12 AC

023 5.12 AC

024 5.12 AC

025 5.12 AC

026 5.12 AC

027 5.12 AC

028 5.12 AC

029 5.12 AC

030 5.12 AC

031 5.12 AC

032 5.12 AC

033 5.12 AC

034 5.12 AC

035 5.12 AC

036 5.12 AC

037 5.12 AC

038 5.12 AC

039 5.12 AC

040 5.12 AC

041 5.12 AC

042 5.12 AC

043 5.12 AC

044 5.12 AC

045 5.12 AC

046 5.12 AC

047 5.12 AC

048 5.12 AC

049 5.12 AC

050 5.12 AC

051 5.12 AC

052 5.12 AC

053 5.12 AC

054 5.12 AC

055 5.12 AC

056 5.12 AC

057 5.12 AC

058 5.12 AC

059 5.12 AC

060 5.12 AC

061 5.12 AC

062 5.12 AC

063 5.12 AC

064 5.12 AC

065 5.12 AC

066 5.12 AC

067 5.12 AC

068 5.12 AC

069 5.12 AC

070 5.12 AC

071 5.12 AC

072 5.12 AC

073 5.12 AC

074 5.12 AC

075 5.12 AC

076 5.12 AC

077 5.12 AC

078 5.12 AC

079 5.12 AC

080 5.12 AC

081 5.12 AC

082 5.12 AC

083 5.12 AC

084 5.12 AC

085 5.12 AC

086 5.12 AC

087 5.12 AC

088 5.12 AC

089 5.12 AC

090 5.12 AC

091 5.12 AC

092 5.12 AC

093 5.12 AC

094 5.12 AC

095 5.12 AC

096 5.12 AC

097 5.12 AC

098 5.12 AC

099 5.12 AC

100 5.12 AC

U.S.

UNION COUNTY Prop. 1. **02-18-00-912-A**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 2210 Campground Rd., Anna	Subdivision or Addition	Lot	Block	Census tract
	Legal Description 12-1E Sec 18 - N 1/2 SW, S 1/2 NW S 198.68 ac	E W from intersection of _____ and _____ Streets			
	SPT NW NE, WPT SW NE, SE PT NENW Applicable Zoning District _____				

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

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify pole barn concrete pad Beginning construction date 6-25-07 Completion construction date 10-25-07	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST (Estimated) 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	MOBILE HOME INFO: (Omit cents) Date MH was set-up: _____ <table border="1"> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 720 sq ft 24x30 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	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 Wendel D. Davis	2210 Campground Rd Anna I	62906	614-2061
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 Wendel D. Davis	Address 2210 Campground Rd Anna I, 62906	Application date 6-20-07
--	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by [Signature]	Permit fee \$ 18.00	Date permit issued 6-2-07	Permit number # 902
-----------------------------------	-------------------------------	-------------------------------------	-------------------------------

Payment of **\$18.00** **CK #469** received by Union County Treasurer
 Date **7/10/07** **[Signature]**

**UNION COUNTY
BUILDING PERMIT APPLICATION**

PROP. NO. *01-20-00-218*

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

I. LOCATION OF BUILDING	Number and street <i>1525 Rocky Comfort</i>	Subdivision or Addition <i>NS PT N 1/2 NE 520 TIRIE NS</i>	Lot	Block	Census tract
	E W side of _____ Street		E W from intersection of _____ and _____ Streets		
<i>65.16' ac</i> Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input checked="" type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <i>addition to workshop</i></p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <i>addition to workshop</i></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <i>addition to workshop</i></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Beginning construction date _____</p> <p>Completion construction date _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
---	---

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ <i>3,000-</i></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <i>3,000.-</i></p>	<p>(Omit cents)</p> <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p>
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <i>1</i></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. <i>6 x 16</i></p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity ?</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner	<i>Ray Bush</i>	<i>1525 S. Rocky Comfort Rd</i>	<i>62958</i>	<i>493-2651</i>
2. Contractor or Builder				
3. Architect				

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

Signature of applicant <i>R. Ray Bush</i>	Address <i>same as above</i>	Application date <i>6-18-07</i>
--	---------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <i>[Signature]</i>	Permit fee \$ <i>16.00</i>	Date permit issued	Permit number <i>901</i>

Payment of \$16.00 Cash Receipt #0005609 *Received by Union Co. Treasurer*
Date 6-21-07 *[Signature]*

new parcel

part of #04-31-02-792

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING
Number and street: 4130 Old Hwy 51 N. Cobden
Legal Description: 11-1W Sec 31 PT. SW SE. 26.00
Subdivision or Addition: 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 [X] Garage 1050 sq ft
18 [] Carport
17 [X] Other - Specify living room 4700 sq ft
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: 6-25-07
Completion construction date: 8-25-07

COPY

C. COST (Estimated)
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

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

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 1530 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

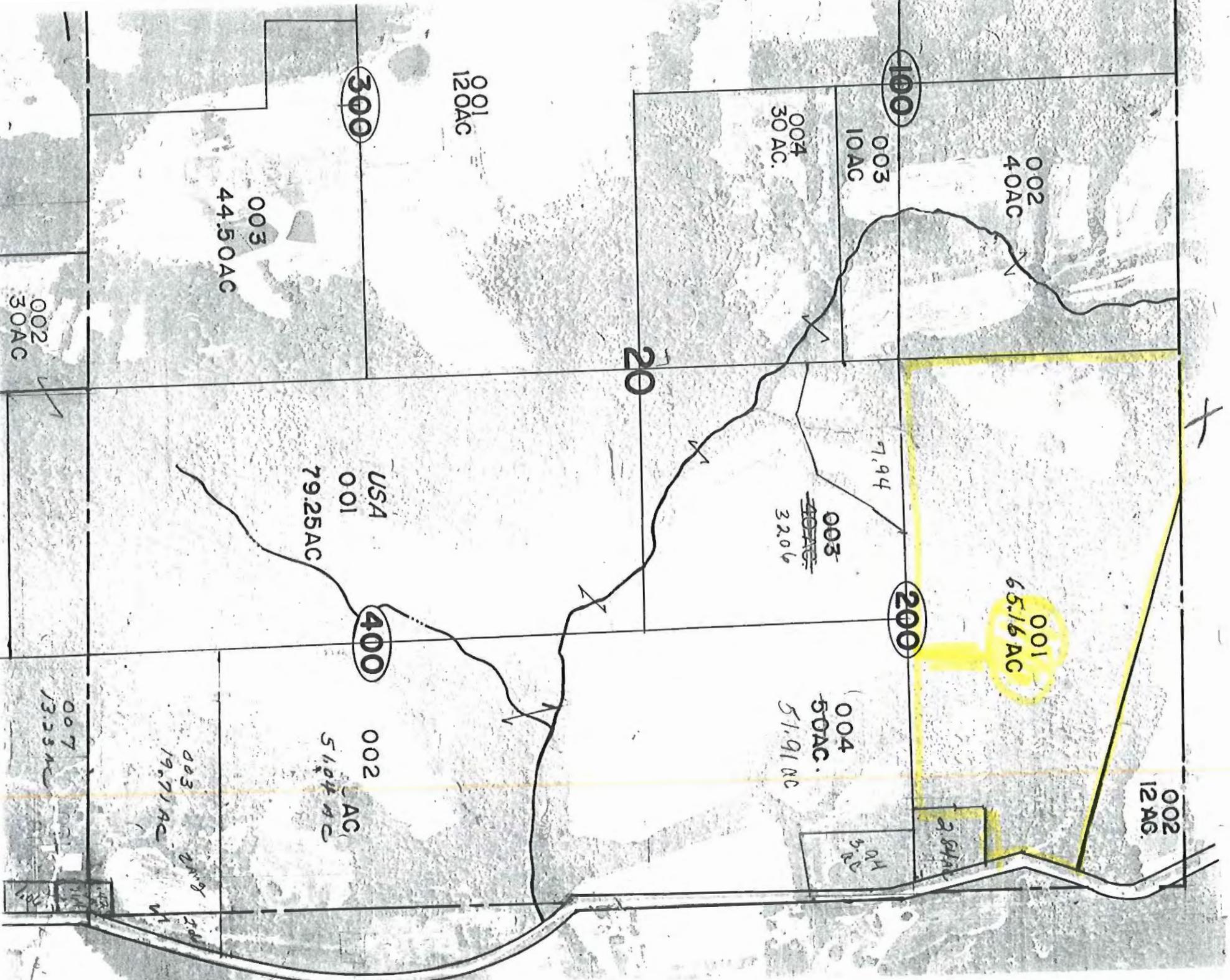
1. Owner Name: Matthew Hhlberg, Kristen Hhlberg
Mailing address: 4130 Old Hwy 51 N Cobden, IL 62920
ZIP code: 62920 Tel. No.: (618) 889-0841
2. Contractor or Builder
3. Architect

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: Kristen Hhlberg
Address: 4130 Old Hwy 51 N Cobden IL 62920
Application date: 6-18-07
Approved by: Bill Gardner
Permit fee: \$60.00
Date permit issued: 6-18-07
Permit number: #9067

Payment of \$60.00 CR # 3208 received by Union County Treasurer
Date: 6-21-07



001
120 AC

100

002
40 AC

003
10 AC

004
30 AC

20

7.94

~~40 AC~~
003
3.20 AC

200

001
65.16 AC

USA
001
79.25 AC

400

004
5.0 AC
51.91 AC

002
12 AC

003
44.50 AC

002
30 AC

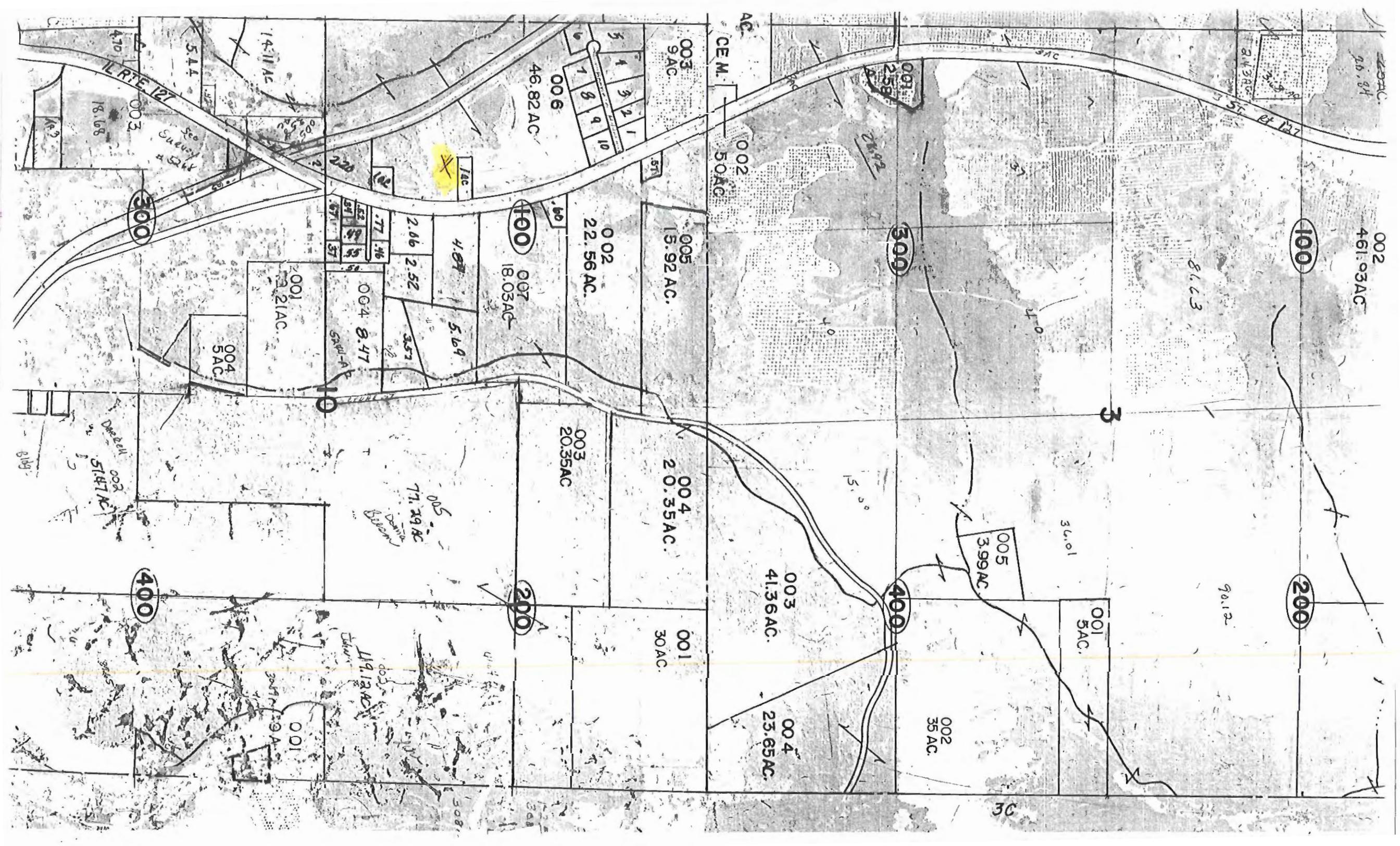
002
51.94 AC

003
19.71 AC

007
13.25 AC

004
5.0 AC

004
3.84 AC



UNION COUNTY Prop. No. 01-22-00-258-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <i>Raven Lane, Makanda</i>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <i>11-1E Sec 22 SW NW 42.08 ac</i>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Nonresidential</p> <p>18 <input checked="" type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input checked="" type="checkbox"/> Other - Specify <i>Sanitation building (showers, etc.)</i></p> <p>Beginning construction date <i>6-12-07</i></p> <p>Completion construction date <i>7-16-07</i></p>
--	---	---

COPY

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <i>2000</i></p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model						

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <i>3000</i></p> <p>50. Total land area, sq. ft.</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<i>Ploumy LLC 1880 PLEASANT WOODS CR CARBONDALE 62902</i>	<i>62902</i>	<i>518/713402</i>
2.	Contractor or Builder	<i>PETER VAN HUYLDER 1880 PLEASANT WOODS CR CARBONDALE 62902</i>	<i>62902</i>	
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 <i>[Signature]</i>	Address	Application date <i>6-12-07</i>
--	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <i>[Signature]</i>	Permit fee <i>\$ 14.00</i>	Date permit issued <i>6-12-07</i>	Permit number <i>#898</i>

Payment of *\$ 14.00 CK # 584* received by Union County Treasurer
 Date *6-21-07* *[Signature]*

UNION COUNTY Prop. No. 07-04-05-171-B1
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 tract
	Legal Description <u>S4 T11 R2W PT SW. SW</u>	N S E W from intersection of _____ and _____ Streets	Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>June 25-07</u></p> <p>Completion construction date <u>Feb, 08</u></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>				
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>						
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

COPY

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ <u>50,000.00</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>50,000.00</u></p>	<p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>1</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>1500</u></p> <p>50. Total land area, sq. ft.</p>				
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>				
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>2</u></p> <p>54. Number of bathrooms</p> <table style="margin-left: 20px;"> <tr> <td>Full</td> <td><u>2</u></td> </tr> <tr> <td>Partial</td> <td> </td> </tr> </table>	Full	<u>2</u>	Partial		<p>51. Enclosed</p> <p>52. Outdoors</p>
Full	<u>2</u>					
Partial						

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Darin W. Duty</u> <u>Tonya B. Duty</u>	<u>10465 Old Hwy 51 N.</u> <u>Cobden, IL</u>	<u>62920</u>	<u>293-4634</u>
2. Contractor or Builder	<u>Darin W. Duty</u>			
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. D.D. T.D.

Signature of applicant <u>Darin W. Duty</u>	Address <u>10465 Old Hwy 51 N. Cobden</u>	Application date <u>6-7-07</u>
--	--	-----------------------------------

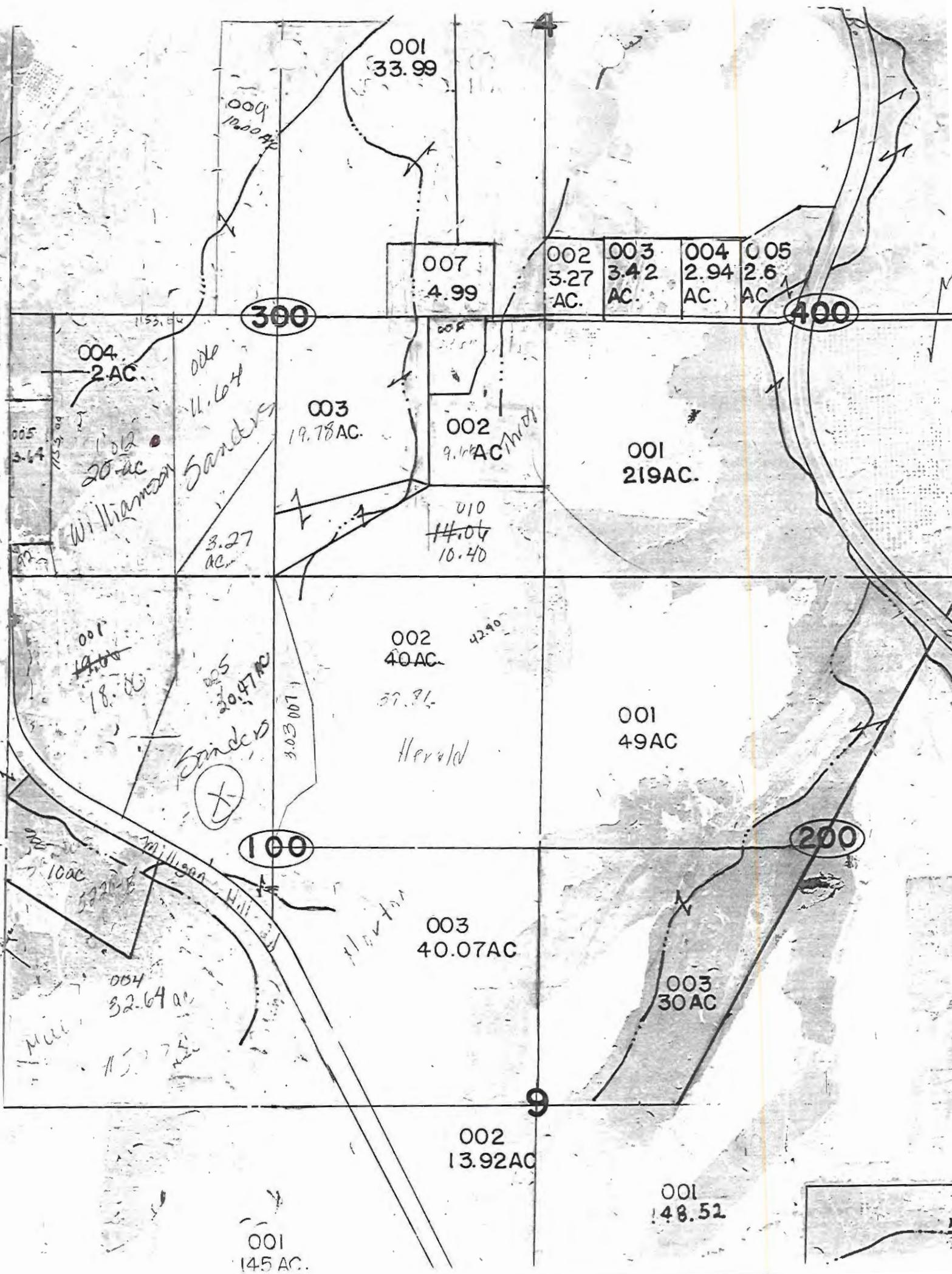
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>Dell Jackson</u>	Permit fee \$ <u>110.00</u>	Date permit issued	Permit number <u>897</u>
------------------------------------	--------------------------------	--------------------	-----------------------------

Payment of \$110.00 (Cash) received by Union County Treasurer
 Date 6-21-07

Benny A. Thomas

3A



UNION COUNTY Prt. 10.
BUILDING PERMIT APPLICATION

05-33-04-160-C

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

I. LOCATION OF BUILDING	Number and street 2315 Boyd Road Anna IL 60906	Subdivision or Addition	Lot	Block	Census track
	Legal Description S33 T12 RW1	N S E W from intersection of _____ and _____ Streets			
PT SW SW 10.72 ac Applicable Zoning District _____					

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

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wracking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date Fall of 08 Completion construction date unknown	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

COPY

C. COST (Estimated) 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 d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 82,000	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 1890 sq. ft. 50. Total land area, sq. ft.	
	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	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	CHERYL M WILLIAMS SAMUEL J. JORDANA	2 SO. GLENWOOD PL AURORA, IL	60506	(830) 892-2386 (830) 291-0907
2. Contractor or Builder	unknown			
3. Architect	unknown			

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 25 South Glenwood Place Aurora IL 60506	Application date 6-21-07
Approved by 	Permit fee \$ 174.00	Permit number 896

Payment of \$ **174.00** CR # **373** received by Union County Treasurer
 Date **6-21-07**
 Bobby A. M...
 Treasurer

UNION COUNTY Prop. 1.
BUILDING PERMIT APPLICATION

05-34-03-074

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

I. LOCATION OF BUILDING	Number and street <u>645 Otten Ln, Anna</u>	Subdivision or Addition	Lot	Block	Census track	
	Legal Description <u>58 T12 R1W N P W 1/2 SENE S</u>	E W from Intersection of _____ and _____ Streets				
	Applicable Zoning District <u>NW CR SW NE; PT W 1/2 N NE 49-29A</u>					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>shed -</u> <u>open on 4 sides</u></p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>7-1-07</u></p> <p>Completion construction date <u>8-1-07</u></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>shed -</u> <u>open on 4 sides</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>shed -</u> <u>open on 4 sides</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>4000</u></p>		

COPY

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>30x40</u> <u>1200 sq ft</u></p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Robert Chamness PO Box 472, Anna IL</u>	<u>62906</u>	<u>833-5714</u>
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 <u>Robert Chamness</u>	Address <u>645 Otten Ln</u>	Application date <u>6-6-07</u>
--	--------------------------------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>Bill Jackson</u>	Permit fee <u>\$ 1800</u>	Date permit issued <u>6-6-07</u>	Permit number <u>895</u>
------------------------------------	------------------------------	-------------------------------------	-----------------------------

Payment of \$18.00 CR# 380 received by Union County Treasurer

Date 6-21-07 Bobby A. M...

**UNION COUNTY Prec. No. 05-34-04-187
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street 2905 US HWY 515, Anna	Subdivision or Addition	Lot	Block	Census track
	Legal Description 534 T12 R1W	N S E W from Intersection of _____ and _____ Streets			
	PT. 5/2 NE SW 1.22 AC				

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify pole barn on concrete pad</p> <p>Beginning construction date 6-11-07</p> <p>Completion construction date 8-1-07</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 7000</p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table border="1"> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 24x30 720sq</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Frank Channess	2905 US HWY 515, Anna IL	62904	618-827-4...
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 Frank Channess	Address	Application date 6-6-07
---	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by Bill Johnson	Permit fee \$ 2400	Date permit issued 6-6-07	Permit number # 894

Payment of **\$ 2400** Cash **# Receipt 0025585** received by Union County Treasurer
Date **6-21-07**
Benny L. Morgan

**UNION COUNTY Prop.
BUILDING PERMIT APPLICATION**

09-20-06-431-C

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

I. LOCATION OF BUILDING	Number and street 7035 Old Cape Road	Subdivision or Addition	Lot	Block	Census track
	Legal Description S 20 T13 R2W PT NW SW & PT SW 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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn</u></p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>		

COPY

MOBILE HOME INFO:

(Omit cents)

10. Cost of Improvement \$ 9,000-

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 \$ 9,000-

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL <u>N/A</u></p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p> <p>H. TYPE OF WATER SUPPLY <u>N/A</u></p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>30 x 40</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. <u>1200</u></p> <p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p> <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL <u>N/A</u></p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Jim Pickel</u>	<u>7035 Old Cape Road McClure IL</u>	<u>62957</u>	
2. Contractor or Builder			
3. Architect			

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

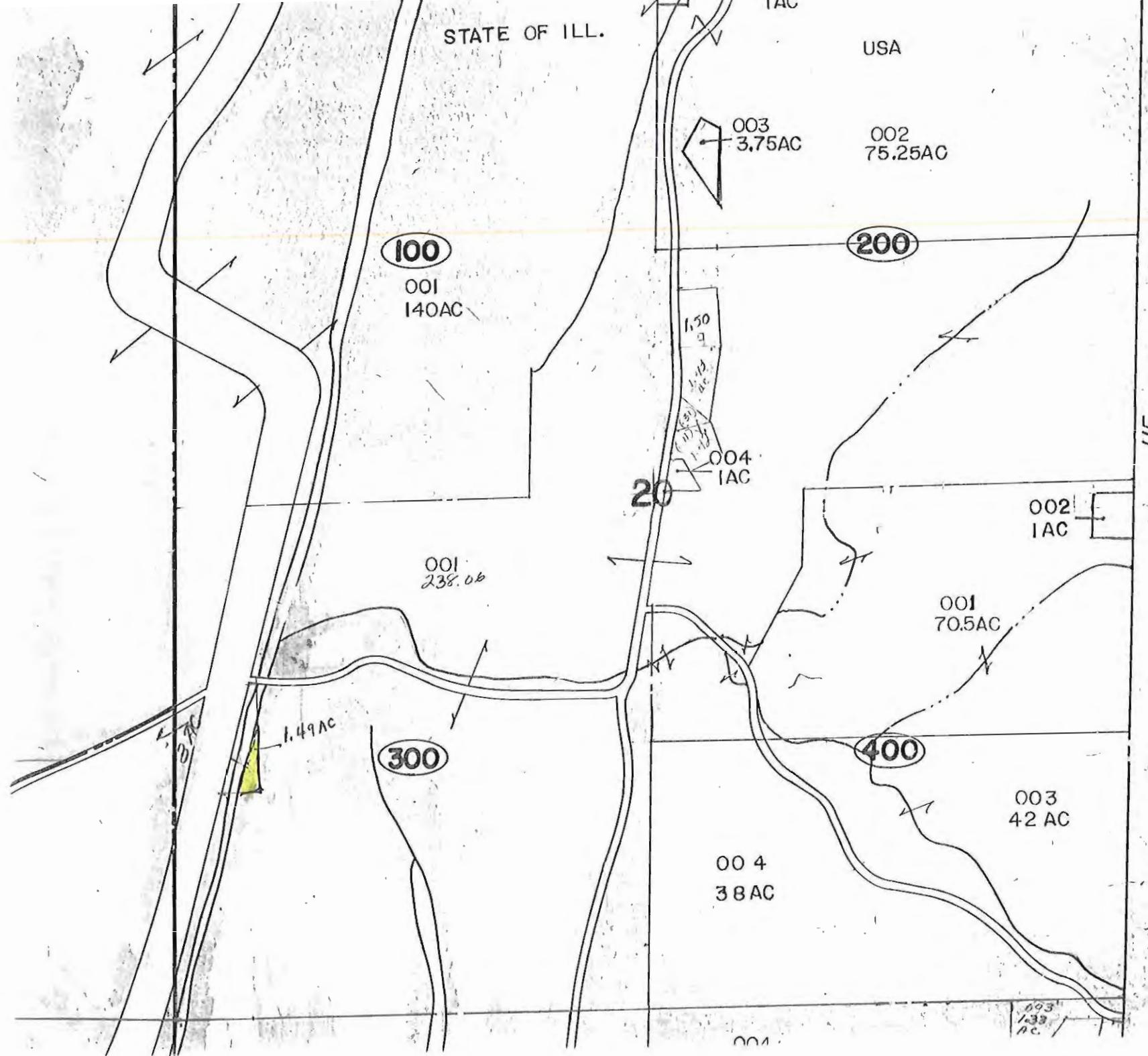
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <u>Jimmy Pickel</u>	Address	Application date <u>6-4-07</u>
---	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>28.00</u>	Date permit issued	Permit number <u>893</u>
-----------------------------------	-------------------------------	--------------------	-----------------------------

Payment of \$28.00 CK # 5259 received by Union County Treasurer
Date 6/5/07
Carne in and picked up 6-5-07
[Signature]
Maisha C. Jamel



STATE OF ILL.

USA

003
3.75AC

002
75.25AC

100

001
140AC

200

1.50
AC

004
1AC

20

002
1AC

001
238.06

001
70.5AC

1.49 AC

300

400

003
42 AC

004
38 AC

003
1.33
AC

I/E

UNION COUNTY Prop. 05-10-03-128-C
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>New Saratoga</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>S10 12-1W</u> <u>Pt NE SE 4.23AC</u>				

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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date <u>8/15/2007</u> Completion construction date <u>5/01/2008</u>		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		<p align="center" style="font-size: 2em; color: blue;">COPY</p>			

C. COST (Estimated) 10. Cost of improvement \$ <u>147,500⁰⁰</u> <i>To be installed but not included in the above cost</i> a. Electrical <u>5,000⁰⁰</u> b. Plumbing <u>7,500⁰⁰</u> c. Heating, air conditioning <u>13,000⁰⁰</u> d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ <u>173,000⁰⁰</u>		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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories <u>1</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>2600</u> 50. Total land area, sq. ft. <u>184,836.64</u>	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed <u>N/A</u> 52. Outdoors <u>N/A</u>	
		I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <u>3</u> 54. Number of bathrooms { Full <u>2</u> Partial <u>1</u>	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>JERRY & PAULA COCHRAN</u>	<u>2861 BROTHERS ROAD CLARKSVILLE, TN</u>	<u>37043</u>	<u>931-358-9855</u>
2. Contractor or Builder	<u>ARCHIE HAZEL</u>	<u>422 1/2 COCK AVE. JONESBORO, ILLINOIS</u>	<u>62952</u>	<u>618-833-6771</u>
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 <u>Jerry Cochran</u>	Address <u>2861 Brothers Rd. Clarksville, TN 37043</u>	Application date <u>6-3-2007</u>
--	---	-------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>Bill Johnson</u>	Permit fee \$ <u>356.00</u>	Date permit issued	Permit number <u>892</u>
------------------------------------	--------------------------------	--------------------	-----------------------------

Payment of \$356.00 CK #504 received by Union County Treasurer
 Date 6-5-07
Bobby A. Maguire
 Mgr.

**UNION COUNTY Prop. No. 12-35 7-201
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street <u>225 Rhymer Road, McClure</u>	Subdivision or Addition <u>67757</u>	Lot	Block	Census tract
	Legal Description <u>(see attached deed and survey)</u>	N S E W from intersection of <u>Route 3</u> and <u>Rhymer</u> Streets		Applicable Zoning District <u>agricultural</u>	

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

A. TYPE OF IMPROVEMENT <input checked="" type="checkbox"/> New Building and tower <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) <input type="checkbox"/> Alteration (See 2 above) <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation only <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential <input type="checkbox"/> One family <input type="checkbox"/> Two or more families - Enter number of units <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other - Specify <u>estimate, in fall</u> Beginning construction date <u>1 month later</u> Completion construction date <u>1 month later</u>	Nonresidential <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input checked="" type="checkbox"/> Other - Specify <u>telecommunications facility</u> Beginning construction date <u>estimate in fall</u> Completion construction date <u>1 month later</u>
--	--	---

COPY

C. COST (Estimated) 10. Cost of Improvement \$ <u>40,000</u> To be installed but not included in the above cost a. Electrical b. Plumbing <u>N/A</u> c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ <u>40,000</u>	MOBILE HOME INFO <u>N/A</u> (Omit cents) 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 <input checked="" type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - Specify	G. TYPE OF SEWAGE DISPOSAL <u>N/A</u> <input type="checkbox"/> Public <input type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 46. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions <u>345 (equipment shelter)</u> 50. Total land area, sq. ft. K. NUMBER OF OFF-STREET PARKING SPACES <u>N/A</u> 51. Enclosed 52. Outdoor L. RESIDENTIAL BUILDINGS ONLY <u>N/A</u> 53. Number of bedrooms 54. Number of bathrooms { Full Partial
F. PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - Specify	H. TYPE OF WATER SUPPLY <u>N/A</u> <input type="checkbox"/> Public <input type="checkbox"/> Individual (well, cistern)	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No

IV. IDENTIFICATION - To be completed by all applicants			
Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Verizon Wireless</u>	<u>10740 Nali Ave, Suite 400 Overland Park, KS</u>	<u>66211</u>	<u>(913) 344-2892</u>
2. Contractor or Builder <u>TBD</u>			
3. Architect <u>Black & Veatch</u>	<u>10750 Grandview Drive Overland Park, KS</u>	<u>66210</u>	<u>(913) 458-2000</u>

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. Flood Plain - Permitted See Diagram

Signature of applicant <u>Mike Douchant, Dolan Realty</u>	Address <u>7718 Forsyth Blvd., Clayton, MO</u>	Application date <u>5/31/07</u>
--	---	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>Bill Jackson</u>	Permit fee <u>\$90.00</u>	Date permit issued <u>6-1-07</u>	Permit number <u>890</u>
------------------------------------	------------------------------	-------------------------------------	-----------------------------

Payment: \$40.00 CK #3441 Bobby A. 777

Mike Douchant

From: Mike Douchant
Sent: Wednesday, May 30, 2007 2:54 PM
To: 'bgmyers82@hotmail.com'
Subject: FW: Preliminary Survey for Proposed Verizon Site
Attachments: IL 08-McClure_Preliminary Survey.pdf

Bobby:

Hard copy of the attached plans along with a \$90 check and completed BP application will be overnighted to the assessor's office by the end of this week to start the review process by the county board on Monday.

Mike

From: Mike Douchant
Sent: Tuesday, May 08, 2007 10:52 AM
To: 'brb549@ajinternet.net'
Subject: Preliminary Survey for Proposed Verizon Site

Bill:

Attached is a preliminary survey for your review regarding a proposed Verizon cell site north of McClure at Prater Farms (225 Rhymer Road). Please let me know what subsequent steps need to be done to meet county requirements.

Sincerely,

Mike Douchant
Dolan Realty Advisors, LLC
7718 Forsyth Boulevard
Clayton, MO 63105
Office: (314) 726-2610
Fax: (314) 726-1821
Cell: (636) 448-9233





© 2007 Navteq
Google



N 37 20' 22.2", W 89 24' 16.8"

Rhymers Rd

146

3

UNION COUNTY
BOBBY G. MYERS, COLLECTOR
309 W. MARKET ST-ROOM 103
JONESBORO, IL 62952

TOWNSHIP		LANDING CODE
13-3W		
LANDING CODE	TOWNSHIP	PERMITTED TAX
1.00	71.12	

PROPERTY NUMBER	CLASS	CODE	NUMBER	TAX NOTICE							
12-35-07-201	00111	2001	123								
S35 T13 R3W											
LOT 2 PT N1/2 SE, LOT 1 PT NE SE.											
MOBILE HOME PT											
LANDING CODE	TOWNSHIP	PERMITTED TAX	LANDING CODE	TOWNSHIP	PERMITTED TAX	LANDING CODE	TOWNSHIP	PERMITTED TAX	TOTAL ASSESSED		
2600			7300			1410			15320		
LANDING CODE		TOWNSHIP		PERMITTED TAX		LANDING CODE		TOWNSHIP		PERMITTED TAX	
1.00		71.12				1.00		71.12			
IMPROVEMENT		DEPARTMENT		OWNER		SPECIALTY		TAXABLE		TOTAL	
26630		5000				21630					
SCAFHE				1ST INSTALLMENT				2ND INSTALLMENT			
				08/10/2006				10/10/2006			
				810.62				810.62			
				TOTAL							

PRATER LOIS
LOIS PRATER FARMS
225 RHYMER ROAD
TMC CLURE IL 62957-0000

UNION COUNTY PROPERTY TAX

2005 REAL ESTATE TAX

RETURN COMPLETE TAX BILL IF MAILED &
INCLUDE STAMPED ENVELOPE IF RECEIPT IS
REQUIRED

FAIR CASH VALUE IS 53,760 TOTAL TAX: 1,621.24

PROPERTY NUMBER	CLASS	NUMBER	TOWNSHIP			
12-35-07-201	0011	123	13-3W			
2004 RATE	2004 TAX	TAXING DISTRICT	2005 RATE	PERCENT	2005 TAX	PENSION
1.21353	261.64	COUNTY TAX	1.20319	16.8	260.24	102.02
.42406	91.42	COUNTY HOSP & BOND				
.03926	8.46	SOUTHERN ? HEALTH	.03714	.5	8.04	
.02153	4.64	CO-OP EXTENSION	.02098	.3	4.54	
.21568	46.50	COUNTY AMBULANCE	.21497	3.0	46.50	
4.63518	977.78	COMMUNITY UNIT DIS	4.55196	63.6	984.58	52.21
.41820	90.16	SHARNEE COM COL'GE	.45608	6.4	98.66	4.35
.04297	9.26	ROAD & BRIDGE	.04085	.6	8.84	
.14825	31.56	ROADS OUT VILLAGE	.14535	2.1	32.30	
.30000	64.68	FIRE DISTRICT W W	.30000	4.2	64.90	
.18932	40.82	STINSON M LIBRARY	.18735	2.6	40.52	2.97
	72.12	CLEAR CREEK		-1	72.12	
7.54798	1,699.44	TOTAL TAX	7.16187	100.0	1,621.24	

YOU MAY BE ELIGIBLE FOR THE SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND PHARMACEUTICAL ASSISTANCE ACT.
APPLICATIONS ARE AVAILABLE FROM THE ILLINOIS DEPARTMENT OF REVENUE. FOR QUESTIONS CALL: 1-800-624-2459 FOR FORMS CALL: 1-800-358-6302

BLANK CHECK MONEY ORDER DRAFT COPY MAIL

BLANK CHECK MONEY ORDER DRAFT COPY MAIL

PROPERTY NUMBER	CODE	NUMBER
12-35-07-201	12001	123

PROPERTY NUMBER	CODE	NUMBER
12-35-07-201	12001	123

PRATER LOIS

PRATER LOIS

RETURN STUB WITH PAYMENT

RETURN STUB WITH PAYMENT

1

1ST INSTALLMENT	
DUE DATE	08/10/2006
INSTALLMENT	810.62
PENALTY/COST	
TOTAL	

2

2ND INSTALLMENT	
DUE DATE	10/10/2006
INSTALLMENT	810.62
PENALTY/COST	
TOTAL	

UNION COUNTY

UNION COUNTY

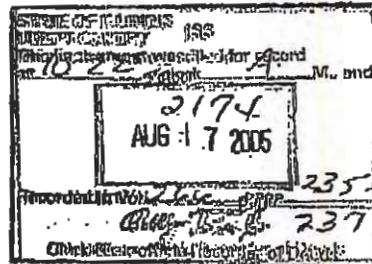


12.00123.2005

12.00123.2005

TOTAL TAX: 1,621.24

BOOK 226 PAGE 235



GENERAL WARRANTY DEED

THE GRANTOR,

Lois Ann Prater, a single person,

for and in consideration of the sum of Ten (\$10.00) and No/100 Hundred Dollars, the receipt and sufficiency of which is hereby acknowledged, CONVEYS

AND WARRANTS to

Lois Prater Farms, L.L.C.

the following described real estate, to-wit:

See Exhibit "A" attached hereto for legal description, by reference incorporated herein.

all situated in the County of Union, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Exempt Under provisions of Paragraph (e),
Real Estate Transfer Tax Act
(35 ILCS 200/31-45)

Lois Ann Prater
Lois Ann Prater

Rental Housing Support Program
\$10. State Surcharge PAID
DATE 8-17-05

BOOK 266 PAGE 236

DATED this 27 day of July, 2005

GRANTOR:

Lois Ann Prater
Lois Ann Prater

STATE OF ILLINOIS)
) ss.
COUNTY OF UNION)

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, do hereby certify that Lois Ann Prater, a single person, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed, and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal this 27 day of July, 2005.

Barbara Beard

Send Tax Bill To:
Lois Prater Farms, L.L.C.
225 Rhymer Rd.
McClure, IL 62957

Prepared By:
Mark S. Johnson
407 N. Kingshighway, Ste. 400
Cape Girardeau, MO 63701

BOOK 266 PAGE 237

EXHIBIT "A"

The Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty Five (35), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian, also a part of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty Five (35), in Township and Range aforesaid, bounded as follows, to-wit: BEGINNING at the Northeast corner of said Quarter Quarter Section at a stake; thence South 84 1/4°, West 18 chains, to a stake; thence South 5° 20' East, 19.55 chains to a stake; thence North 84 3/4°, East 18 chains to a stake; thence North 5° 20' West, 19.75 chains to Point Of Beginning.

ALSO, the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Thirty Six (36), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian, situated in the County of Union in the State of Illinois; and

The Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4), Section Thirty Six (36), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian, situated in the County of Union, State of Illinois.

ALSO, a parcel of land being a part of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty Five (35), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian. Said parcel being more particularly described as follows: BEGINNING at the Northwest corner of said Quarter Quarter Section, being marked by an iron rod, said Point Of Beginning also being the Point Of Beginning of the Joseph Schneider Property, per Book 106, page 731, in the Union County Courthouse; thence N 89° 49' 49" East, 142.56 feet along the North line of said Quarter Quarter Section to an iron rod at the Northeast corner of Lot No. 7. This point being the Point Of Beginning of said Lot No. 7 per record and the Northwest corner of the Norman Rymer Property, per Book 121, page 469, in the Union County Courthouse; thence South 0° 14' 50" West, 1047.68 feet along the East line of said Lot No. 7 and the West line of the said Norman Rymer Property to an iron rod in the West right-of-way line of State Route 3; thence South 25° 55' 00" West, 306.02 feet along the said West right-of-way line to an iron rod in the South line of the said Quarter Quarter Section; thence North 89° 55' 30" West, 10.00 feet along the South line of the said Quarter Quarter Section to an iron rod at the Southwest corner of the said Quarter Quarter Section; thence North 0° 14' 50" East, 1322.49 feet along the West line of the said Quarter Quarter Section and the East line of the said Joseph Schneider Property, to the Point Of Beginning. EXCEPTING THAT PART THEREOF being 8 feet wide for a roadway conveyed to Charles A. Walton by Quit Claim Deed recorded in Deed Record 72 on page 188. EXCEPTING FURTHER, that part thereof, if any, falling within any public road.

All situated in the County of Union and State of Illinois.

UNION COUNTY Prop. 14-00-12-289-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <i>Angus Lane, Anna</i>	Subdivision or Addition <i>Denny Acres</i>	Lot <i>1</i>	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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify Beginning construction date <i>6-18-07</i> Completion construction date <i>7-18-07</i>	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	C. COST (Estimated) 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 \$ <i>80,000</i>	

MOBILE HOME INFO:

Date MH was set-up: _____
 Make *Sunshine* Size *28x56* Yr. Model *2007*
 Previous MH Owner *Countryside*
 Previous MH Location *out of county (Paducah)*
 Current MH Owner _____
 Current MH Location _____
 Current Land Owner *Michael & Corrie 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	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.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	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
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No			

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<i>Michael Ralls</i>	<i>PO Box 22, Anna IL</i>	<i>62906</i>	<i>833-3535 697-1802</i>
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 <i>Michael Ralls</i>	Address <i>PO Box 22, Anna IL 62906</i>	Application date <i>6-4-07</i>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <i>[Signature]</i>	Permit fee \$ <i>170.00</i>	Date permit issued <i>6-4-07</i>
		Permit number <i>#891</i>

Payment of *\$170.00* *CR# 2807* received by Union County Treasurer
 Date *6-5-07* *Buddy A. Pappas*

300

400

002
146.6 AC

001
125.50 AC

001
80 AC

6B

100

200

14

001
246.26 AC

300

400

001
149 AC

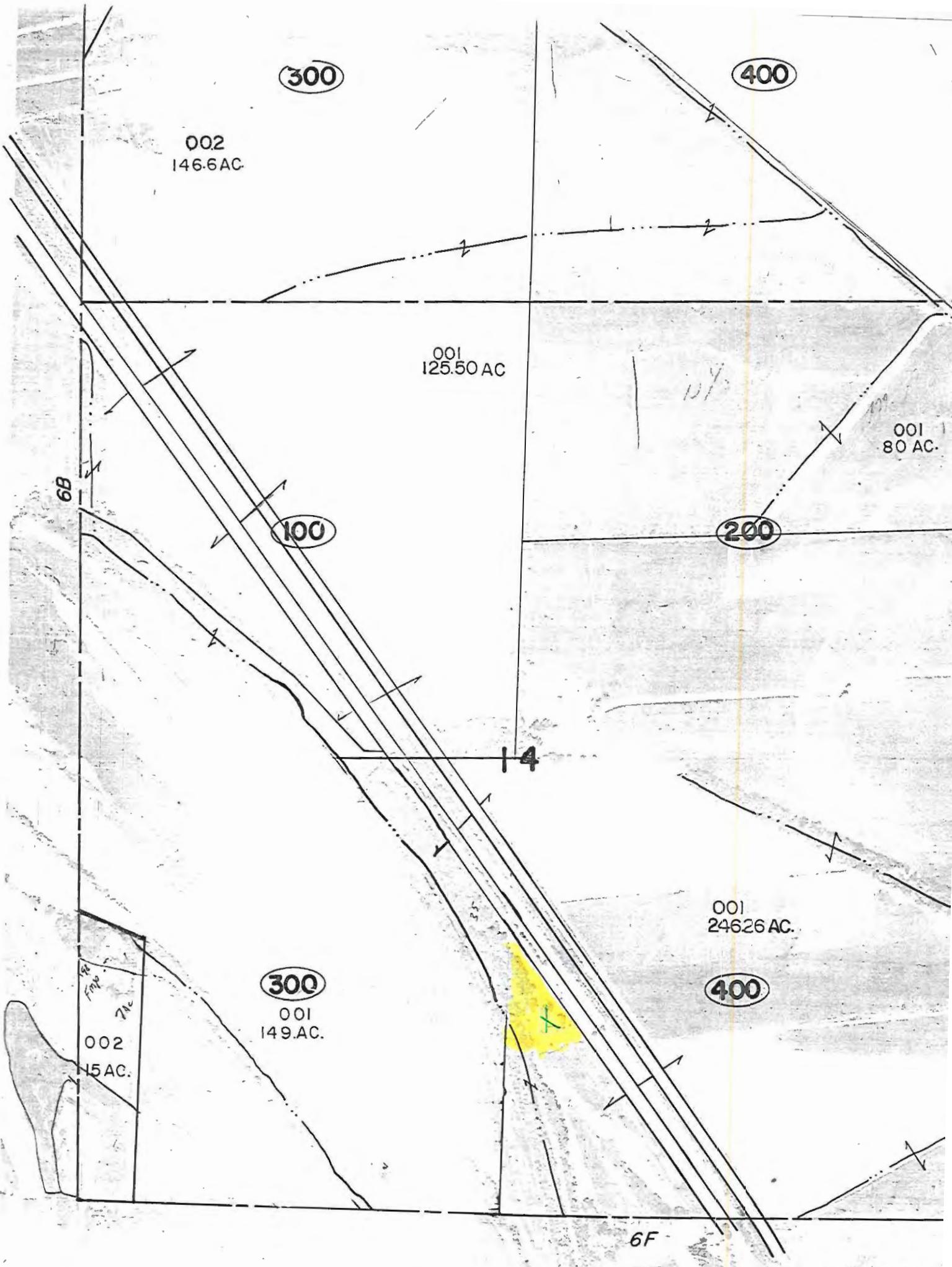
002
15 AC

7A
7B
7C

6F

UNION
T12S

082



UNION COUNTY Pi No. 07-13-05-354-C
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>Jamestown Rd Coldden</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>11-2W Sec 13 Pt E 1/2 SE</u>	N S E W from Intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input checked="" type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table> <p>Beginning construction date <u>Jun 15, 07</u></p> <p>Completion construction date <u>Aug 15, 07</u></p>	Residential	Nonresidential	12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <p>Make _____ Size <u>12x57</u> Yr. Model <u>1970</u></p> <p>Previous MH Owner <u>Javier Valdez</u></p> <p>Previous MH Location <u>Jamestown Rd. 07-13-05-351-B</u></p> <p>Current MH Owner <u>Javier Valdez</u></p> <p>Current MH Location <u>Jamestown Rd 07-13-05-354-C</u></p> <p>Current Land Owner <u>Javier Valdez</u></p>																										

COPY

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>0</u></p>	<p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <p>Make _____ Size <u>12x57</u> Yr. Model <u>1970</u></p> <p>Previous MH Owner <u>Javier Valdez</u></p> <p>Previous MH Location <u>Jamestown Rd. 07-13-05-351-B</u></p> <p>Current MH Owner <u>Javier Valdez</u></p> <p>Current MH Location <u>Jamestown Rd 07-13-05-354-C</u></p> <p>Current Land Owner <u>Javier Valdez</u></p>
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>50. Total land area, sq. ft. _____</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms { Full _____ Partial _____ }</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>Javier Valdez</u>	<u>PO Box 372, Coldden IL</u>	<u>62920</u>	<u>893-4076</u>
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 <u>Javier Valdez</u>	Address	Application date <u>5-25-07</u>
--	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>10.00</u>	Date permit issued <u>5-25-07</u>	Permit number <u>#888</u>
-----------------------------------	-------------------------------	--------------------------------------	------------------------------

Payment of \$10.00 (Cash) # Receipt 0005603 received by Union County Treasurer
 Date 6-21-07
[Signature]

May 24 07 08:37a

Phil Jackson

618-351-0181

P. 1

(2 Cabins)

UNION COUNTY Prop. No. **07-14-05-369**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING
 Number and street: **S14 TH - R2W**
 Subdivision or Addition: **PT. WY2. SW**
 Lot: **20.10 AC.**
 Block: **20.10 AC.**
 Census tract: **20.10 AC.**
 Legal Description: **N 5**
 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 of multifamily residential - enter number of units in building in part D, 13
 6 Moving (relocation)
 7 Foundation only
 8 Mobile Home

B. OWNERSHIP
 Be Private (Individual, corporation, non-profit institution, etc.)
 9 Public (Federal, State, or local government)

C. COST (Estimate)
 10. Cost of Improvement: **\$57,000**
 To be installed but not included in the above cost:
 a. Electrical } **13,000**
 b. Plumbing }
 c. Heating, air conditioning }
 d. Other (elevator, etc.) }
 11. TOTAL COST OF IMPROVEMENT: **each \$50,000 x 2 = 100,000.00 total cost**

D. PROPOSED USE - For "Working" 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: **1**
 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 Store, mercantile
 28 Tanks, towers
 29 Other - Specify: _____
 Beginning construction date: **JUNE 15, 07**
 Completion construction date: **SEP 15, 07**

MOBILE HOME INFO:
 Date MH was set-up: _____
 Make: _____ Size: _____ Yr. Model: _____
 Previous MH Owner: _____
 Previous MH Location: _____
 Current MH Owner: **2 Cabins 50,000 each**
 Current MH Location: _____
 Current Land Owner: _____

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for working, 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 level of floor area, all floors, based on exterior dimensions: **576** # basement
 50 Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES
 51 Enclosed: **0**
 52 Outdoors: **2**

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 YORK	2625 Skyline Dr. Alto Pass	62905	
2. Contractor or Builder: DAN MARK ENTERPRISE, INC.	1614 MILLINGTON HILLS RD ALTO PASS, IL	62905	618-301-7191
3. Architect: Wilderness Cabin Co.	230 CATION RD, KELOWNA, CANADA	V4V 3K5	766-5474

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: **Dan York** Address: **2625 Skyline Dr, Alto Pass** Application date: **5-24-07**

Approved by: **Bill Jackson** Permit fee: **210.00** Date permit issued: _____ Permit number: **887**

ASSESSOR OFFICE
FAX NO. 618-833-7099

ATT JACKSON

KEITH G. SCOTT
USA

22.19 AC.
#5365A

001
241.20 AC.

100

200

001
104 AC.

002
61.29
TRACT VI

14

005
34.81 AC. 70 B
#5370B

003
10.38

004
13.80

004
10.64

002
20.07 AC.
#5370

001
5.216

300

002
37.5 AC.

400

006
15.365 AC.
#5372A3

004
20.10 AC.
#5369

007
5.96
AC
#5371

010
5.34
AC
#5372A

008
1.1 AC.
#5372A

003
10 AC.

004
9.18 AC.

007
17.12 AC.

3B

3F

UNION
T!

UNION COUNTY Proj. 14-00-12-036-B
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>163 Bluff Ln. Goreville</u>	Subdivision or Addition <u>Wilderness Trail Acres #32</u>	Lot <u>51</u>	Block <u>1</u>	Census tract
	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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p> </td> </tr> </table> <p>Beginning construction date <u>5-21-07</u></p> <p>Completion construction date <u>7-21-07</u></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p>																
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p>																		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
Make	Size	Yr. Model																	
Previous MH Owner																			
Previous MH Location																			
Current MH Owner																			
Current MH Location																			
Current Land Owner																			

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT <u>\$160,000</u></p>	<p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>2</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>30x40 1200sq</u></p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>3</u></p> <p>54. Number of bathrooms { Full <u>2</u> Partial <u>1</u></p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner <u>David Gold</u>	<u>310 N Ferns Clyffe Rd. Goreville</u>	<u>62939</u>	<u>618-995-1464</u>
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 <u>5-24-07</u>
----------------------------	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by 	Permit fee <u>\$130.00</u>	Date permit issued <u>5-24-07</u>	Permit number <u>#886</u>
-----------------	-------------------------------	--------------------------------------	------------------------------

Payment of \$130.00 Cash received by Union County Treasurer
 Date 6-5-07

UNION COUNTY ^{Prop. No.} 05-33-04-160-F
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 N PT SW PT NW OF RR S-33 T12R1W	N S E W from Intersection of _____ end _____ Streets	Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify</p>		

<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p align="center">MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td colspan="2">Previous MH Location</td> </tr> <tr> <td>Current MH Owner</td> <td colspan="2">Current MH Location</td> </tr> <tr> <td>Current Land Owner</td> <td colspan="2"></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner	Previous MH Location		Current MH Owner	Current MH Location		Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 30' x 48' 1440</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

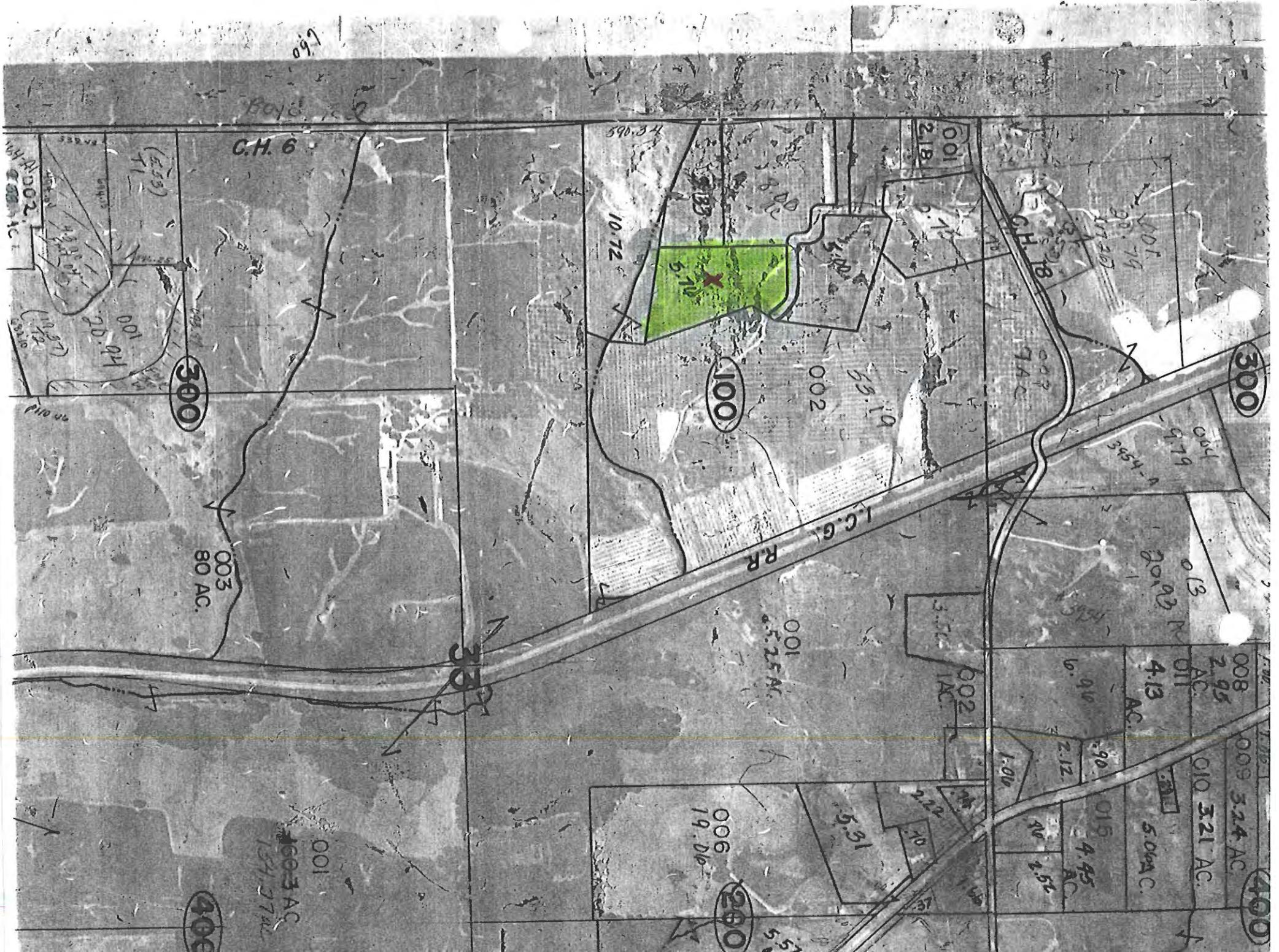
IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Terry Riley 1370 HWY 51 S ANNA IL 62906		833-9225
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. **TDR**

Signature of applicant Terry Riley	Address 1370 HWY 51 S ANNA IL	Application date 21 MAY 07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by Bill Jackson	Permit fee \$18.00	Permit number 885

Payment of **\$18.00** **CK # 1710** received by Union County Treasurer
 Date **5-22-07**
Bobby A. Mays
Treas.



690

C.H. 6

300

003
80 AC.

100

I.C.G.
RR

001
5.25 AC.

200

006
19.06

300

008
2.95
AC

5.04 AC.

400

009 3.24 AC

010 3.21 AC.

4.95
AC

001
160.3 AC
154.07 AC

400

UNION COUNTY Prop. ...
BUILDING PERMIT APPLICATION

09-29-06-568-A

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

I. LOCATION OF BUILDING	Number and street 845 HANGING ROCK LN	Subdivision or Addition	Lot	Block	Census track
	Legal Description SEC 19 T13 R2W PT SE NW + NE 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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify POLE BARN</p> <p>Beginning construction date 06/01/07</p> <p>Completion construction date 06/30/07</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ 16000.00</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 16000.00</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <p>Make _____ Size _____ Yr. Model _____</p> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>
---	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify POLE BARN</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public N/A</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. 30 X 50</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input checked="" type="checkbox"/> Other - Specify NONE</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public N/A</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed N/A</p> <p>52. Outdoors</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms N/A</p> <p>54. Number of bathrooms { Full N/A / Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	BRAD PENDER	845 HANGING ROCK LN MCCLURE, IL 62957		618- 833- 3739
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
<i>[Signature]</i>		5-18-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
<i>[Signature]</i>	42.00		884

Payment of **\$42.00** **CK # 1386** received by Union County Treasurer
Date **5-22-07** *[Signature]*

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

03-07-01-439

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

I. LOCATION OF BUILDING	Number and street <u>3550 Christian Chapel Rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S7 T13 R1E SE NE</u>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: <u>5 15 07</u></p> <p>Make <u>1963</u> Size <u>20x55</u> Yr. Model _____</p> <p>Previous MH Owner _____</p> <p>Previous MH Location <u>Eldgin</u></p> <p>Current MH Owner <u>Claude Smith</u></p> <p>Current MH Location <u>3550 Christen Chapel Rd Douglas</u></p> <p>Current Land Owner <u>William Smith</u></p>		

COPY

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>8000.00</u></p>	
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms <u>1</u></p> <p>54. Number of bathrooms { Full <u>1</u> Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Claude Smith 310 W Pavia Anna IL</u>	<u>62906</u>	<u>6144934</u>
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 <u>Claude Smith</u>	Address	Application date <u>5/15/07</u>
---	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>Bill Jackson</u>	Permit fee \$ <u>28.00</u>	Date permit issued	Permit number <u>883</u>

Payment of \$ 28.00 CR # 7395 received by Union County Treasurer
Date 5-22-07
Bobby A. Morgan



001
43.05
AC

002
1.60 AC

002
1.10 AC

003
86 AC

002
1.60 AC

100

004
39.95

001
28.16 AC

5.49

006
43.85

003
30 AC

004
54.75

300

002
82.85 AC

001
30.24 AC

004
766.87 AC

100

006
77.89 AC

005
5.84 AC

200

002
52.75 AC

001
15.70

003
40 AC

005
2.3 AC

002
70.12 AC

200

001
21 AC

001
80 AC

003
66.2 AC

004
1.80

004
25.00

002
94

002
94

1943

100

001
1.00 AC

001
3.81

001
94

001
94

UNION COUNTY Prop. no. 08-23-05-975
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>2875 Rt 146 W</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S 23 + 12 R 2W</u>	N S		E W from intersection of _____ and _____ Streets	
	<u>PT NE NE</u>	Applicable Zoning District <u>County</u>			

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

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input checked="" type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Carport</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input checked="" type="checkbox"/> Industrial	15 <input type="checkbox"/> Carport	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input checked="" type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Carport	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	Beginning construction date <u>5-4-07</u> Completion construction date <u>6-4-07</u> Beginning construction date <u>5-4-07</u> Completion construction date <u>6-4-07</u> <i>Putting on Foundation of old metal - restaurant</i>																										

C. COST (Estimated) 10. Cost of improvement COPY <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT <u>\$20,000.00</u>	MOBILE HOME INFO: (Omit cents) 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input checked="" type="checkbox"/> Other - Specify <u>Square Post metal</u>	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories <u>1</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>7000</u> 50. Total land area, sq. ft.
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify <u>none</u>	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	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	<u>TERRY REYNOLD</u>	<u>PO BOX 728</u>	<u>62972</u>	<u>618</u>
		<u>JONES BONE, TX</u>		<u>933 23</u>
2. Contractor or Builder	<u>SAME</u>			
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 <u>Terry Reynolds</u>	Address <u>2875 Rt 146 W PO Box 728</u>	Application date <u>5-3-07</u>
---	--	-----------------------------------

Approved by <u>G. A. Jackson</u>	Permit fee <u>\$ 50.00</u>	Date permit issued	Permit number <u>882</u>
-------------------------------------	-------------------------------	--------------------	-----------------------------

Payment of \$50.00 CV# 12517 received by Union County Treasurer
 Date 5/22/07
Bobby L. Johnson

New parcel

UNION COUNTY Prop. 1 BUILDING PERMIT APPLICATION

05-32-04-149-A

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

I. LOCATION OF BUILDING
Number and street: 2682 Boyd Rd. Annex
Legal Description: 12-1W Sec 32
Subdivision or Addition: N(S)
E W from Intersection of Sadler and Boyd 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

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: 12-1-06
Completion construction date: 09-1-07

C. COST (Estimated)
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 \$ 290,000

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 [X] Other - Specify POST & Beam

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 2105
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 2, Partial 1

IV. IDENTIFICATION - To be completed by all applicants

Table with 4 columns: Name, Mailing address - Number, street, city and state, ZIP code, Tel. No.
1. Owner: Glenn Beanland, 715 Bartruff Rd. Anna, IL 62906, 618-833-7452
2. Contractor or Builder: Danny Schwartz, Post & Beam, Eldorado Springs, MO 64744, 417-861-5142
3. Architect: John Biedenstein, Cadwocky Designs, Eldorado Springs, MO 64744, 417-876-4259

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: Glenn J. Beanland
Address: 715 Bartruff Rd. Anna IL
Application date: 5-9-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE
Approved by: [Signature]
Permit fee: \$ 590.00
Date permit issued: 5-9-07
Permit number: #881

Payment of \$590.00 CK # 10311 received by Union County Treasurer
Date: 5/32/07
[Signature]

UNION COUNTY Prop. **07-13-05-354-C**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 225 Jamestown Rd, Cobden	Subdivision or Addition	Lot	Block	Census track
	Legal Description 11-2W Sec 13 Pt E 1/2 SE	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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input checked="" type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>		Residential	Nonresidential	12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																												
12 <input checked="" type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																												
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																												
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																												
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																												
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																												
17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional																												
	24 <input type="checkbox"/> Office, bank, professional																												
	25 <input type="checkbox"/> Public utility																												
	26 <input type="checkbox"/> School library, other educational																												
	27 <input type="checkbox"/> Stores, mercantile																												
	28 <input type="checkbox"/> Tanks, towers																												
	29 <input type="checkbox"/> Other - Specify _____																												
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		Beginning construction date June 1, 07 Completion construction date July 1, 07 Beginning construction date _____ Completion construction date _____																											

C. COST (Estimated) 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 \$ 5000	MOBILE HOME INFO: Date MH was set-up: _____ Make Skyline Size 720 Yr. Model 1973 Previous MH Owner _____ Previous MH Location 1189 James Town Rd. 07-13-05-351-B Current MH Owner Francisco Duran Current MH Location 225 James Town Rd 07-13-05-354-C Current Land Owner Francisco Duran
---	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	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.
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		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	Francisco Duran	225 Jamestown Rd, Cobden IL	62920	618-614-455
2. Contractor or Builder				
3. Architect				

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

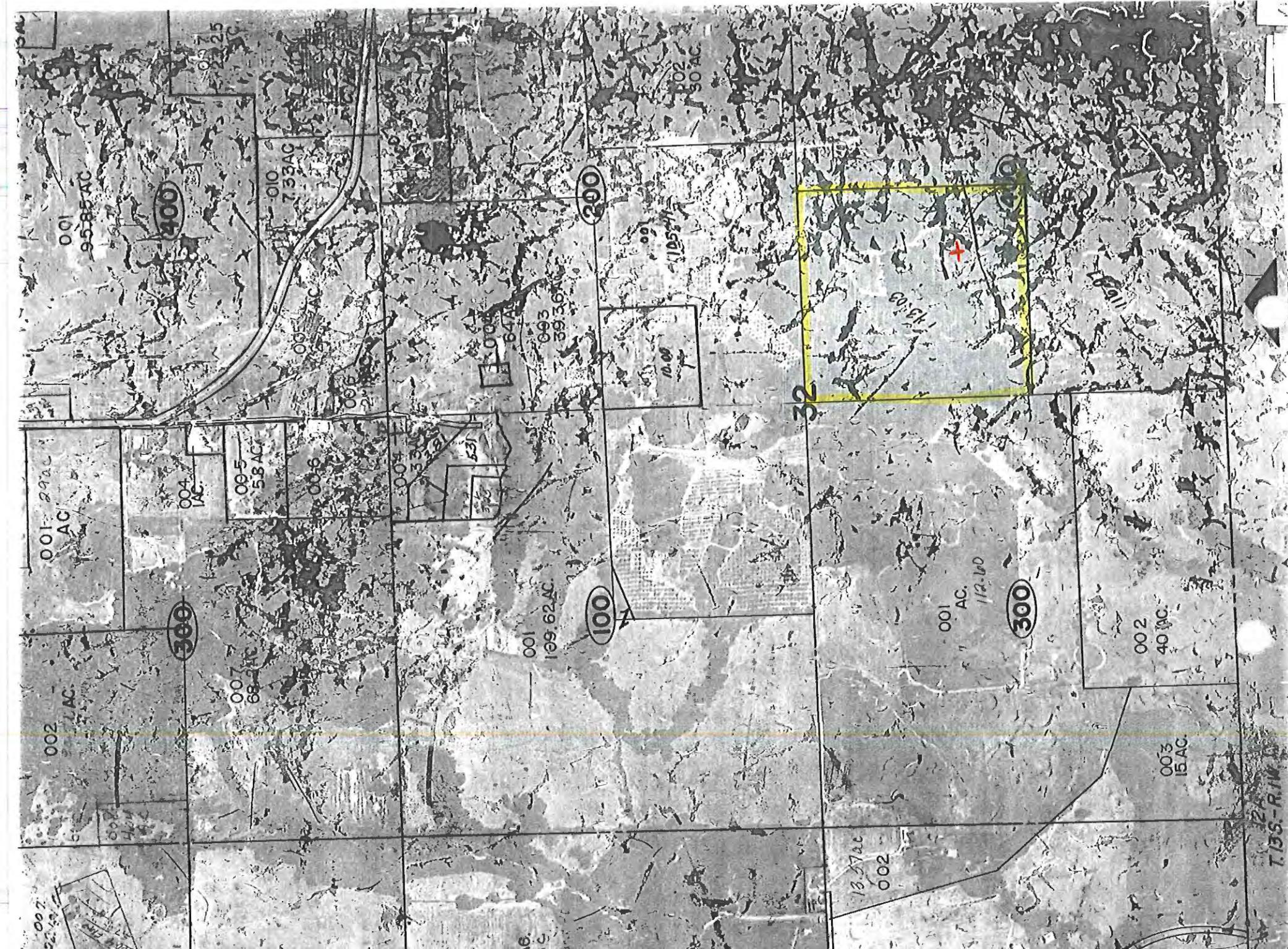
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant Lilia Charicata	Address "	Application date 5-9-07
--	--------------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

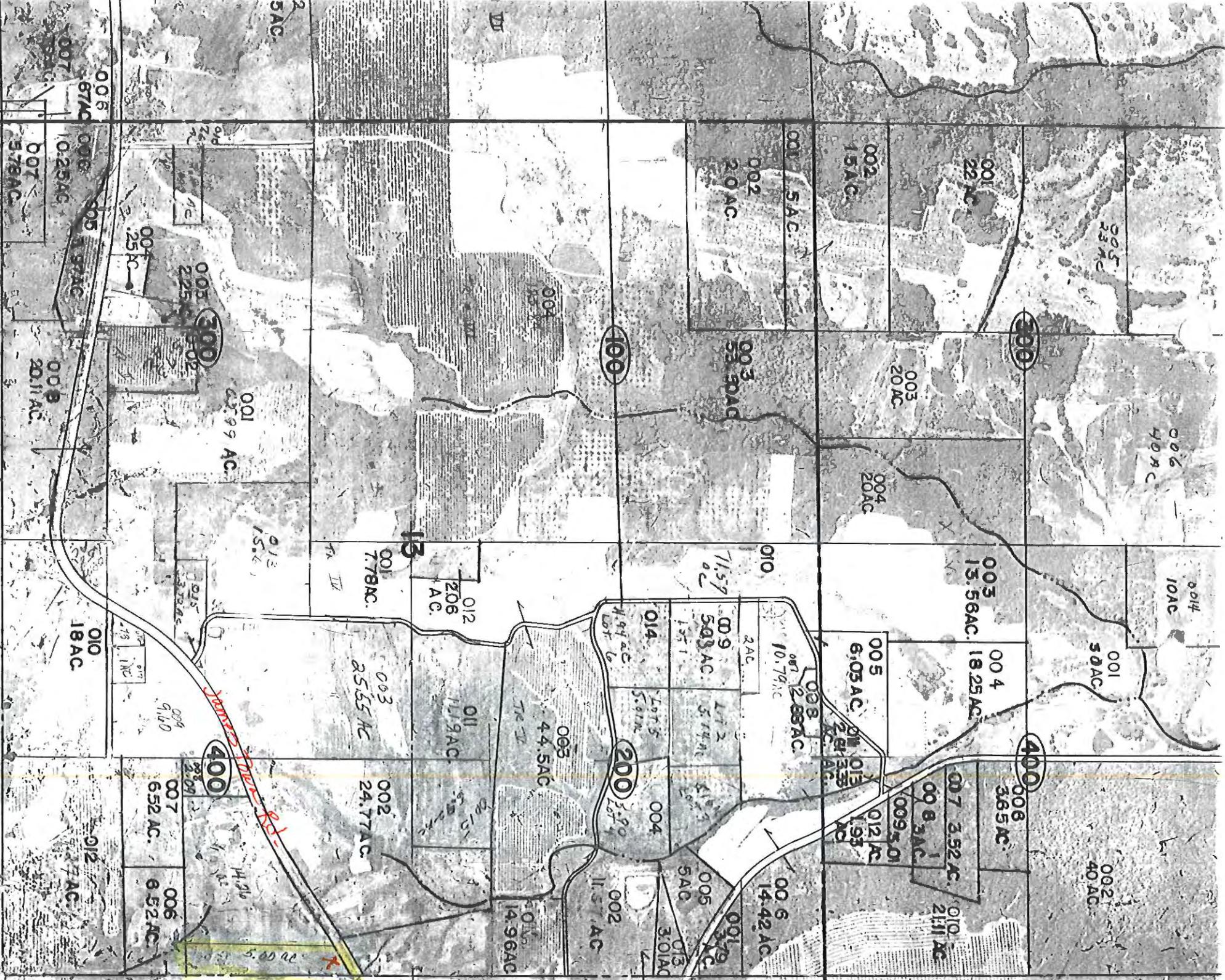
Approved by [Signature]	Permit fee \$ 20.00	Date permit issued 5-9-07	Permit number #880
-----------------------------------	-------------------------------	-------------------------------------	------------------------------

Payment of **\$20.00 Cash** received by Union County Treasurer
 Date **5-23-07**
[Signature]



T.135-R.1W

UNION COUNTY



UNION COUNTY Prop. No. 05-23-03-175
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>2356 Dogwalk rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>121 W Sec 23</u>	N S E W from intersection of _____ and _____ Streets			
	<u>Spa + NE NE 21-84ac</u>				

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p align="center" style="font-size: 2em; color: blue; opacity: 0.5;">COPY</p> <p>MOBILE HOME INFO:</p>		

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>30000</u></p>	<p>(Omit cents)</p> <p>Date MH was set-up: <u>April 23 2007</u></p> <p>Make <u>Fleetwood</u> Size <u>24 x 44</u> Yr. Model <u>2007</u></p> <p>Previous MH Owner <u>New</u></p> <p>Previous MH Location <u>New</u></p> <p>Current MH Owner <u>Sam Newman, Katy Mogen</u></p> <p>Current MH Location <u>2356 Dogwalk rd</u></p> <p>Current Land Owner <u>Kathron Hill</u></p>
--	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

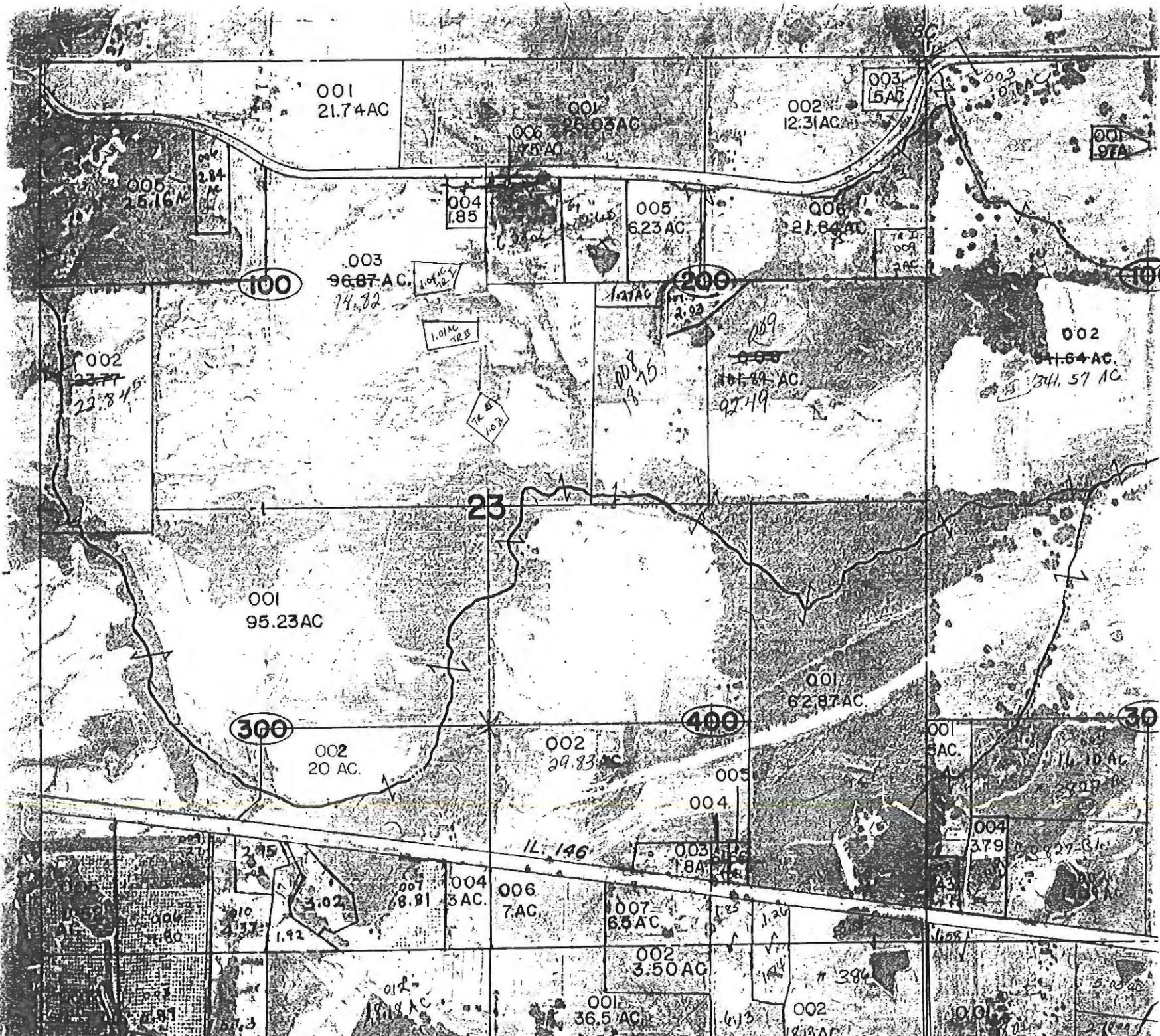
IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Katy Mogen 2356 Dogwalk rd Anna, IL</u>	<u>62906</u>	<u>618-614-4615</u>
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 <u>Katy Mogen</u>	Address <u>2356 Dogwalk rd</u>	Application date <u>5-8-07</u>
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>Diel Pelton</u>	Permit fee \$ <u>70.00</u>	Permit number <u>879</u>
	Date permit issued <u>5-8-07</u>	

Payment of \$70.00 CK # 9150 received by Union County Treasurer
 Date 5-22-07 Billy A Mogen



UNION COUNTY Prop. No. 07-05-05-180
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 1020 Thompson Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description Alto Pass	N S E W from intersection of _____ and _____ Streets			
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>				
<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$</p>				
		<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td>Make</td> <td>Size</td> <td>Yr. Model</td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model
Make	Size	Yr. Model			

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	Myron Albers 1020 Thompson Rd. Alto Pass IL	62905	893-4359
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 Myron C. Albers	Address	Application date 5-8-07
--	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee \$ -0-	Date permit issued 5-8-07	Permit number #878
-------------	-----------------------------	-------------------------------------	------------------------------

Payment of _____ received by Union County Treasurer
 Date _____

UNION COUNTY Pro. J. 14-06-10-824
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 1740 Balcom Rd.	Subdivision or Addition AM Corzines Add.	Lot 1,2,3	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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>

COPY

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 70,000</p>	<p>MOBILE HOME INFO:</p> <p>Date MH was set-up: May 14, 2007 (estimated)</p> <p>Make ? Size 60x28 Yr. Model 2006</p> <p>Previous MH Owner _____</p> <p>Previous MH Location Pinkneyville</p> <p>Current MH Owner Mathis: Jean Ayers</p> <p>Current MH Location _____</p> <p>Current Land Owner Mathis: Jean Ayers</p>
---	---

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 60x28</p> <p>50. Total land area, sq. ft.</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify propane</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner Mathis: Jean Ayers	1740 Balcom Rd, Anna	62904	697-0443
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 Mathis Ayers	Address 1740 BALCOM RD.	Application date 4-30-07
---	-----------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by Jill Fisher	Permit fee \$ 150	Date permit issued 4-3-07	Permit number #876
-----------------------------------	-----------------------------	-------------------------------------	------------------------------

Payment of **\$150.00 CK #888** received by Union County Treasurer
Date **5-8-07** **Bobby St. Mary**

UNION COUNTY Prop. No. 04-35-02-885
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 S35 T11 R1W 3.75ac PT NE NW Parcel A		N S E W from Intersection of _____ and _____ Streets Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input checked="" type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any. In Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>		

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

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 640</p> <p>50. Total land area, sq. ft.</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>	
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 1</p> <p>54. Number of bathrooms { Full 1 Partial</p>		

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. Tammy Clark	PO Box 284 Cobden IL	62920	893-1547
2. Contractor or Builder Self	Same.		
3. Architect			

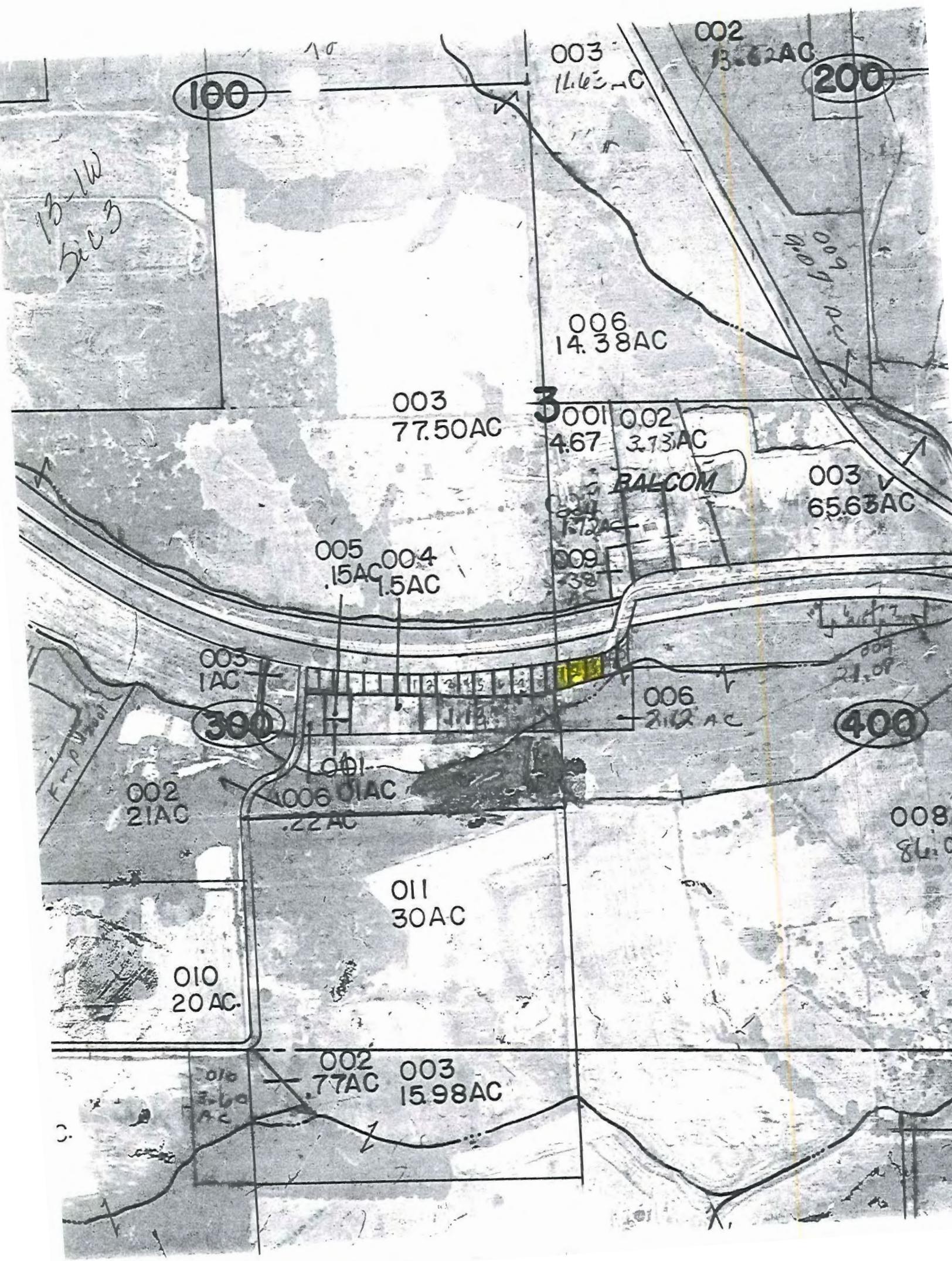
The owner of this building and the undersigned agree to conform to all applicable laws of Union County. I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant Tammy Clark	Address PO Box 284 Cobden IL 62920	Application date 4-27-07
--	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by [Signature]	Permit fee \$ 30.00	Date permit issued 4-27-07	Permit number 845
-----------------------------------	-------------------------------	--------------------------------------	-----------------------------

Payment of **\$30.00 Cash** received by Union County, Treasurer
 Date **5/21/07** **[Signature]**



100

200

13-1W
5003

003
11.63 AC

002
13.62 AC

006
14.38 AC

003
77.50 AC

3
001 4.67
002 3.73 AC

BALCOM

003
65.63 AC

005 .15 AC
004 1.5 AC

009
38

003
1 AC

300

006
21.2 AC

400

002
21 AC

001
006 .22 AC

011
30 AC

010
20 AC

002 77 AC
003 15.98 AC

008
86.0

**UNION COUNTY Prop. J.
BUILDING PERMIT APPLICATION**

05-25-03-845-E

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

I. LOCATION OF BUILDING	Number and street 95 Hess School Lane.	Subdivision or Addition	Lot	Block	Census track
	Legal Description Anna, IL 62906.	N S			
	S25 T12 RIW NPT NW	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		D. PROPOSED USE - For "Wrecking" most recent use	
1 <input checked="" type="checkbox"/> New Building	2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)	12 <input checked="" type="checkbox"/> One family (2-story modular)	18 <input type="checkbox"/> Amusement, recreational
3 <input type="checkbox"/> Alteration (See 2 above)	4 <input type="checkbox"/> Repair, replacement	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious
5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)	6 <input type="checkbox"/> Moving (relocation)	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial
7 <input type="checkbox"/> Foundation only	8 <input type="checkbox"/> Mobile Home	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking Garage
		16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage
		17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional
			24 <input type="checkbox"/> Office, bank, professional
			25 <input type="checkbox"/> Public utility
			26 <input type="checkbox"/> School, library, other educational
			27 <input type="checkbox"/> Stores, mercantile
			28 <input type="checkbox"/> Tanks, towers
			29 <input type="checkbox"/> Other - Specify _____

Beginning construction date **4/28/2007**
Completion construction date **7/31/2007**
Estimated only.

B. OWNERSHIP		MOBILE HOME INFO:	
8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)	9 <input type="checkbox"/> Public (Federal, State, or local government)	Date MH was set-up:	
		Make	Size
		Previous MH Owner	Yr. Model
		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		G. TYPE OF SEWAGE DISPOSAL		J. DIMENSIONS	
30 <input type="checkbox"/> Masonry (wall bearing)	31 <input type="checkbox"/> Wood frame	40 <input type="checkbox"/> Public	41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	48. Number of stories	2
32 <input type="checkbox"/> Structural steel	33 <input type="checkbox"/> Reinforced concrete	H. TYPE OF WATER SUPPLY		49. Total square feet of floor area, all floors, based on exterior dimensions	1200
34 <input type="checkbox"/> Other - Specify _____		42 <input type="checkbox"/> Public	43 <input checked="" type="checkbox"/> Individual (well, cistern)	50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL		I. TYPE OF MECHANICAL		K. NUMBER OF OFF-STREET PARKING SPACES	
35 <input type="checkbox"/> Gas	36 <input type="checkbox"/> Oil	Will there be central air conditioning?		51. Enclosed	
37 <input checked="" type="checkbox"/> Electricity	38 <input type="checkbox"/> Coal	44 <input checked="" type="checkbox"/> Yes	45 <input type="checkbox"/> No	52. Outdoors	
39 <input type="checkbox"/> Other - Specify _____		Will there be an elevator?		L. RESIDENTIAL BUILDINGS ONLY	
		46 <input type="checkbox"/> Yes	47 <input checked="" type="checkbox"/> No	53. Number of bedrooms	3
				54. Number of bathrooms	2
				{ Full	0
				{ Partial	1

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	PH. NO.
1. Owner	Travar Beardsley	738 Monroe Rd., Barlow, KY	42024	270-748-9706
	Xiaoxin Wang	2951 W. Sunset Dr., A, Carbondale, IL	62901	618-534-7668
2. Contractor or Builder	New Horizon Homes	1707 E. De Young 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.

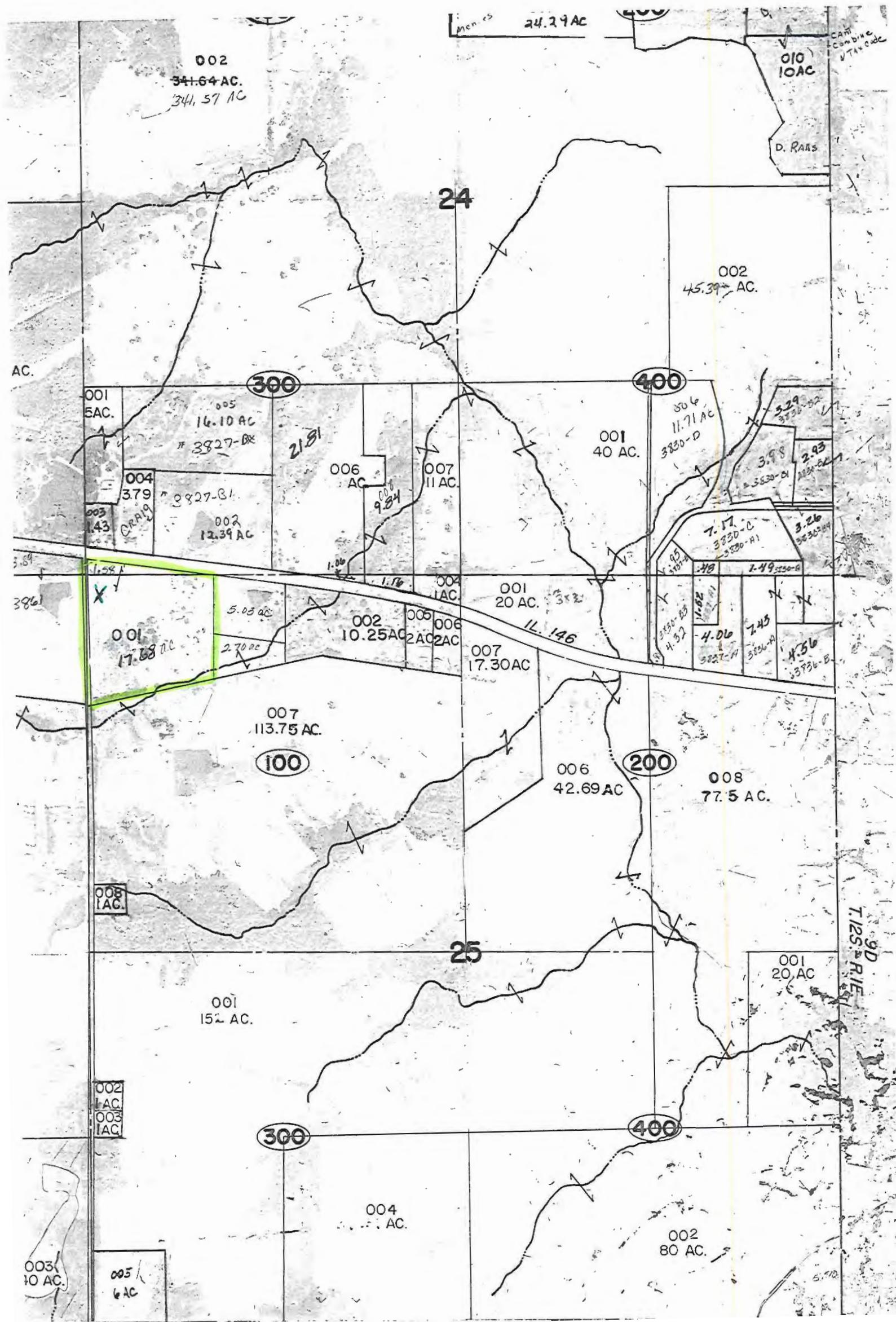
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant <i>[Signature]</i>	Address 2951 W. Sunset Dr., A, Carbondale, IL 62901	Application date 4/27/2007
--	---	--------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>[Signature]</i>	Permit fee \$ 374.00	Date permit issued 4-27-07	Permit number 874
-----------------------------------	--------------------------------	--------------------------------------	-----------------------------

Payment of **\$374.00** CK # **72.0** received by Union County Treasurer
Date **5-8-07**
[Signature]



UNION COUNTY Per. No. 05-28-03-775
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 705 Dogwalk Rd, Anna	Subdivision or Addition	Lot	Block	Census track
	Legal Description 12-1W SEC 23	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wracking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input checked="" type="checkbox"/> Other - Specify pole barn concrete floor</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input checked="" type="checkbox"/> Other - Specify pole barn concrete floor	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input checked="" type="checkbox"/> Other - Specify pole barn concrete floor	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	Beginning construction date _____ Completion construction date _____																										

COPY

C. COST (Estimated) 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 \$ 12000.	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 30x50 1500sq 50. Total land area, sq. ft.
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms 54. Number of bathrooms { Full Partial	

IV. IDENTIFICATION - To be completed by all applicants

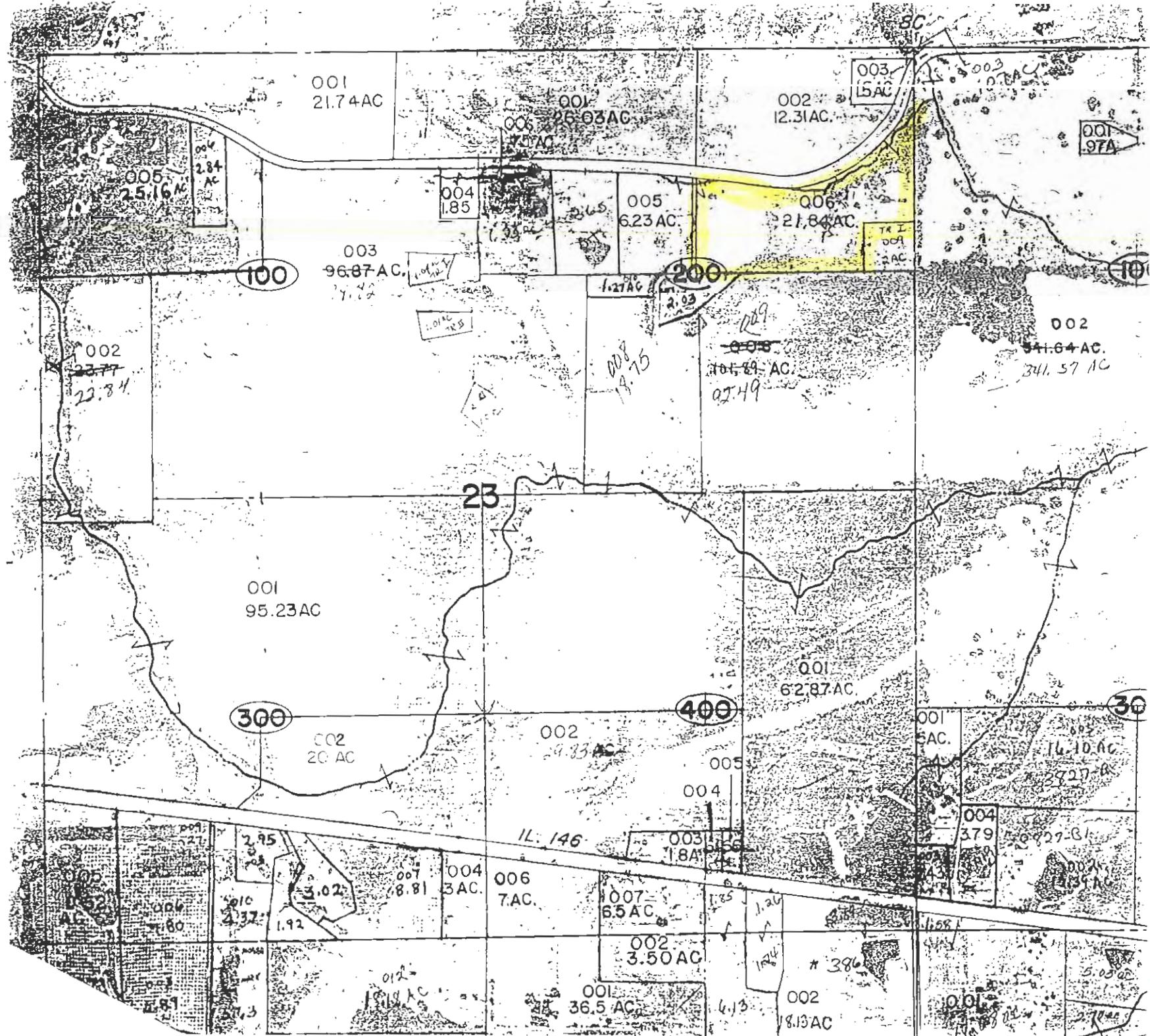
Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner Donna K Hill Morgan	705 Dogwalk Rd Anna IL	62906	618-833-8494
2. Contractor or Builder			
3. Architect			

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 Donna Morgan	Address 705 Dogwalk Rd Anna IL	Application date 4-27-07
---	--	------------------------------------

Approved by [Signature]	Permit fee \$ 34.00	Date permit issued 4-27-07	Permit number 873
-----------------------------------	-------------------------------	--------------------------------------	-----------------------------

Payment of **\$34.00 CK # 9132** received by Union County Treasurer
 Date **5-8-07** **Bobby A. Morgan**



UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

07-17-05-447

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

I. LOCATION OF BUILDING	Number and street 3200 Bald Knob Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description S17 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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date April 30, 2007</p> <p>Completion construction date April 2008</p> <p>Beginning construction date 4-30-07</p> <p>Completion construction date 4-30-08</p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ 70,000</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 70,000</p>
--	--

MOBILE HOME INFO:

(Omit cents)

Date MH was set-up: _____

Make **1995** Size **12 X 48** Yr. Model _____

Previous MH Owner _____

Previous MH Location _____

Current MH Owner _____

Current MH Location _____

Current Land Owner _____

COPY

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input checked="" type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft. 900 sq ft</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms 1</p> <p>54. Number of bathrooms { Full 1 Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

#	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	Barbara Casey 238 Oak Street Zuger, Ill.	62999	596-4081
2.	Contractor or Builder	Jacks Construction		
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 Barbara L Casey	Address 238 Oak Street Zuger, Ill.	Application date 4/27/07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by [Signature]	Permit fee \$ 150.00	Date permit issued 4-27-07
		Permit number 872

Payment of **150.00 CK # No No.** received by Union County Treasurer
Date **5-8-07** **[Signature]**

001
177.5 AC

USA

300

001
11 AC

002
25.50 AC

USA
001
60 AC

100

002
20 AC

USA

001
120 AC

200

003
32 AC

002
8.00 AC

001
70 AC

400

400

USA

300

001
157.5 AC

003
10.00 AC

002
3.03 AC

USA

400

002
5.16 AC

004
11.94

003
3 AC

001
135 AC

1 COUNTY

S-R2W

3D

3B

NORTH
60m

3A

0

**UNION COUNTY Prop '0.
BUILDING PERMIT APPLICATION**

04-2402-479

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

I. LOCATION OF BUILDING	Number and street <u>3250 KERR CANTON RD</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S13 T11 R1W SE SE, E SDE 1/2 SW SE</u>	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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input checked="" type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date <u>3/1/07</u> Completion construction date <u>7/1/07</u>		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		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 _____			

C. COST (Estimated) 10. Cost of Improvement \$ <u>60,000</u> 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 \$		(Omit cents) 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories <u>2</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>3,000</u> 50. Total land area, sq. ft. <u>206 ACRES</u>	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input checked="" type="checkbox"/> Other - Specify <u>WOOD</u>		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed <u>0</u> 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <u>4</u> 54. Number of bathrooms { Full <u>2</u> Partial <u>1</u>			

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>CLIFTON HOWELL</u> <u>KIM HOWELL</u>	<u>1565 BETHEL CHURCH RD, COBDEN, IL</u>	<u>62920</u>	<u>893-4959</u>
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 <u>Kim Howell</u>	Address <u>1565 BETHEL CHURCH RD. COBDEN IL</u>	Application date <u>4/25/07</u>
---	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee <u>\$ 130.00</u>	Date permit issued <u>4-25-07</u>	Permit number <u>871</u>

Payment of \$130.00 CK #4917 received by Union County Treasurer
 Date 5-8-07
[Signature]

UNION COUNTY Prop. No. 05-28-03-968
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 1770 LIS HWY 51	Subdivision or Addition	Lot	Block	Census track
	Legal Description S28 T12 R1W 1.06 AC N S RT LOT 102 W/2 SE SUBDIVISION W OF HWY 51	E W from Intersection of _____ and _____ Streets			
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Storage, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Storage, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Storage, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$ 14000</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$</p>		

COPY

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories 1</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions 30x44</p> <p>50. Total land area, sq. ft. 1320</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full partial</p>

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Ravi clandez 1770 Hwy 51 S. ANNA IL 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 4-20-07
------------------------	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <i>[Signature]</i>	Permit fee \$ 46.00	Date permit issued 4-20-07	Permit number 870
-----------------------------------	-------------------------------	--------------------------------------	-----------------------------

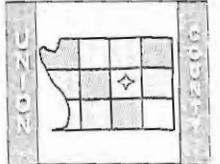
Payment of **\$46.00 CK # 1566** received by Union County Treasurer
 Date **5-8-07**
[Signature]

T-12-S • R-1-W



© Farm & Home Publishers, Ltd.

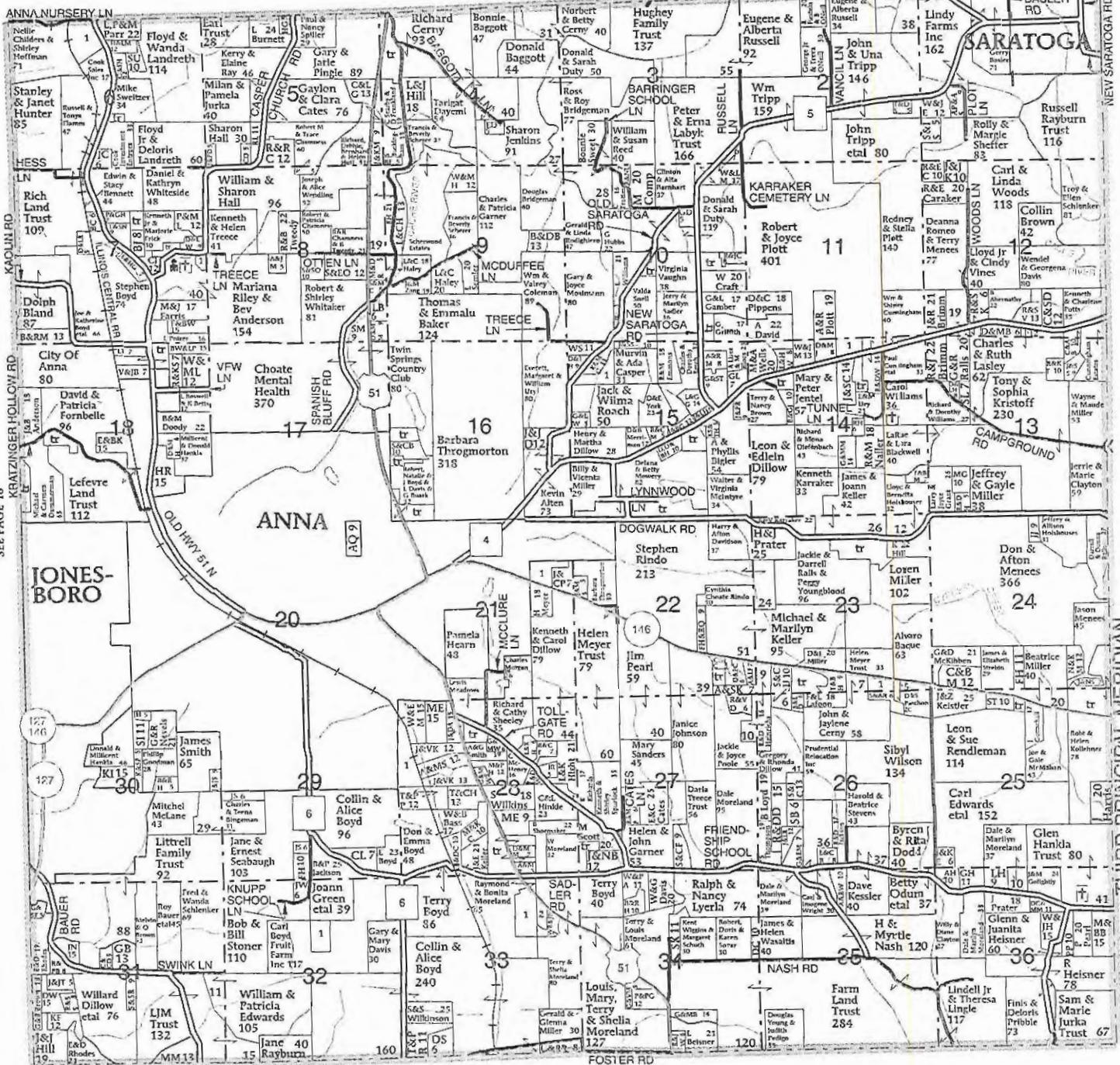
See Page 51 For Additional Names.



SEE PAGE 13

JOHN RICK SCHOOL RD

BRADSHAW RD



SEE PAGE 21

A SAFETY REMINDER FROM:



Be Safety Wise!!

Safety Comes First
In What Ever You Do
Fun or Work!!!



UNION COUNTY Prop. No. 08-23-05-995-C
BUILDING PERMIT APPLICATION

IMPORTANT - Complete ALL items. Mark boxes where applicable. SEE EACH SIDE

I. LOCATION OF BUILDING	Number and street	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <i>12-2W PT NE SE</i>	N S E W from intersection of _____ and _____ Streets	Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify <u>shed</u></p> <p>Beginning construction date <u>4-27-07</u></p> <p>Completion construction date <u>5-4-07</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date _____</p> <p>Completion construction date _____</p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>		

COPY

<p>C. COST (Estimated)</p> <p>10. Cost of improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>7,000</u></p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Make</td> <td style="width:30%;">Size</td> <td style="width:40%;">Yr. Model</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Previous MH Owner _____</p> <p>Previous MH Location _____</p> <p>Current MH Owner _____</p> <p>Current MH Location _____</p> <p>Current Land Owner _____</p>	Make	Size	Yr. Model			
Make	Size	Yr. Model					

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions <u>16x20 320sq</u></p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	<u>Pat Mewery</u>	<u>106 Ashlar, Jonesboro, IL</u>	<u>62952 618-833-6943</u>
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 <u>Pat Mewery</u>	Address	Application date <u>4-18-07</u>
---	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>Dick Fisher</u>	Permit fee \$ <u>24.00</u>	Date permit issued <u>4-18-07</u>	Permit number <u>8697</u>

Payment of \$24.00 CK #6536 received by Union County Treasurer
 Date 5-8-07
Benny J. Mewery

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION

08-23-05-987

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

I. LOCATION OF BUILDING	Number and street 260 TRIPP CEMETERY LANE	Subdivision or Addition	Lot	Block	Census track
	Legal Description S23 T12 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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify Pole Barn Beginning construction date 5-1-07 Completion construction date 6-1-07	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	COPY	

C. COST (Estimated) 10. Cost of improvement \$ 8,000- <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 8,000-	<i>(Omit cents)</i>		
	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 32 X 32 50. Total land area, sq. ft. 1024	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input checked="" type="checkbox"/> Other - Specify wood - if any	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	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 Russell Sullivan	260 TRIPP CEMETERY LANE Jonesboro IL 62952	62952	618 833-2504
2. Contractor or Builder			
3. Architect			

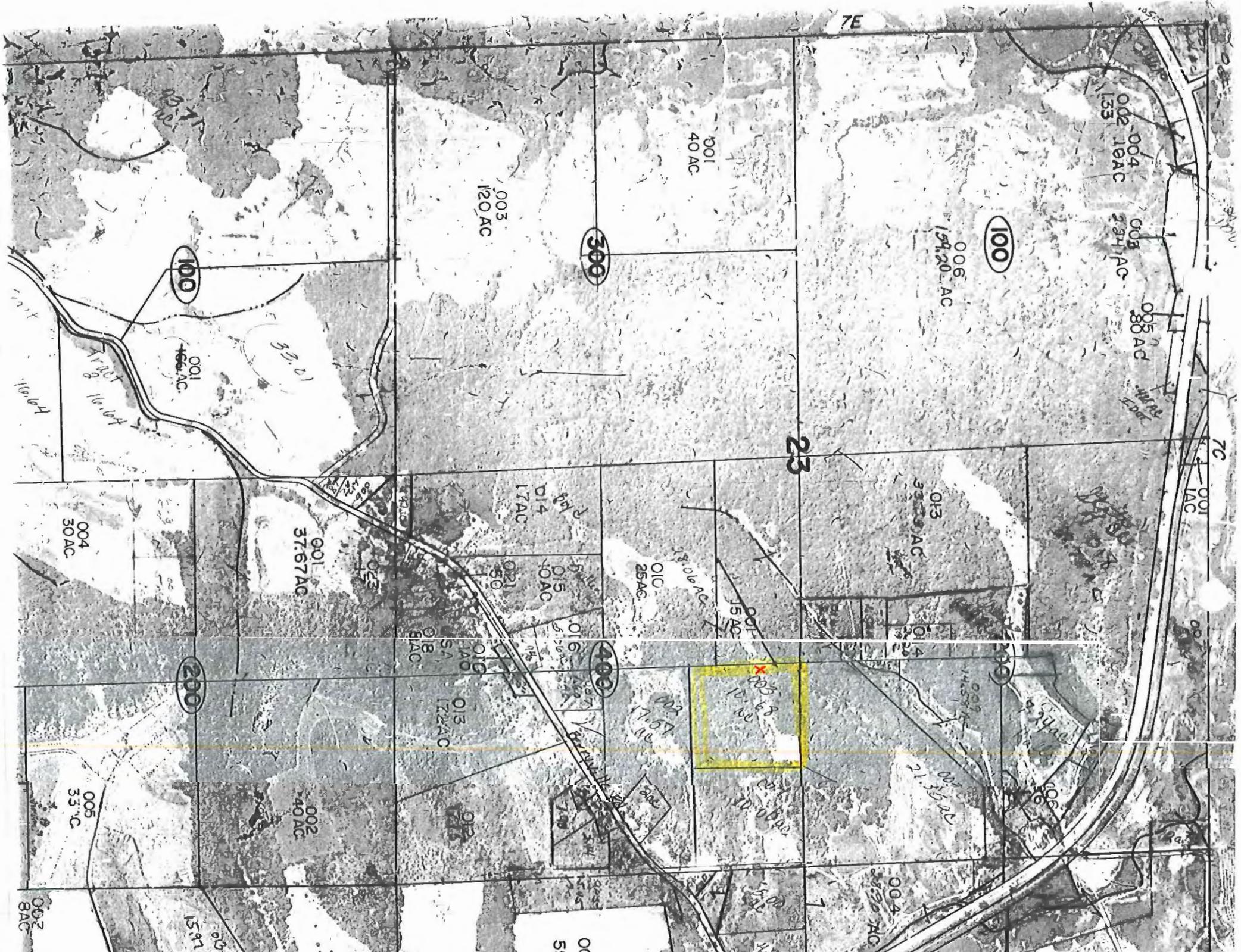
The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

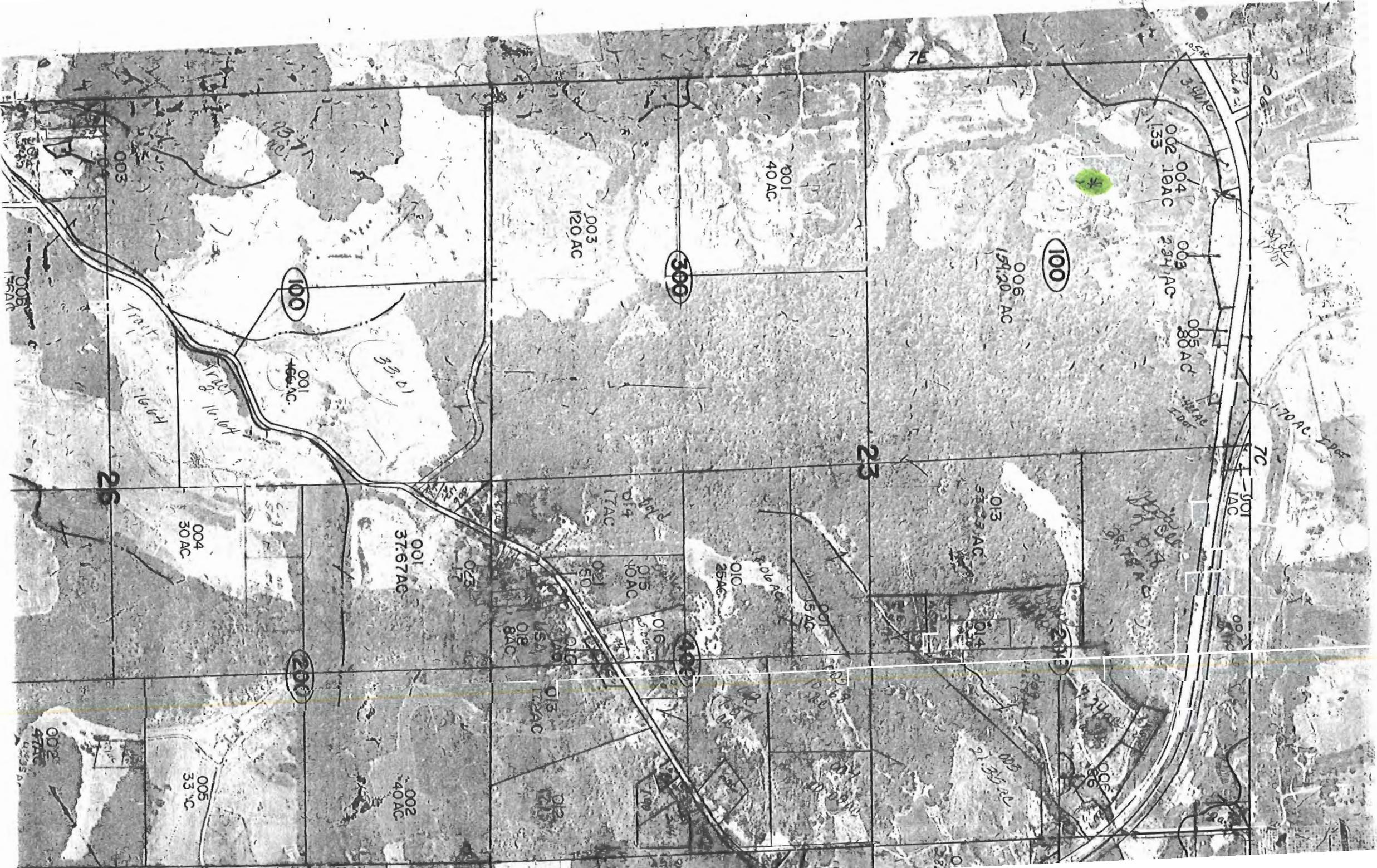
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant Russell E. Sullivan	Address 260 TRIPP CEMETERY LANE	Application date 4-12-07
--	---	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by Bill Fecht	Permit fee \$ 26.00	Date permit issued	Permit number 868

Payment of **\$26.00 CK # 6977** received by Union County Treasurer
 Date **4-17-07**
Bobby A. Miquette





UNION COUNTY Prop. No. **PI # 06-15-04-532-A1**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street Body Barn Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description S5 T13 R1W NW 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 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input checked="" type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		COPY			

C. COST (Estimated) 10. Cost of improvement \$ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 35000.00	MOBILE HOME INFO: Date MH was set-up: 4/21/07 Make Clayton Homes Size 12x60 Yr. Model 83 Previous MH Owner Hazel McCullough Previous MH Location 1165 Tedrick Ln. Current MH Owner Rebecca Houseman Current MH Location Body Barn Rd. Current Land Owner William Hileman			
--	---	--	--	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 720 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No		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	Rebecca Houseman	775 Neely Rd. Anna IL 62906	62906	(618) 697-2657
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 Rebecca Houseman	Address 775 Neely Rd. Anna 62906	Application date 4-10-07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by [Signature]	Permit fee \$ 17.00	Permit number 867

Payment of **17.00 CK #384** received by Union County Treasurer
 Date **4-17-07** **[Signature]**

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO. CL69674TN YEAR 1983 MAKE CLAYTON HOMES MODEL BODY STYLE TRAILER TITLE NO. X4348765001
 CL69674TN
 DATE ISSUED 12/13/04 ODOMETER CCM PURCHASED USED PURCHASE DATE 11/03/04

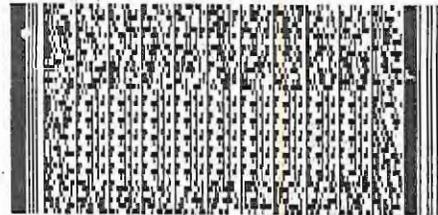
MAILING ADDRESS

HAZEL J MC CULLOUGH
 165 TEDRICK LN
 DONGOLA IL 62926-6234



MOBILE HOME SQ. FT.

TYPE OF TITLE ORIGINAL



LEGEND(S)

MILEAGE NOT REQUIRED

OWNER(S) NAME AND ADDRESS

HAZEL J MC CULLOUGH
 KELLY J JOHNSON
 165 TEDRICK LN
 DONGOLA IL 62926-6234
 FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

By _____ Date _____
 Firm Name Signature of Authorized Agent
 By _____ Date _____
 Firm Name Signature of Authorized Agent

NEW LIEN ASSIGNMENT: The information below must be on an application for title and presented to the Secretary of State.

Secured Party: _____ Address: _____

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

"I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

NO TENTHS
 1. The mileage stated is in excess of its mechanical limits.
 2. The odometer reading is not the actual mileage."
 WARNING-ODOMETER DISCREPANCY

Signature(s) of Seller(s) Hazel J McCullough DATE OF SALE 4/6/07
 Printed Name(s) of Seller(s) HAZEL J McCullough
 Signature(s) of Buyer(s) Rebecca Hileman Printed Name Rebecca Hileman

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any.
 IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.



D35577133

CONTROL NO.

Jesse White
 JESSE WHITE, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

UNION COUNTY Prop. No. 06-16-04-555-D
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>175 MOSS LANE, ANNA</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>Sec 16 13-14</u>	N S			
	<u>SW CR SE SW 5ac</u>	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u></td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td>Beginning construction date <u>Apr 14, 07</u></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td>Completion construction date <u>May 14, 07</u></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>		Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u>	23 <input type="checkbox"/> Hospital, institutional	Beginning construction date <u>Apr 14, 07</u>	24 <input type="checkbox"/> Office, bank, professional	Completion construction date <u>May 14, 07</u>	25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																												
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																												
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																												
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																												
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																												
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																												
17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn with concrete floor</u>	23 <input type="checkbox"/> Hospital, institutional																												
Beginning construction date <u>Apr 14, 07</u>	24 <input type="checkbox"/> Office, bank, professional																												
Completion construction date <u>May 14, 07</u>	25 <input type="checkbox"/> Public utility																												
	26 <input type="checkbox"/> School, library, other educational																												
	27 <input type="checkbox"/> Stores, mercantile																												
	28 <input type="checkbox"/> Tanks, towers																												
	29 <input type="checkbox"/> Other - Specify _____																												
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		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 _____																											

COPY

C. COST (Estimated) 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 \$ <u>4000</u>		(Omit cents)	
---	--	--------------	--

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions <u>20x24</u> 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		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	<u>Michael Goodman</u>	<u>175 Moss Ln Anna IL 62906</u>	<u>62906</u>	<u>827-4529</u>
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 <u>Michael Goodman</u>	Address	Application date <u>4-4-07</u>
--	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee <u>\$18.00</u>	Date permit issued <u>4-4-07</u>	Permit number <u>#866</u>
-----------------------------------	------------------------------	-------------------------------------	------------------------------

Payment of \$18.00 Cash received by Union County Treasurer
 Date 4-17-07
[Signature]

UNION COUNTY Prop. . . . 09-14-06-406-D
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>2285 Lingle Creek Rd</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>S14 T13 2W</u>	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more families - Enter number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input checked="" type="checkbox"/> Other - Specify <u>Shed</u></td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input checked="" type="checkbox"/> Other - Specify <u>Shed</u>	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
Residential	Nonresidential																										
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																										
13 <input type="checkbox"/> Two or more families - Enter number of units _____	19 <input type="checkbox"/> Church, other religious																										
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20 <input type="checkbox"/> Industrial																										
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																										
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																										
17 <input checked="" type="checkbox"/> Other - Specify <u>Shed</u>	23 <input type="checkbox"/> Hospital, institutional																										
	24 <input type="checkbox"/> Office, bank, professional																										
	25 <input type="checkbox"/> Public utility																										
	26 <input type="checkbox"/> School, library, other educational																										
	27 <input type="checkbox"/> Stores, mercantile																										
	28 <input type="checkbox"/> Tanks, towers																										
	29 <input type="checkbox"/> Other - Specify _____																										
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	Beginning construction date <u>April 20 2007</u> Completion construction date <u>April 20 2007</u>																										

COPY

C. COST (Estimated) 10. Cost of improvement \$ <u>8000</u> <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ <u>8000</u>	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories <u>1</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>30x40</u> 50. Total land area, sq. ft.	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	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 <u>Peggy Stanley Helman</u>	<u>2285 Lingle Creek Rd Jonesboro</u>	<u>62952</u>	<u>833 5043</u>
2. Contractor or Builder <u>Eddie Pearl</u>	<u>Jonesboro Ill</u>	<u>62952</u>	
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 <u>Stanley & Peggy Helman</u>	Address	Application date <u>4-4-07</u>
---	---------	-----------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>26.00</u>	Date permit issued <u>4-4-07</u>	Permit number <u>#865</u>
-----------------------------------	-------------------------------	-------------------------------------	------------------------------

Payment of 26.00 CK #10956 received by Union County Treasurer
 Date 4-17-07 [Signature]

**UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION**

04-16-02-266

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

I. LOCATION OF BUILDING	Number and street <u>45 Depper Rd</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>S12 T12 R2W</u>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>3-29-07</u></p> <p>Completion construction date <u>4-1-07</u></p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

B. OWNERSHIP

8a Private (individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

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 _____

C. COST (Estimated)

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 \$

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories <u>24 X 30</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

1.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
Owner		<u>Bill Bass P.O. Box 526</u>		<u>893-1364</u>
2. Contractor or Builder	<u>Bill Bass</u>	<u>to 45 Depper Road</u>		
3. Architect		<u>Cobden IL 62920</u>		

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 <u>Bill Bass</u>	Address <u>45 Depper Road</u>	Application date
--	----------------------------------	------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>Gill Jackson</u>	Permit fee \$ <u>30.00</u>	Date permit issued <u>4/3/07</u>	Permit number <u>1864</u>
------------------------------------	-------------------------------	-------------------------------------	------------------------------

Payment of \$3000 cash received by Union County Treasurer

Date 4/3/07

Bill J. M. [Signature]

UNION COUNTY Prop. No. **04-26-02-523-E**
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 400 Bethel Church Rd. Golden	Subdivision or Addition Golden	Lot	Block	Census tract
	Legal Description 11-1W G. 19 AC		N S E W from Intersection of _____ and _____ Streets		
	Sec 26 PT E 1/2 SW		Applicable Zoning District _____		

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input checked="" type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D. 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D. 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify furnice room</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date Mar 23, 07</p> <p>Completion construction date Jun 1, 07</p>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify furnice room</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>																
<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other - Specify furnice room</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>																		
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
Make	Size	Yr. Model																	
Previous MH Owner																			
Previous MH Location																			
Current MH Owner																			
Current MH Location																			
Current Land Owner																			

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ 1000</p>	<p>Date MH was set-up: _____</p> <table style="width:100%;"> <tr> <td style="width:33%;">Make</td> <td style="width:33%;">Size</td> <td style="width:33%;">Yr. Model</td> </tr> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner		
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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify WOOD</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">Full</p> <p style="margin-left: 20px;">Partial</p>	<p>8x10</p> <p>800</p>

IV. IDENTIFICATION - To be completed by all applicants

No.	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1.	Owner	TERRY STANLEY 400 BETHEL CH. RD. GOLDEN	62920	893-4676
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 Terry A. Stanley	Address 400 Bethel CH. Rd. Golden	Application date 3-28-07
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by Dick Johnson	Permit fee \$ 12.00	Date permit issued 3-28-07
		Permit number 863

Payment of **\$12.00 Cash** received by Union County Treasurer

Date **4/3/07**

Bobby A. M...

UNION COUNTY Prop. No. 08-03-05-706-81
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>State Rt 127 N</u>	Subdivision or Addition	Lot	Block	Census track
	Legal Description <u>Sec 3 12 2W Pt E 1/2 SW</u>	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

D. PROPOSED USE - For "Wrecking" most recent use

<p>Residential</p> <p>12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify <u>pole barn concrete floor</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____</p>
--	---

B. OWNERSHIP

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

Beginning construction date Mar 20, 07
 Completion construction date Apr 1, 07

Beginning construction date _____
 Completion construction date _____

COPY

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

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 _____

G. TYPE OF SEWAGE DISPOSAL

40 Public
 41 Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 Public
 43 Individual (well, cistern)

J. DIMENSIONS

48. Number of stories
 49. Total square feet of floor area, all floors, based on exterior dimensions 32 x 40
1280 sq ft
 50. Total land area, sq. ft.

F. PRINCIPAL TYPE OF HEATING FUEL

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
 44 Yes 45 No

Will there be an elevator?
 46 Yes 47 No

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	<u>Larry S. Swain</u>	<u>1290 Clear Creek Levee</u>	<u>62952</u>	<u>833-4594</u>
	<u>Kim J. Swain</u>	<u>Jonesboro, IL</u>		
2. Contractor or Builder	<u>D & K Builders</u>			
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 <u>3-20-07</u>
------------------------	---------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by <u>[Signature]</u>	Permit fee \$ <u>34.00</u>	Date permit issued <u>3-20-07</u>	Permit number <u>#861</u>
-----------------------------------	-------------------------------	--------------------------------------	------------------------------

Payment of \$34.00 CK # 8330 received by Union County Treasurer
 Date 4-17-07
[Signature]



UNION COUNTY Pr. No. 06-13-04-484
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street <u>420 Kiel Rd</u>	Subdivision or Addition	Lot	Block	Census tract
	Legal Description <u>Sec 13 18-1W</u> <u>P4 NE NE</u> <u>P4 SE NE</u>	N S E W from intersection of _____ and _____ Streets			
Applicable Zoning District _____					

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input checked="" type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> <p>Beginning construction date <u>3-5-06</u></p> <p>Completion construction date <u>3-12-06</u></p>
<p>B. OWNERSHIP</p> <p>8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	

COPY PAT CN 646#

<p>C. COST (Estimated)</p> <p>10. Cost of Improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT <u>\$55,800</u></p>	<p>MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>Date MH was set-up: _____</p> <p>Make <u>Dutch</u> Size <u>24 X 44</u> Yr. Model <u>06</u></p> <p>Previous MH Owner _____</p> <p>Previous MH Location <u>Mt Vernon</u></p> <p>Current MH Owner <u>Charles W + Crystal G Johnson</u></p> <p>Current MH Location _____</p> <p>Current Land Owner <u>Charles L Johnson</u></p>
--	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input checked="" type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input checked="" type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>		<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	<u>Charles W Johnson</u>	<u>420 Kiel LN</u>	<u>62926</u>	<u>697</u>
	<u>Crystal G Johnson</u>	<u>Dongola IL 62926</u>		<u>7300</u>
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 <u>[Signature]</u>	Address <u>Bill R. [Signature]</u>	Application date <u>3-15-07</u>
--	---------------------------------------	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <u>[Signature]</u>	Permit fee <u>\$ 120.00</u>	Date permit issued <u>3-15-07</u>	Permit number <u>H959</u>

Payment of \$120.00 CR #3406 received by Union County Treasurer
 Date 3-20-07 [Signature]

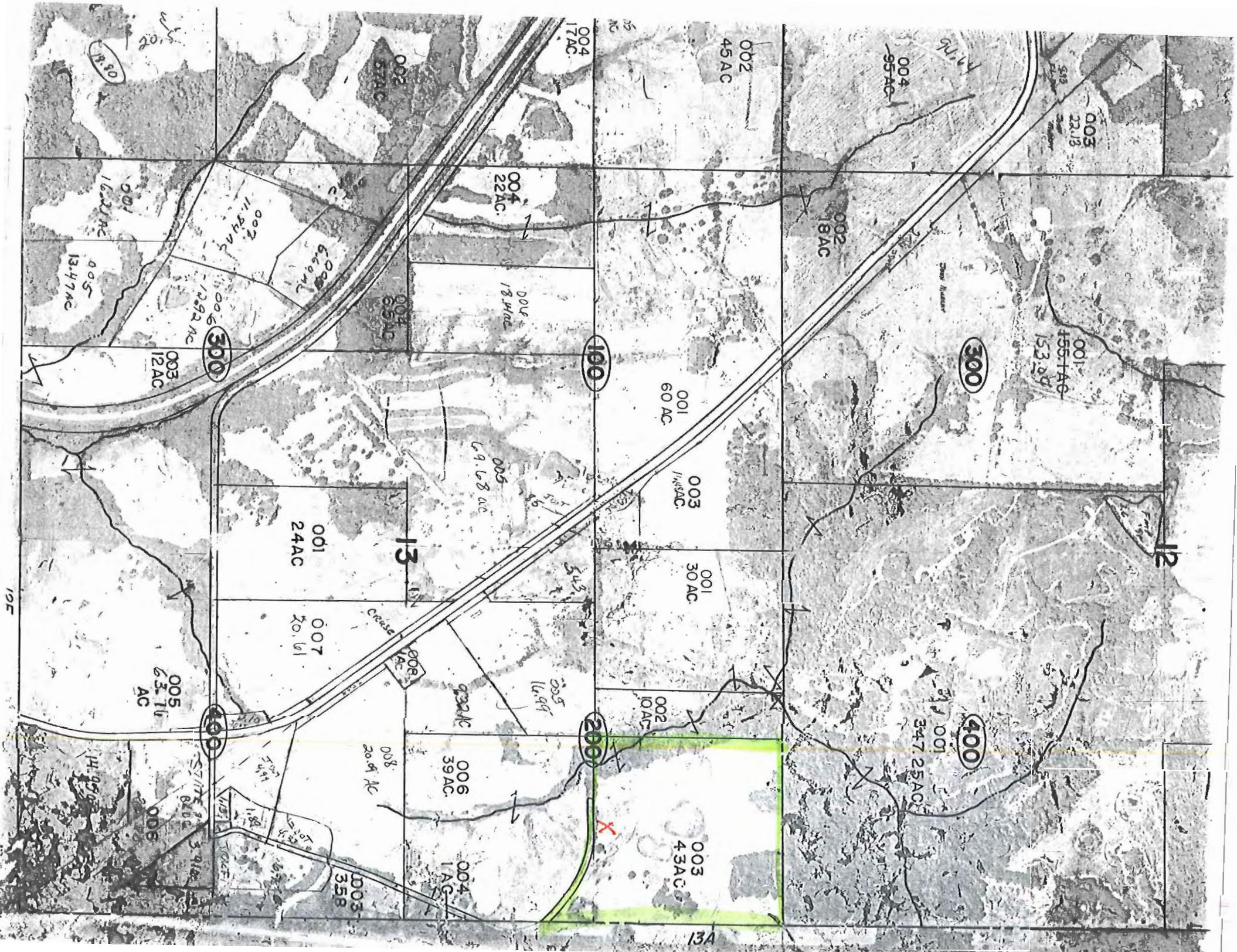
06-13-04-484

UNION COUNTY



120

130



**UNION COUNTY Prop. No. 03-30-01-913-A
BUILDING PERMIT APPLICATION**

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

I. LOCATION OF BUILDING	Number and street Shakerag Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description S1C 30 13-1E	N S			
	Pt NE NW	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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input checked="" type="checkbox"/> Other - Specify Farm building concrete pad Beginning construction date April 07 Completion construction date MAY 07	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

COPY

C. COST (Estimated) 10. Cost of improvement \$ 20,000.00 <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ 20,000.00	(Omit cents)		
	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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 1 49. Total square feet of floor area, all floors, based on exterior dimensions 30 x 40 = 1200 SF. 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input checked="" type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	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 Barry R. Holcomb	715 SHAKERAG ROAD DONGOLA ILL	62926	618-827 4150
2. Contractor or Builder TRU-BILT			
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 Barry Holcomb	Address 715 SHAKERAG ROAD DONGOLA, ILL 62926	Application date 3-12-07
--	--	------------------------------------

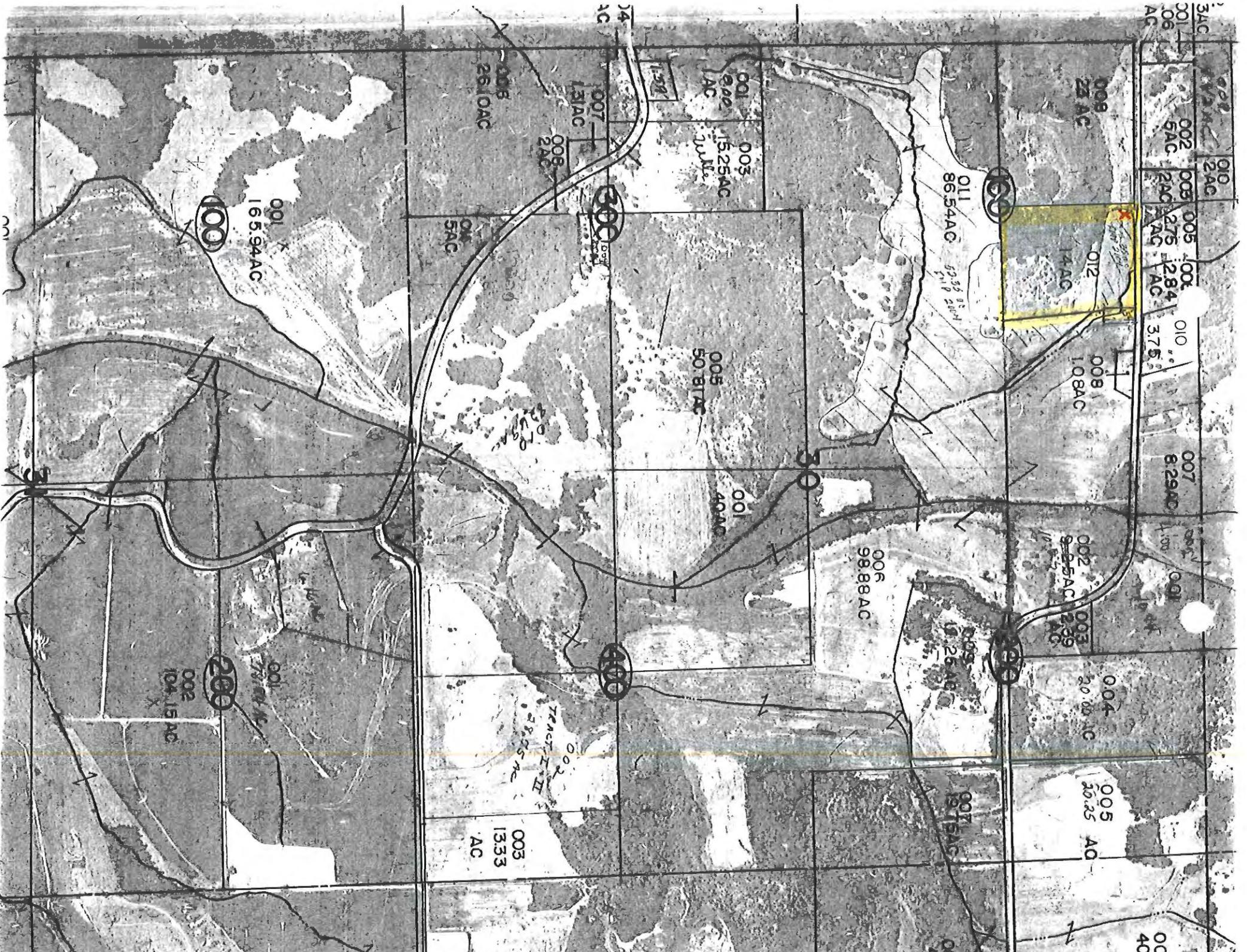
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by [Signature]	Permit fee \$ 50.00	Date permit issued 3-12-07	Permit number # 958
-----------------------------------	-------------------------------	--------------------------------------	-------------------------------

Payment of **\$50.00 Cash Barry Holcomb** received by Union County Treasurer

Date **3-20-07** **Barry A. [Signature]**

03-30-01-913-A



COPY

UNION COUNTY Prop. ... 02-07-00-716-B A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING	Number and street 4985 Hick Creek Rd	Subdivision or Addition	Lot	Block	Census track
	Legal Description 12-1E Sec 7 Pt NW SE & Pt NESE	N S	E W from intersection of _____ and _____ Streets		
Applicable Zoning District _____					

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

RECEIVED

A. TYPE OF IMPROVEMENT	D. PROPOSED USE - For "Wrecking" most recent use	RECEIVED JAN 19 2007 CCAO
B. OWNERSHIP		
8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)		
9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST (Estimated)	MOBILE HOME INFO:																	
	(Omit cents) Date MH was set-up: _____ <table border="1"> <thead> <tr> <th>Make</th> <th>Size</th> <th>Yr. Model</th> </tr> </thead> <tbody> <tr> <td>Previous MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Previous MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current MH Owner</td> <td></td> <td></td> </tr> <tr> <td>Current MH Location</td> <td></td> <td></td> </tr> <tr> <td>Current Land Owner</td> <td></td> <td></td> </tr> </tbody> </table>	Make	Size	Yr. Model	Previous MH Owner			Previous MH Location			Current MH Owner			Current MH Location			Current Land Owner	
Make	Size	Yr. Model																
Previous MH Owner																		
Previous MH Location																		
Current MH Owner																		
Current MH Location																		
Current Land Owner																		
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 \$ 15,000																		

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	G. TYPE OF SEWAGE DISPOSAL	J. DIMENSIONS
30 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)	48. Number of stories _____ 49. Total square feet of floor area, all floors, based on exterior dimensions 40x66 2240 50. Total land area, sq. ft. _____
F. PRINCIPAL TYPE OF HEATING FUEL	H. TYPE OF WATER SUPPLY	K. NUMBER OF OFF-STREET PARKING SPACES
35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input checked="" type="checkbox"/> Other - Specify hot water	42 <input type="checkbox"/> Public 43 <input checked="" type="checkbox"/> Individual (well, cistern)	51. Enclosed _____ 52. Outdoors _____
I. TYPE OF MECHANICAL	L. RESIDENTIAL BUILDINGS ONLY	
Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input checked="" type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	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 Don Wittwolf	4985 Hick Creek Rd Anna, IL	62906	833-4567
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.

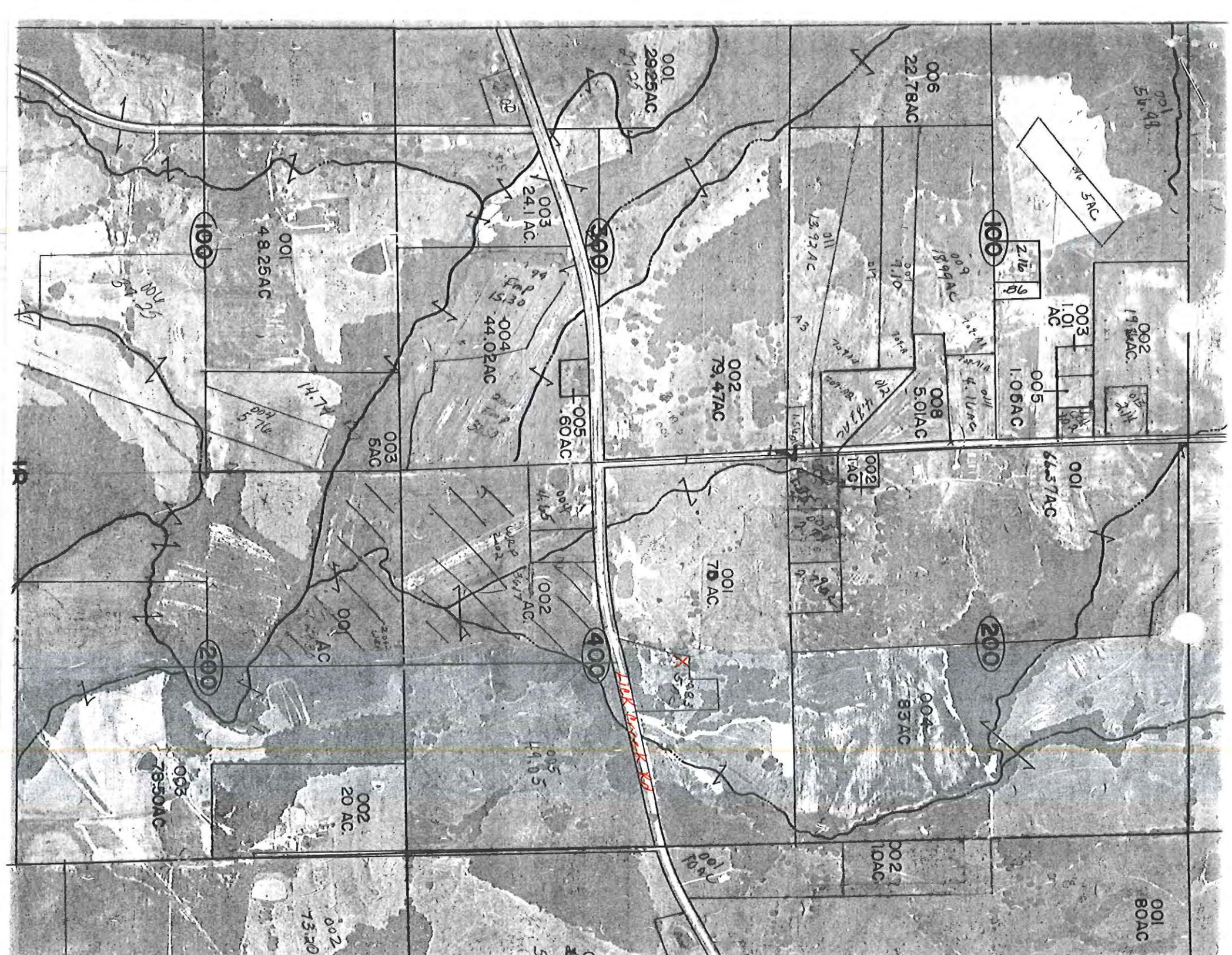
Signature of applicant Don Wittwolf	Address 4985 Hick Creek Rd, Anna, IL	Application date 1-9-07
--	---	----------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by Bill Johnson	Permit fee \$ 400	Date permit issued 1-9-07	Permit number 806
-----------------------------	----------------------	------------------------------	----------------------

Payment of \$40.00 Cash received by Union County Treasurer
Date 1-19-07

02-07-00-716-A



05

COPY

UNION COUNTY Pr. No. 01-34-00-501-B4
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	N S E W from intersection of _____			

N 1/2 NE SE Sec 34
 THS RIW .757

Applicable Zoning District _____

RECEIVED

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D JAN 19 2007

A. TYPE OF IMPROVEMENT 1 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input checked="" type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date <u>FEB 07</u> Completion construction date <u>FEB 08</u>	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ Beginning construction date _____ Completion construction date _____
--	--	---

CCAO

B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	C. COST (Estimated) 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 \$ <u>80,000.00</u>
---	--

MOBILE HOME INFO:

(Omit cents)

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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories <u>ONE</u> 49. Total square feet of floor area, all floors, based on exterior dimensions <u>ONE</u> 50. Total land area, sq. ft. <u>1280</u> 51. Enclosed <u>0.757</u> 52. Outdoors
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input checked="" type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed <u>2</u> 52. Outdoors
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms <u>2</u> 54. Number of bathrooms { Full <u>2</u> Partial	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	KENNETH BUCHTA	106 ST NICHOLAS LN BUNCOMBE IL	62912	CELL 618 210-1411
2. Contractor or Builder	KENNETH BUCHTA	106 ST. NICHOLAS LN BUNCOMBE FL	62912	618 210 1411
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: Kenneth Buchta Address: 106 ST NICHOLAS LN BUNCOMBE IL 62912 Application date: 1-8-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by: <u>[Signature]</u>	Permit fee: \$ <u>170.00</u>	Date permit issued: <u>1/8/07</u>	Permit number: <u>855</u>
---------------------------------	------------------------------	-----------------------------------	---------------------------

Payment of \$ 170.00 CK# 1320 received by Union County Treasurer Bobby A. Morgan
Date 1-9-07

01-34-00-501-B4



COPY

UNION COUNTY Prop. 02-35-01-250-C BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING
Number and street: PTNENE S35 T12 R1E
Subdivision or Addition: N S
Lot: E W from intersection of ... and ... Streets
Applicable Zoning District: RECEIVED

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

JAN 19 2007

A. TYPE OF IMPROVEMENT: 1 [X] New Building
B. OWNERSHIP: 8a [X] Private
C. COST (Estimated): 10. Cost of Improvement \$4000
D. PROPOSED USE - For "Wrecking" most recent use: Residential 12 [] One family, 13 [] Two or more families, 14 [] Transient hotel, motel, or dormitory, 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 Chicken House

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:
C. COST (Estimated): 11. TOTAL COST OF IMPROVEMENT \$4000

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, 31 [X] Wood frame, 32 [] Structural steel, 33 [] Reinforced concrete, 34 [] Other - Specify
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. 864
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

Table with 4 columns: Name, Mailing address - Number, street, city and state, ZIP code, Tel. No.
1. Owner: Janet + Eileen Weaver, 15 Weaver Ln, Dongola IL, 62926, 833-6673
2. Contractor or Builder: Clair Weaver, 1015 Weaver Ln, Dongola IL, 62926, 833-7312
3. Architect: (blank)

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: Clair Weaver
Address: 1015 Weaver Ln, Dongola IL 62926
Application date: (blank)

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE
Approved by: Bill Johnson
Permit fee: \$8.00
Date permit issued: 1/17/07
Permit number: 854-A

Payment of \$8.00 (check # 2279 (26.00)) received by Union County Treasurer

Date: 1-19-07

02-35-01-250-C

COPY

UNION COUNTY Prop. 02-36-01-274
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 WPT NENE NWNE SENE S36 T12 R1E		N S E W from intersection of _____ and _____ Streets		

RECEIVED

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

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input checked="" type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ Beginning construction date <u>1/15/07</u> Completion construction date <u>9/1/07</u>		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input checked="" type="checkbox"/> Other - Specify <u>Milk Parlor + Holding Area</u> Beginning construction date <u>1/1/07</u> Completion construction date <u>9/1/07</u>	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		JAN 19 2007 CCAO			

C. COST (Estimated) 10. Cost of Improvement \$ <u>30,000</u> <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ <u>30,000</u>		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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input type="checkbox"/> Individual (septic tank, etc.)		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. <u>6000</u>	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
		I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		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	Clair Weaver	1015 Weaver Ln Dongola IL 62926	62926	833-7312
2. Contractor or Builder	Self			
3. Architect				

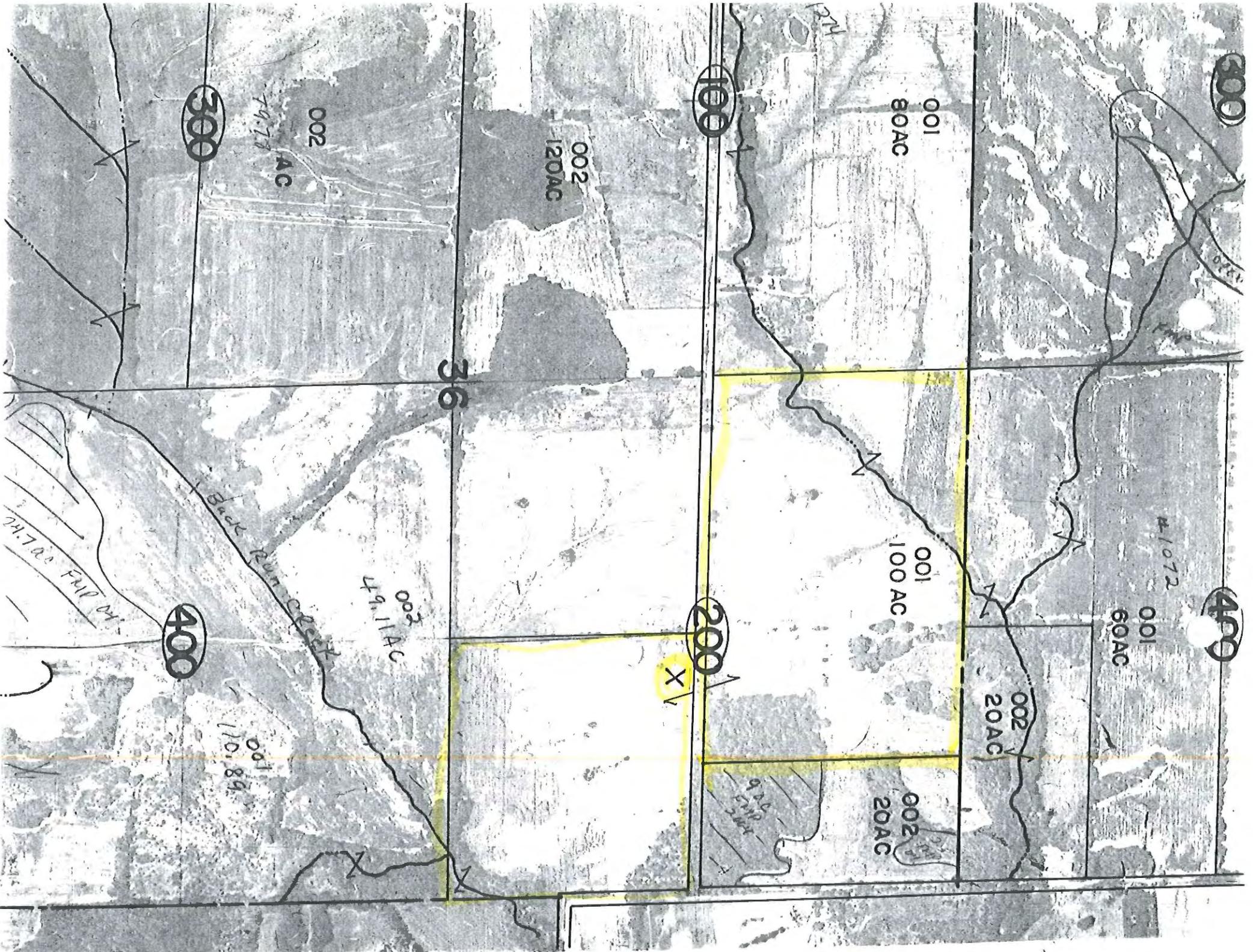
The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

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

Signature of applicant <u>Clair Weaver</u>	Address <u>1015 Weaver Ln Dongola IL 62926</u>	Application date
DO NOT WRITE IN THIS SPACE - FOR OFFICE USE		
Approved by <u>[Signature]</u>	Permit fee \$ <u>70.00</u>	Date permit issued <u>1/1/07</u>
		Permit number <u>854</u>

Payment of \$70.00 (IK # 2279) received by Union County Treasurer
 Date 1-19-07 (78.00)
Buddy A. [Signature]

02-36-01-274



COPY

UNION COUNTY Per. No. 06-08-04-403-(PT) BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING
Number and street: N 1/2 SW + N PT S 1/2 SW
Subdivision or Addition: SE CR SENW Sec 8 T13 R1W
Legal Description: N S
E W from intersection of _____ and _____ Streets

RECEIVED

JAN 19 2007

CCAO

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

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

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

C. COST (Estimated)
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 \$ 300,000

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

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

J. DIMENSIONS
48. Number of stories 2
49. Total square feet of floor area, all floors, based on exterior dimensions 3000
50. Total land area, sq. ft.

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

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

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

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

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

Table with 4 columns: Name, Mailing address - Number, street, city and state, ZIP code, Tel. No.
1. Owner: Paul Rich, 780 Lingle Creek Rd, Jonesboro IL, 62952, 833-4230
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: Paul D. Rich
Address: 780 Lingle Creek Rd Jonesboro
Application date: 1-4-07

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE
Approved by: [Signature]
Permit fee: \$610.00
Date permit issued: 1/04/07
Permit number: 853

Payment of \$610.00 CK# 5414 received by Union County Treasurer

Date 1-19-07
06-08-04-403-(PART) [Signature]

COPY

UNION COUNTY Prop. No. 05-15-03-225-K
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 SESW 515 T12 R1W 1.94 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 <input checked="" type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Working (If multifamily residential, enter number of units in building in part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Mobile Home		D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input checked="" type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify Beginning construction date <u>1-2-07</u> Completion construction date <u>1-31-07</u>		Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify Beginning construction date _____ Completion construction date _____	
B. OWNERSHIP 8a <input checked="" type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)					

C. COST (Estimated) 10. Cost of improvement \$160,000 <i>To be installed but not included in the above cost</i> 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 _____	
--	--	--

RECEIVED
FEB 06 2007
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 <input type="checkbox"/> Masonry (wall bearing) 31 <input checked="" type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public 41 <input checked="" type="checkbox"/> Individual (septic tank, etc.)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 1786 50. Total land area, sq. ft.
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input checked="" type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	H. TYPE OF WATER SUPPLY 42 <input checked="" type="checkbox"/> Public 43 <input type="checkbox"/> Individual (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors
	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms 3 54. Number of bathrooms { Full { Partial

IV. IDENTIFICATION - To be completed by all applicants

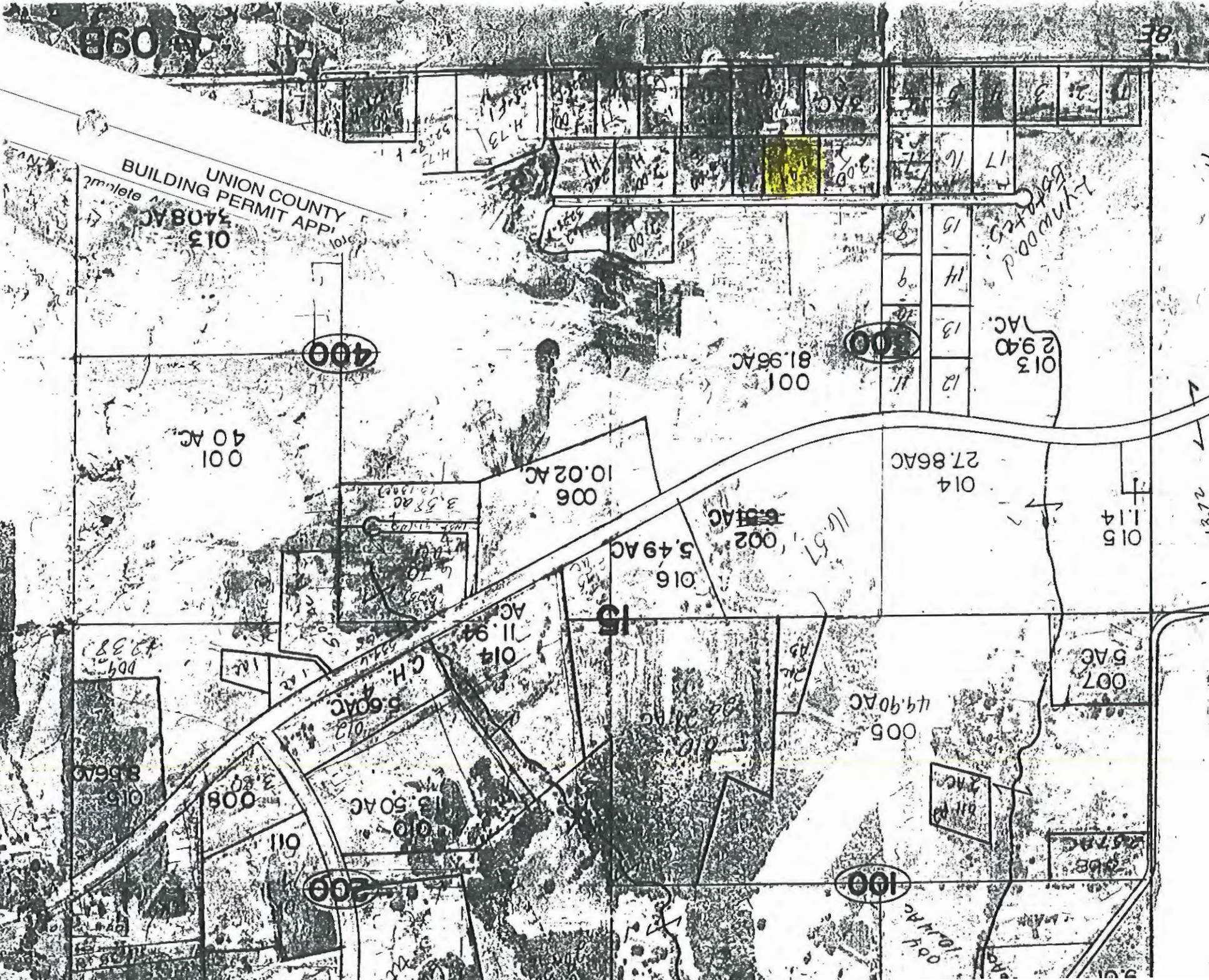
	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner	Dean Corbit	1625 Gurley Loop	62912	
2. Contractor or Builder	Same			
3. Architect				

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 Dean Corbit	Address 1625 Gurley Loop	Application date 1/02/07
---------------------------------------	-----------------------------	-----------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE			
Approved by <i>[Signature]</i>	Permit fee \$ 330.00	Date permit issued 1/02/07	Permit number 852

Payment of \$330.00 CK # 5054 received by Union County Treasurer
Date 2/4/07 Dean Corbit Barry A. M...
05-15-03-225-K



UNION COUNTY
BUILDING PERMIT APPLICANT

Lynchwood
Properties

400

100

150

200

001 AC

001 81.96 AC

013 29.40 AC

014 27.86 AC

015 1.14

006 10.02 AC

002 5.51 AC

016 5.49 AC

007 5 AC

014 11.94 AC

005 19.90 AC

013 5.60 AC

010 13.50 AC

008 3.80

011

015 8.66 AC

200

100

004 10.11 AC

009 2.65 AC

008 2.65 AC

007 2.65 AC

006 2.65 AC

005 2.65 AC

004 2.65 AC

003 2.65 AC

002 2.65 AC

001 2.65 AC

000 2.65 AC

UNION COUNTY Prop. No. 56-30-04-947
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 tract
	Legal Description <u>NE, NESE, 3/4 NWSE NENW</u> <u>326.62 acres</u>	N S E W from intersection of _____ and _____ Streets Applicable Zoning District _____			

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if Residential, enter number of new housing units added, if any, in Part D, 1)</p> <p>3 <input type="checkbox"/> Alteration (See 2 abc)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Working (if multifamily residential, enter number of units in building in part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Mobile Home</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p>Beginning construction date <u>2-19-07</u></p> <p>Completion construction date <u>2-23-07</u></p>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more families - Enter number of units</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		

<p>B. OWNERSHIP</p> <p>8a <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p align="center">MOBILE HOME INFO:</p> <p>(Omit cents)</p> <p>10. Cost of improvement \$</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$</p>
---	--

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.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and state	ZIP code	Tel. No.
1. Owner				
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 <u>Ernest Russell</u>	Address <u>2120 Juddsboro Quarry Rd Juddsboro</u>	Application date <u>2-15-07</u>
---	--	------------------------------------

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee \$ <u>-0-</u>	Date permit issued	Permit number
-------------	-----------------------------	--------------------	---------------

Payment of 0 received by Union County Treasurer

Date Demo 06-30-04-947