08-3	Ron Shepard 2-14-08	CAR port	21.00	14-00-11-421
08-4 2-14-08	New Waves Telecommunications Bill Flowers	CATV SITE	$70.00	05-18-03-292
08-5 2-25-08	David & Dara Gerardi 2-25-08	mobile home	10.00	01-34-00-488
08-6 2-26-08	Gary Orlandini 2-26-08	room for winery	$170.00	01-16-00-159
08-7 2-26-08	Kevin Clover 2-26-08	pole barn	32.00	05-15-03-223-A1
08-08 2-26-08	Dolan Realty Douglas Verizon - Bobby Tate	Verizon Tower	$70.00	02-30-06-227-B
08-09	William Spray 3-17-08	pole barn	$16.00	04-07-02-110
08-10	Dolan Realty 3-18-08 Verizon M Douchant	Verizon tower	$110.00	08-23-05-974
08-11	Dolan Realty 3-18-08 Verizon Mike Douchant	cell tower	$110.00	04-33-02-849
08-12	Brian & Julie Roberts 3-27-08	Mobile Home	154.00	07-35-05-648
08-13	Lorie Childer 3-31-08	House	170.00	04-17-02-292-C
08-14	JC Daniels 3-31-08	House + shed	$296.00	14-00-11-916
08-15	Clifford Braden 4-3-08	Cattle Shed	$14.00	04-07-02-106
08-16	Bruce & Andrea Anderson 4-4-08	cook's Shed	$16.00	05-21-03-740-A
08-17	Brian Jackson	shed	$13.00	04-35-02-885-A
08-18	Matthew Penninger 4-8-08	mobile home	42.00	09-01-06-328-B3
08-19	Doug & Charlotte Clover 4-9-08	Dining Room Addition	50.00	07-27-05-594-B
08-20	Chris Pott 4-10-08	house	190.00	05-34-04-182
08-21	Terry + Patricia Panici 4-10-08	house	294.00	03-10-01-499
08-22	Ronald & Dorothy Landers 4-15-08	mobile home	22.00	12-02-00-614-A
08-23	David Weaver 4-23-08	Addition to house	96.00	05-25-03-836-A
08-24	Timothy Mafuszewich 4-23-08	house	274.00	02-07-00-709-A1A
08-25	Steve Ward Crown Communication	cell tower	220.00	05-16-03-242-B1
08-26	Randall Myers 4-30-08	addition	40.00	11-03-06-825
08-27	Stephen Zinn 5-5-08	mobile Home	30.00	06-24-04-717-B6
08-28	Stephen Zinn 5/5/08	Mobile Home	$14.00	06-24-04-717-B6
5/19 08-29	prop. owner Allyson Rogers Amy Mounger 5-13-08	garage	$16.00	01-36-00-583
5/19 08-30	James Ellis 5-14-08	pole barn	22.00	09-13-06-383
5/19 08-31	Robert Plott	pole barn	60.00	05-11-03-142-A
5/19 08-32	James Batson	pole barn	30.00	04-32-02-821-A
5/28 08-33	Gary Griffith 5-28-08	House	490.00	05-10-03-133-A
5/28 08-34	James Smith 5-30-08	Room Addition		

08-35	✓	Alan & Brandy Kimmel 5-3-08	house	$238.00	05-33-04-160-J
08-36	✓	Tim Keller 6-11-08	barn	$30.00	05-28-03-954-D
08-37	✓	Ryan & Kim Miller 6-11-08	Mobile Home	$88.54	06-03-04-298
08-38	✓	Eric Watkins 6-12-08	addition	$42.00	05-15-03-225D
08-39	✓	Carl & Mary Edmonds 6-26-08	pole barn	$30.00	05-28-03-962
08-40	✓	Greg Roberts Brigadoon Prop.	house	$310.00	14-00-12-238-I
08-41	✓	Steven Poole 6-30-08	enclosed carport	42.00	11-04-06-841-A
08-42	✓	Jason & Jennifer Wyatt 7-2-08	MH & Garage	224.00	14-00-12-271
08-43	✓	Marcella Morris 7-2-08	house	460.00	07-24-05-569
08-44	✓	Paul Olander 7-2-08	addition	18.00	05-28-03-968
08-45	✓	Jeffrey & Barbara Norton 7-3-08	Garage	34.00	07-09-05-222
08-46	✓	James Tierney 7-3-08	Mobile Home	210.00	02-01-00-587-B
08-47	✓	Jim Crane Cache Duck Club 7-7-08	Hunting Cabin	168.00	02-13-00-818
08-48	✓	Randy & Debbie Glasco 7-8-08	Home	260.00	01-07-00-039-A
08-49	✓	Louis & Ginny Spenard 7-11-08	Home	$200.00	03-07-01-439 A2
08-50	✓	Joe Kelley 7-14-08	Mobile Home	$50.00	08-20-05-920-C
08-51		John Sullivan 7-28-08	Mobile Home	$12.00	08-27-06-209
08-52	✓	Mary J Edmonds 7-30-08	Home	410.00	05-28-03-962
08-53	✓	Jason Hill 8-1-08	Home	210.00	08-36-06-283-B
08-54	✓	Dean Corbit 8-6-08	house relocation	10.00	02-10-00-774-C1
08-55	✓	Homer Cissell	Home	210.00	05-07-03-051-A4
08-56	✓	Juan Murillo	Mobile home	48.00	07-13-05-351-B
08-57		Margarita Bartolo	Mobile home	$19.00	07-13-05-351-B
08-58	✓	Darrell Sweitzer 8-15-08	Home	$34.00	05-06-03-032-A1
08-59	✓	Davis Farms 8-19-08	storage bldg	65.00	12-12-07-116
08-60	✓	Roy Walker Communications 8-20-08	Radio Tower	$33.00	14-00-11-147-A01 14-00-11-147-A02
08-61		Michael Clutt 8-22-08	moving mobile home	10.00	01-31-00-443
08-62	✓	Arthur Ward 8-26-08	hay barn	12.00	07-34-05-644-A
08-63	✓	Don Simmons 9-2-08	garage	70.00	02-19-00-948-B
08-64	✓	Brian & Kimberly Edwards 9-2-08	MH	90.00	05-25-03-851-A
08-65	✓	David & Donna Vance 9-8-08	Garage	100.00	04-20-02-385
08-66	✓	Southern IL Electric 9-8-08	Electric Substation	877.44	pt 04-21-02-421-A
08-67		Teena Bingaman 9-8-08	bedroom, bath, porch	66.00	05-28-03-927-A
08-68	✓	Greg Larsen 9-12-08	house	$490.00	07-24-05-508
08-69	✓	Phillip Wittke	house	$260.00	01-30-00 421

08-71	Leonard Kern	pole barn	80.00	09-03-06-35
08-72	LaRue Parr 9-29-08	pole barn	$36.00	09-23-06-449
08-73	Lanie Maloney 10-3-08	mobile home	$106.00	split off of 06-24-04-717-B
08-74	Verizon Wireless 10-3-08	tower improvements	15.00	10-19-06-697
08-75	Verizon Wireless 10-3-08	tower improvements	15.00	08-30-06-227-B
08-76	Southern IL Electric 10-20-08	communication Tower	20.00	04-21-02-424
08-77	"	"	20.00	02-04-00-66
08-78	"	"	20.00	08-23-05-987
08-79	"	"	20.00	06-19-04-604
08-80	Kevin Reynolds 10-22-08	mobile Home	$34.00	08-13-05-834-C
08-81	John Johnson 10-28-08	pole barn	34.00	05-25-03-845-
08-82	Bill & Kim Ecker 11-7-08	house	210.00	pt of 01-27-00-35
08-83	James & Angela Osmak 11-10-08	pole barn	$84.00	07-05-05-180-A
08-84	Darue & Elizabeth Mandeville 11-10-08	pole barn	30.00	09-28-06-526
08-85	Donald Myers 11-12-08	portable building	$18.00	07-26-05-576
08-86	Rick & Sonya Merrimon 10-13-07	pole barn	$53.00	06-15-04-536-C
08-87	Byron Tolson 11-21-08	house	102.00	04-26-02-530
08-88	Donald Shipley 11-21-08	pole barn	46.00	06-05-04-36
08-89	JAKE Turner 11-26-08	mobile Home	$10.00	14-00-11-505
08-90	Roy Ferguson 11-26-08	House	450.00	14-00-07-973-E
08-91	Abernathy Billy & Amy 12-1-08	House	290.00	06-05-04-357-
08-92	Erica Gains 12-4-08	Mobile Home	90.00	12-24-07-156-
08-93	Approved 10-5-09 Jesse Jennings 12-8-08	Pole Barn	34.00	05-26-03-860-
08-94	Frank Lafoon 12-8-08	Mobile Home	$92.00	06-03-04-301
08-95	Becky Larsen 12-10-08	Pole Barn	$58.00	06-10-04-4
08-96	Jared Blessing 12-12-08	movers MH	10.00	part 02-09-00-752
08-97	Eddie Sadler 12-22-08	Garage	$36.00	08-11-05-790
08-98	Jake Reiter 12-22-08	pole barn	$24.00	12-26-07-16
	Greg Reynolds			

23 houses

UNION COUNTY Prop. I.
BUILDING PERMIT APPLICATION

12-26-07-163-A

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

I. LOCATION OF BUILDING

Number and street: 6030 ST. RT. 3 South

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 26 T13 R3W PT N SD NE 40 total ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

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

10. Cost of improvement ..... $ 7,000.00

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

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

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Shy L Reynolds	6030 ST. RT. 3 South McClure	62957	833-3771
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
Shy L Reynolds	6030 ST. RT. 3 South McClure	12-22-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 24.00	12-22-08	08-98

Payment of #34.00 CK #6475 received by Union County Treasurer

Date 1/5/09

Bobby L. Reynolds

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Greg & Amy Reynolds

Address: 6030 State Rte 3 South

City: McClure State: IL Zip: 62957

Phone: (home) 618-833-3731 (work) 618-661-1504

Address of subject property (if different from above):

Same as above

Parcel (tax) Identification Number 12-26-07-163-A

Legal Description: Section 26 T13 R3W

Size of Subject Parcel (contiguous parcel under on ownership): 90 acres

Floodplain Map Panel Number: 17181C0250C

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) ✓

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) _____
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes (circled) no

2. Is the building constructed with flood resistant materials:
   yes (circled) no

3. Are all incoming electrical lines above the base flood elevation?
   yes no NA

4. Are the main electrical switch boxes above the base flood elevation?
   yes no NA

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no NA

6. Is the building used only for parking or limited storage?
   yes (circled) no

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes (circled) no

C. Technical Information:

1. Base Flood Elevation at subject site 357.00

2. Lowest floor elevation (including basement) of proposed structure 340.00±
   from USGS map

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:

The entire property is located in this flood plain.

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:

Structure needs to be in close proximity to farm operation.

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.

will not cause increased flood height

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

No electricity below flood stages, doors in each end.

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

Grantee will vacate premise when flood threatens.

Based on the findings developed above, the granting body votes 3 ayes to 0 nays to Approve (approve or deny) this variance application.

Certified by: _____ 1/5/09
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.

_____ 1-5-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the January 5, 2009 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

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

08-11-05-790

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

I. LOCATION OF BUILDING

Number and street: 2060 State Pond Road

Subdivision or Addition | Lot | Block | Census track

Legal Description: S11 T12 R2W
AT N½ SW 5.47ac

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 13,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make 1995 Redman Size 28 x 64 Yr. Model 95

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

- 51. Enclosed _____
- 52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dale A. Pender Shanna Pender	2060 State Pond Road Jonesboro, Illinois 62952	62952	833-7034
2. Contractor or Builder	Eddie Pearl	Jonesboro Illinois	62952	
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
Dale A. Pender	2060 State Pond Road	12/22/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 36.00	12-22-08	08-97

Payment of $36.00 Cash received by Union County Treasurer

Date 1/5/09

Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I. D. 02-09-00-752

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

I. LOCATION OF BUILDING

Number and street: 40 Craft Lane Buncombe

Subdivision or Addition | Lot | Block | Census track

Legal Description: [illegible] 495 [illegible]

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 [X] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

- Date MH was set-up: [illegible]
- Make Buddy Size 28X52 Yr. Model 197[illegible]
- Previous MH Owner [illegible]
- Previous MH Location [illegible] 02-36-01-278
- Current MH Owner [illegible]
- Current MH Location [illegible] Prop 02-09-00-752
- Current Land Owner Eddie Glenda

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

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

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Eddie Glenn	40 Craft Lane Buncombe		835 0725
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
Eddie [illegible]	495 N [illegible]	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 16.00	12-12-18	08-96

Payment of $10.00 Cash received by Union County Treasurer

Date 1/5/09

[illegible]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-10-04-445

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: S10 T13 R1W SESE 15 14 15.14

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 24/00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 24/00

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 2400
50. Total land area, sq. ft.: 40 x 60

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	JARED BLESSING	715 NORTH MAIN, ANNA, IL	62906	618-924-2043
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
[signature]		12-10-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 58.00	12-10-08	08-95

Payment of $58.00 CK# 2635 received by Union County Treasurer

Date 1/5/09

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-03-04-301

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

I. LOCATION OF BUILDING

Number and street: 1478 Balcom Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S3 T13 R1W Pt N1/2 SW SW Pt N1/2 SW S of RW 35 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 41,000
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	$ 41,000

MOBILE HOME INFO:

Date MH was set-up: 12/18/08

Make Fleetwood Size 16 x 80 Yr. Model 2008

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Rebecca Larsen	Po Box 211 Anna, IL ~~62906~~	62906	201-2285
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
Rebecca J Larsen	Po Box 211 Anna IL 62906	12/08/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 42.00	12-08-09	08-94

Payment of $42.00 CK #2117 received by Union County Treasurer

Date 12/16/08

Barry L. Mann
Treas.

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION 12-24-07-156-C3

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

I. LOCATION OF BUILDING

Number and street: 9095 Old Cape Rd McClure
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: Sec 24 T13 R3W Pt SW SW . 48ac

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

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

C. COST *(Estimated)*

10. Cost of improvement 40,000.00 $ (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 $

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 _____

MOBILE HOME INFO:

Date MH was set-up: Dec - Jan 2009
Make
Size 28 X 60
Yr. Model 2004
Previous MH Owner Jerry Reynolds
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner Jesse Jennings

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1680
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jesse Jackie Jennings	9095 Old Cape Rd McClure	IL 62957	833-5760
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
		12-4-08

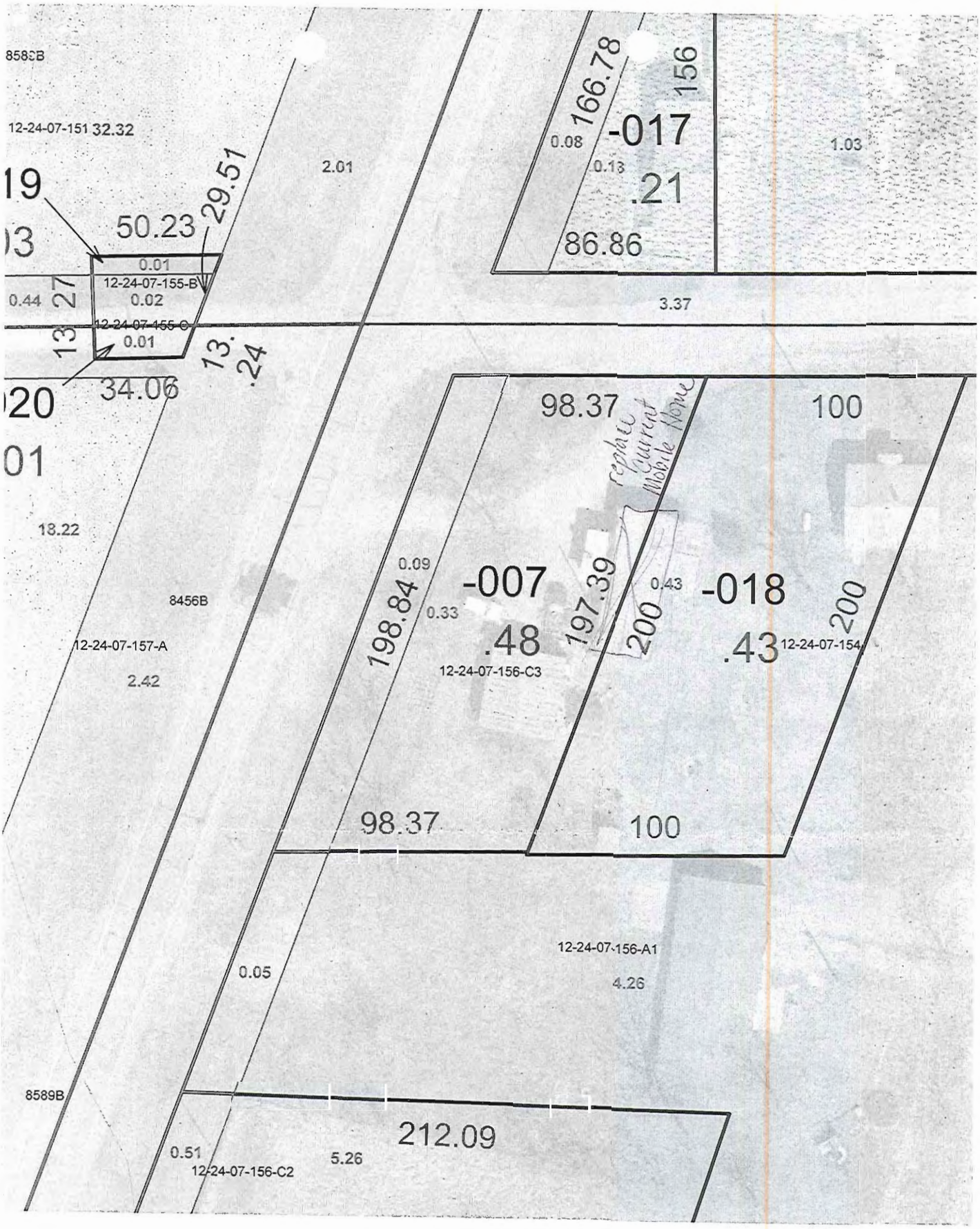
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Jones	$ 90.00	12-4-08	08-92

Payment of $90.00 Cash # 1161 received by Union County Treasurer

Date 10/7/09

Bernard L Mayer
Treas.


8583B
12-24-07-151 32.32
19
03
50.23
29.51
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27
13
12-24-07-155-C
0.01
13.
.24
34.06
020
01
18.22
8456B
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166.78
156
0.08
-017
0.13
.21
86.86
1.03
3.37
98.37
100
replace current Mobile Home
0.09
198.84
-007
0.33
.48
12-24-07-156-C3
197.39
200
0.43
-018
.43
12-24-07-154
200
98.37
100
12-24-07-156-A1
0.05
4.26
8589B
212.09
0.51
5.26
12-24-07-156-C2

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-26-03-866-A

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
	Prop. # 05-26-03-866-A			

Legal Description: Sec. 26 T12 R1W PT NE NW 18.18 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Nonresidential
- 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* FARM EQUIP POLE BARN

Beginning construction date _____

Completion construction date _____

Beginning construction date 1-5-09

Completion construction date 1-15-09

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$12,000
To be installed but not included in the above cost	
a. Electrical	0
b. Plumbing	0
c. Heating, air conditioning	0
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$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 [X] Other – Specify POLE BARN + TRUSS

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

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 [X] No

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1800
50. Total land area, sq. ft.	

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	
54. Number of bathrooms – Partial	

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	FRANK/LINDA LAFOON	509 So MAIN ANNA, IL	62906	833-7468
2. Contractor or Builder	TRU-BILT	9328 FOYT Rd. MARION, IL	62959	982-2110
3. Architect	N/A			

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

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

Signature of applicant	Address	Application date
Frank LaFoon	509 So MAIN, IL 62906	12-8-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 34.00	12-8-08	08-93

Payment of $34.00 CK# 916 received by Union County Treasurer

Date 12/16/08

Barry A. Magnus Mag.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. pt 06-05-04-357A

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
1795 Ebenezer Road				

Legal Description: See Attached Survey S5 T13 R1W 14.306

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

B. OWNERSHIP

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

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

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

Beginning construction date 12/1/08

Completion construction date 4/1/09

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$140,000.00
To be installed but not included in the above cost	
a. Electrical	6,000.00
b. Plumbing	16,000.00
c. Heating, air conditioning	8,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$140,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1840 Sq.
- 50. Total land area, sq. ft.: 622,710.

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full 2; Partial

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Erica & Roger Gaines	PO Box 410 Anna, Il.	62906	697-1382
2. Contractor or Builder	Jeff Adrn Building	PO 70 Dongola Il.	62926	618-967-1290
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
Erica Gaines		12/1/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 290.00	12-1-08	08-91

Payment of $290.00 CK #7607 (230.00) Cash 60.00 received by Union County Treasurer

Date 12-4-08

Bailey T. Mayer

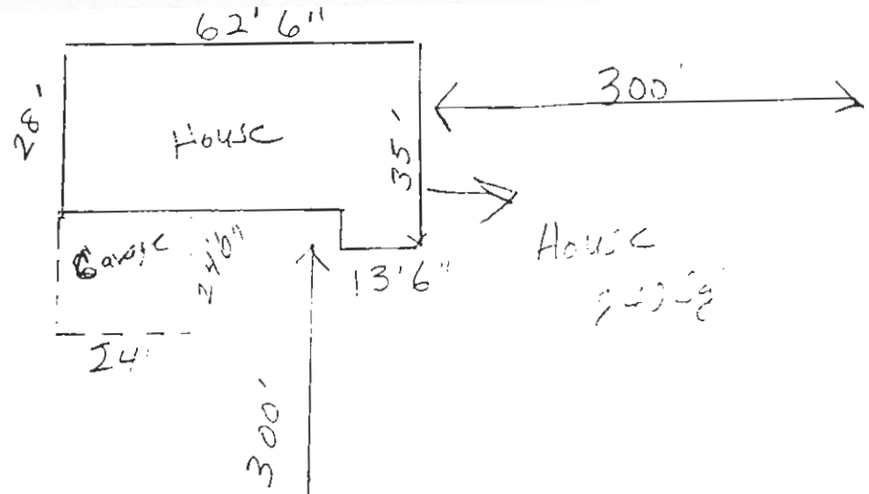
14.306 ACRES

PART OF THE EAST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 5, TOWNSHIP 13 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN.

N02°44'46"W
919.70'

S01°54'38"E
952.35'

(NOW OR FORMERLY)
GREGORY & GINA PERRY
REC. BOOK #106 - PAGE #790



REFERENCES

RECORD BOOK #136, PAGE #393 REFERE TO
RECORD BOOK #114, PAGE #[illegible] REFERE TO
RECORD BOOK #108, PAGE #[illegible] REFERE TO
RECORD BOOK #108 PAGE [illegible]

PRIOR SURVEYED BY PLS #[illegible]
PRIOR SURVEYED BY PLS #[illegible]
PRIOR SURVEYED BY PLS #[illegible]
PRIOR SURVEYED BY PLS #[illegible]

AERIAL PHOTOGRAPH

STATE OF ILLINOIS
UNION COUNTY }SS
This instrument was filed for record at 2:50 PM o'clock 1 M., and
2008R2693
OCT 14 2008
Recorded in Vol 30 page 111
Bobby Tolen Jr.
Clerk & ex-officio Recorder of Deeds

FD. ROD ON 25 FT. OFFSET

POINT OF BEGINNING

FD. ROD ON 15 FT. OFFSET

5

8

ROAD

N89°11'35"W
659.93'

(EBONEZER CHURCH ROAD)

SECTION LINE

SOUTHWEST CORNER OF THE EAST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 5, TOWNSHIP 13 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN

STATE OF ILLINOIS
UNION COUNTY

PLAT 11 561

[C SCALE

200 400

This is to certify that I, a Illinois Land Surveyor, have surveyed the property described in the above caption as shown by the annexed plat.

Given under my hand and seal at Cape Girardeau, Missouri, this 17th day of September, A.D. 2008

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 14-00-07-973-E10

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

I. LOCATION OF BUILDING

Number and street: VALLEY VIEW ESTATES | Subdivision or Addition: VALLEY VIEW | Lot: 10 | Block: | Census tract:

Legal Description: LOT 10 VALLEY VIEW ESTATES

N (S) E W from intersection of VALLEY VIEW and COOK AVE Streets

Applicable Zoning District: _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date 10/08
Completion construction date 3/09

Beginning construction date _____
Completion construction date _____

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

10. Cost of improvement $
To be installed but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
d. Other (elevator, etc.)
11. TOTAL COST OF IMPROVEMENT $ 220000

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

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

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

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

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

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

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

J. DIMENSIONS
48. Number of stories: 1 + BASEMENT
49. Total square feet of floor area, all floors, based on exterior dimensions: 2200
50. Total land area, sq. ft.:

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

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms: 4
54. Number of bathrooms: Full 3; Partial 1

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

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	BILLY ABERNATHY	303 W. HIGH ANNA IL	62906	618-833-7484
2. Contractor or Builder	WEATHERBEE CONST.	3052 NORTH AVE METROPOLIS, IL	62960	270 832-4480
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: Billy G. Abernathy | Address: 303 W. HIGH ANNA IL 62906 | Application date: 10/23/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 450.00	11-26-08	08-90

Payment of $450.00 CK #9058 received by Union County Treasurer

Date 12-4-08

[signature] Mgr.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-15-04-320

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

I. LOCATION OF BUILDING

Number and street: 290 R+D Lane Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-16 S 1 E 1/2 SE 42.37 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 12-15-08

Completion construction date 1-15-09

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 15,100

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories _____
- 49. Total square feet of floor area, all floors, based on exterior dimensions 30 X 40
- 50. Total land area, sq. ft. 1200 A

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	Don Shirley	290 R+D Lane Anna, IL	62906	614-4163
2. Contractor or Builder	TRU-BILT	Marion, IL		
3. Architect				

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

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

Signature of applicant [signature] | Address 290 R+D Lane Anna, IL 62906 | Application date 11-21-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 40.00	11-21-08	58-08

Payment of $40.00 CK #1603 received by Union County Treasurer

Date 12-4-08

[signature]

06-05-04-343
-011
06-05-04-342
-005 2.00
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06-05-04-345
-007
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-006
06-04-04-329
-001
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06-05-04-357
06-05-04-364
-001
RD.
06-05-04-359
-003
-004
06-05-04-358 29.78
06-04-04-329
RD
R&D
-011
1.00
06-05-04-365
400
06-04-04-332
06-05-04-357-A
-010
45.55
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-003
-001
113.33
-007
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-012
2.06
06-05-04-360
-008
LN.
06-05-04-361
-005
4.62
-006
-009
06-05-04-360-A
BARTRUFF
06-04-04-333-A
-002 2.00
RD.
06-05-04-368
-001
06-08-04-396-A
06-08-04-399
-002
5.36
06-08-04-395
06-08-04-396-B
-003
139.63
06-08-04-395
-004
19.00
06-09-04-418
-001
80.00
06-09-04-412
06-09-04-417
06-08-04-403

UNION COUNTY Prop. I.D. 04-26-02-530
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 4299 Wing Hill Rd
Subdivision or Addition:
Lot: 1
Block:
Census track:

Legal Description: 11-1W 526 E½ NW 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

B. OWNERSHIP

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

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

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

Beginning construction date Oct 2007
Completion construction date Jan 2009

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 46,000

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1½
49. Total square feet of floor area, all floors, based on exterior dimensions 24x18
50. Total land area, sq. ft. ..... 432 ft

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Byron K. Tolson	4315 Wing Hill Rd Cobden, IL	62920	893-2045
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: Byron K. Tolson
Address: 4315 Wing Hill Rd.
Application date: 11-21-08

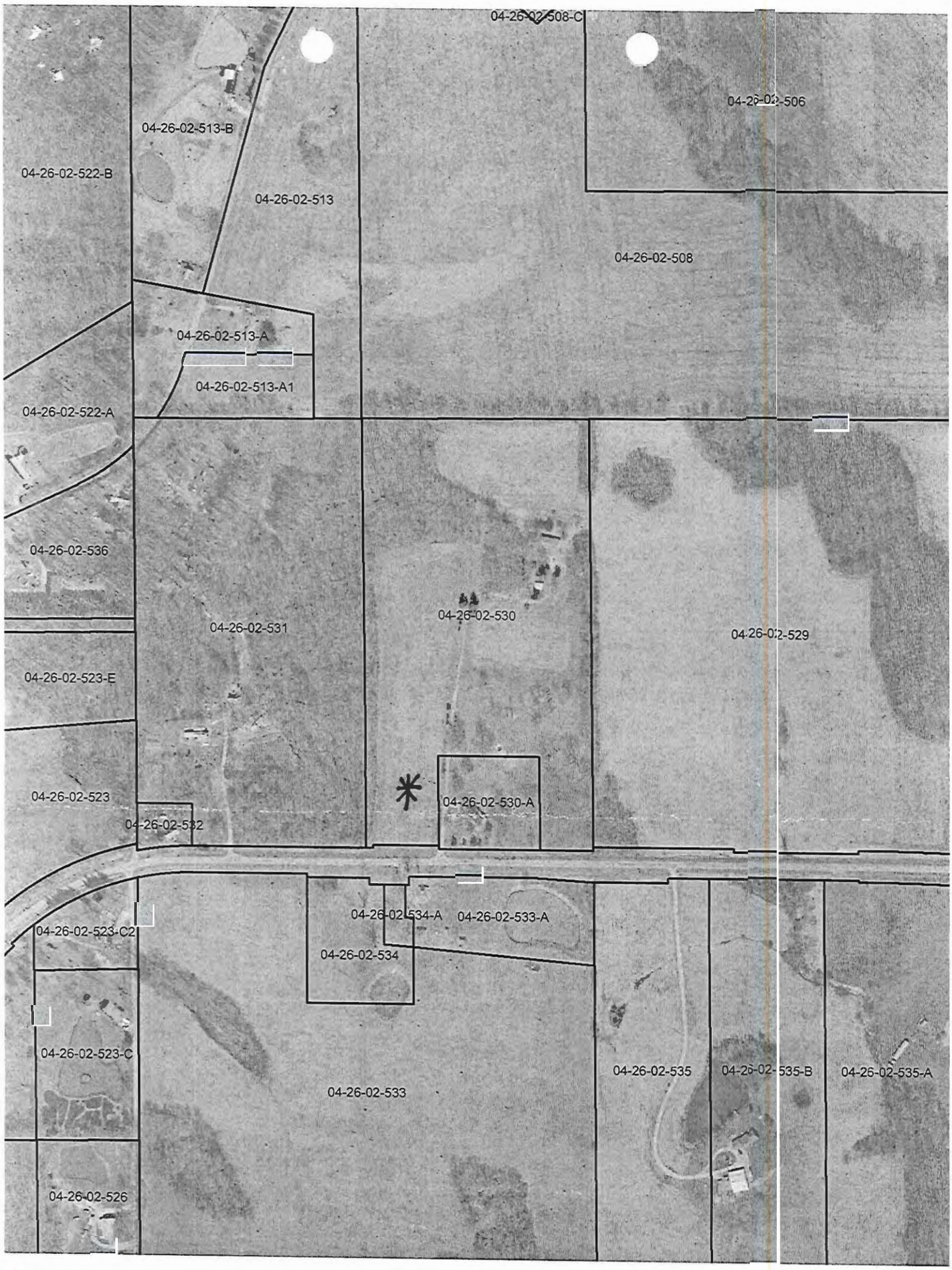
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gunn	$ 102.00	11-21-08	08-87

Payment of $102.00 CK #11285 received by Union County Treasurer

Date 12-4-08

Barry L. Magee
mg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04-26-02-506
04-26-02-513-B
04-26-02-522-B
04-26-02-513
04-26-02-508
04-26-02-513-A
04-26-02-513-A1
04-26-02-522-A
04-26-02-536
04-26-02-531
04-26-02-530
04-26-02-529
04-26-02-523-E
04-26-02-523
04-26-02-530-A
04-26-02-532
04-26-02-534-A
04-26-02-533-A
04-26-02-523-C2
04-26-02-534
04-26-02-523-C
04-26-02-533
04-26-02-535
04-26-02-535-B
04-26-02-535-A
04-26-02-526

06-15-04-536-C

UNION COUNTY
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 3095 St John Rd | Subdivision or Addition: | Lot: | Block: | Census tract:

N S Sec 15 T13 R1W — N S

E W side of _____ Street — E W from intersection of _____ and _____ Streets

NE SE 40 AC — Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 20,000
To be installed but not included in the above cost	
a. Electrical	1000
b. Plumbing	500
c. Heating, air conditioning	0
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 21,500

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.

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [X] Other – *Specify* Space heater

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 40 X 63 Pole barn
50. Total land area, sq. ft.: 2520

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	Rick Merriman	915 Dogwalk Road		618 553 6503
		Anna, Il 62906		
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.

Signature of applicant	Address	Application date
Rick Merriman		

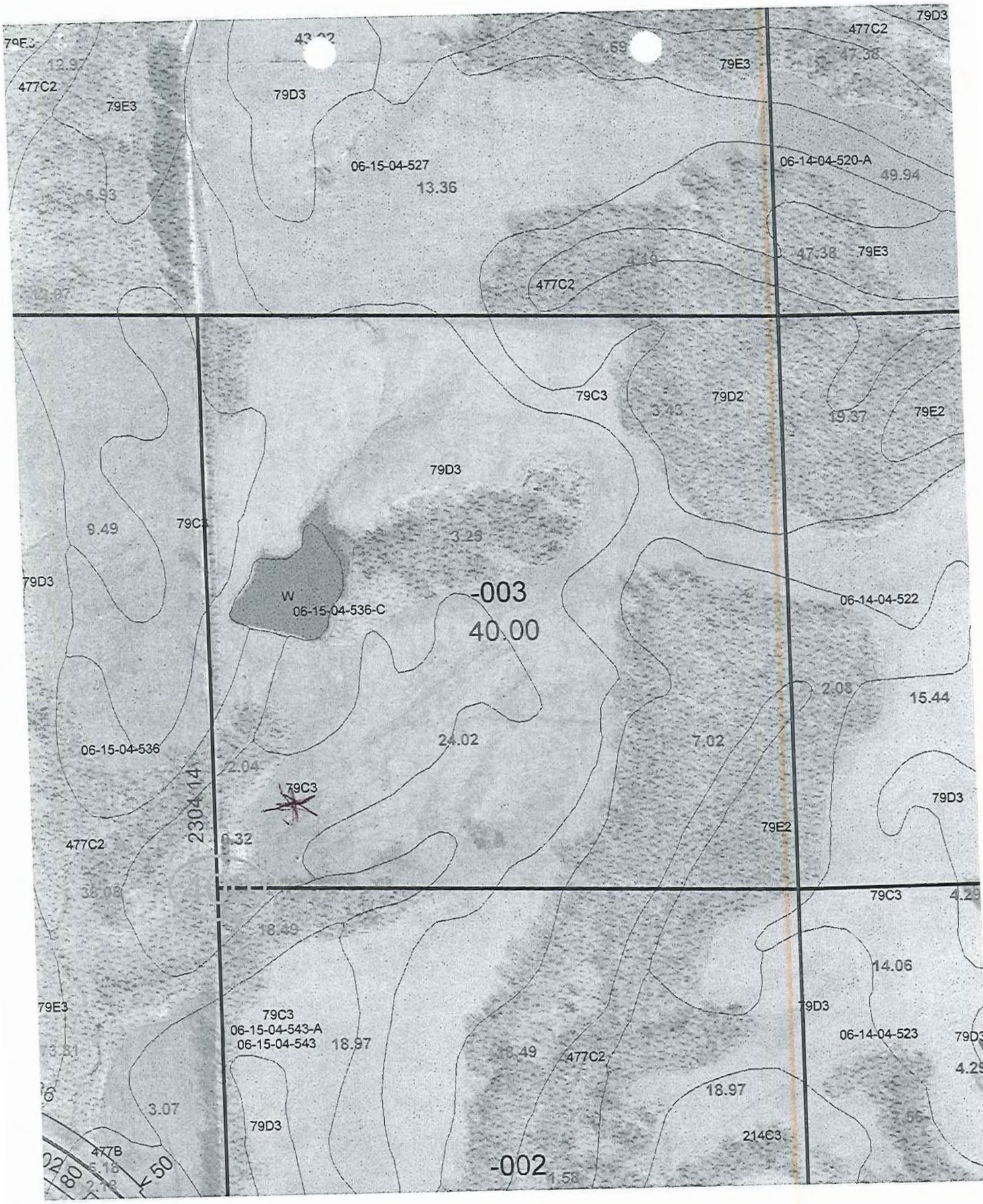
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 53.00	11-13-08	08-86

#53.00 CK# 10559

11/17/08

Billy L. Moyer, Chairman, Bldg.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47.38
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79C3
79D2
19.37
79E2
79D3
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3.25
79D3
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2.04
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79D3
477C2
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214C3
477B
-002
1.58

07-26-05-576

UNION COUNTY
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: MT Glenn Rd | Subdivision or Addition | Lot | Block | Census tract

N S: S26 T11 R2W
E W side of _____ Street
SW SW 1. AC.

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 4,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

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.

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: _____
50. Total land area, sq. ft.: 12 X 30

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	Donald Mayer	P.O. Box 184 Cobden	62920	
2. Contractor or Builder				
3. Architect				

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

Signature of applicant	Address	Application date
		11-12-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 18.00	11-12-08	08-85

$18.00 Cash
11/17/08

Bobby L Mayer
Mng.

09-28-00-526

UNION COUNTY
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

N S S 1023 713 R2W
E W side of ~~Nu Rd.~~ 46 AC Street

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 10,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 10,000.00

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.

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – *Specify* None

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30' x 30' Buil
50. Total land area, sq. ft. ..... 30' x 30'

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	Elizabeth G. Mandeville	400 Dixie LANE Jonesboro IL	62952	833-4132
2. Contractor or Builder	DArue Mandeville	Same As Above		
3. Architect				

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

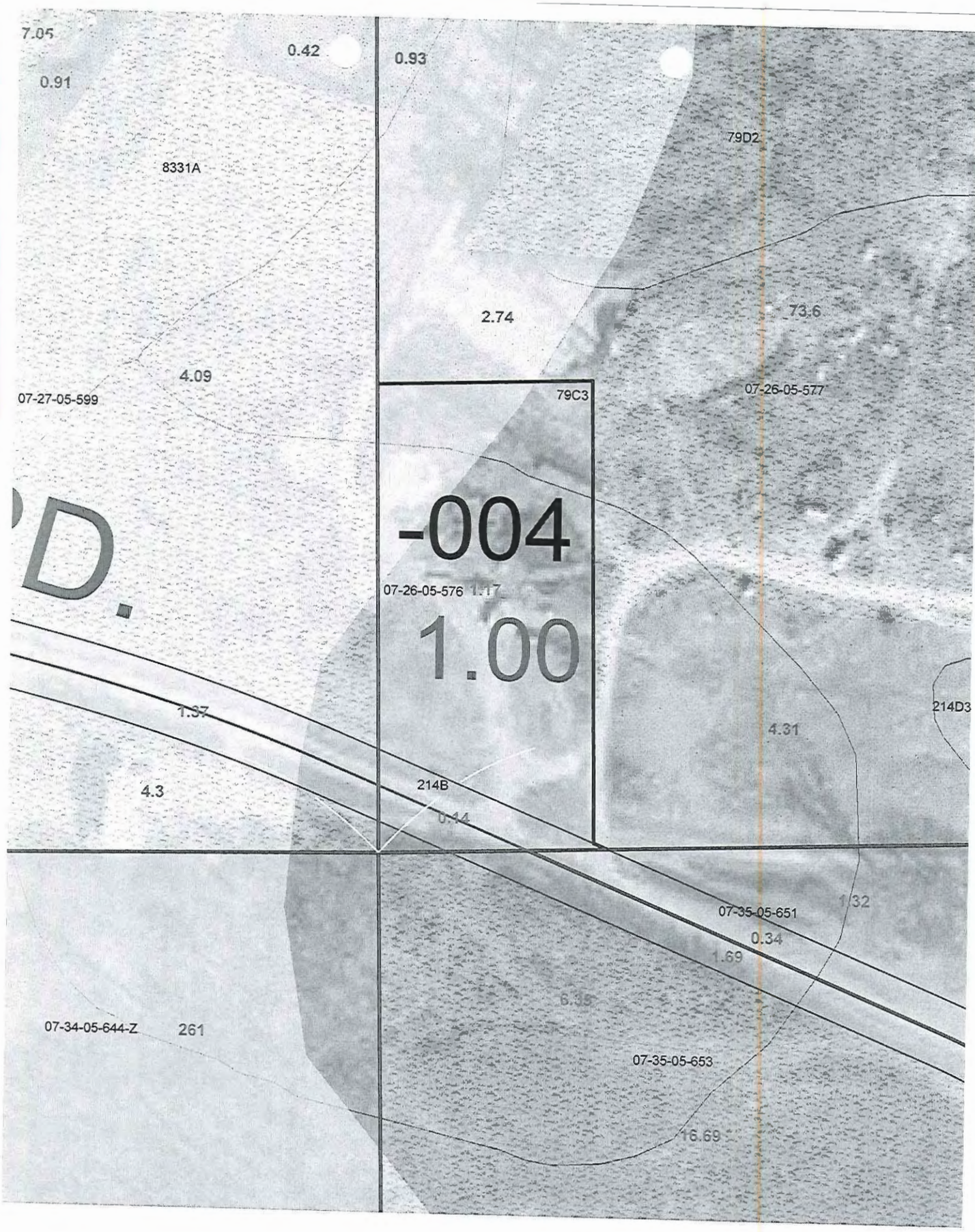
Signature of applicant	Address	Application date
Elizabeth G. Mandeville	400 Dixie LN Jonesboro Il.	11/10/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Joe Lewis	$ 30.00	11-10-08	08-84

$30.00 CK #9538
11/17/08

Betty L. Myers, Co. Treas
mg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-004
07-26-05-576
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1.00
1.37
214D3
4.31
4.3
214B
0.44
07-35-05-651
1.32
0.34
1.69
6.35
07-34-05-644-Z
261
07-35-05-653
16.69

09-21-06-445-Z
5280
09-28-06-526
09-28-06-535-A
09-28-06-535
09-28-06-526-Z
09-28-06-527
09-28-06-537
09-28-06-528
09-28-06-538-A
09-28-06-545
09-28-06-536

07-05-05-180-A

UNION COUNTY
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

N S / E W side of S5 T11 R2W Street — NE 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 [X] New Building
- 2 [ ] Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

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 1/2009

Completion construction date _____

Beginning construction date _____

Completion construction date _____

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 37000.
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	$37000.

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.

Storage

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	50 x 60
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner	JAMES OSMAK	1030 Thompson Rd Alto Pass	62905	
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	Address	Application date
James C. Osmak		

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 84.00	11-10-08	08-83

$84.00 CK #1447
11/17/08

Bobby L. Moore
MG.

RD.
208.71
626.13
3.00
07-05-05-180-A
-002
07-05-05-184
07-05-05-180

UNION COUNTY Prop. No. 01 27-00-354-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: S27 T11 R1E PT SW SW 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 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

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

Beginning construction date _____
Completion construction date _____

Beginning construction date 10/25/08
Completion construction date 12/25/09

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 300,000

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 ..... $ 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 _____

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 2
49. Total square feet of floor area, all floors, based on exterior dimensions 3200
50. Total land area, sq. ft. 1,600

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 2
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 4
54. Number of bathrooms { Full ..... 2 / Partial 1

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kim Ecker	435 Sullivan Rd Makanda IL 62958	62958	618 995-1863
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
Imberly D. Ecker	as above	11/07/08

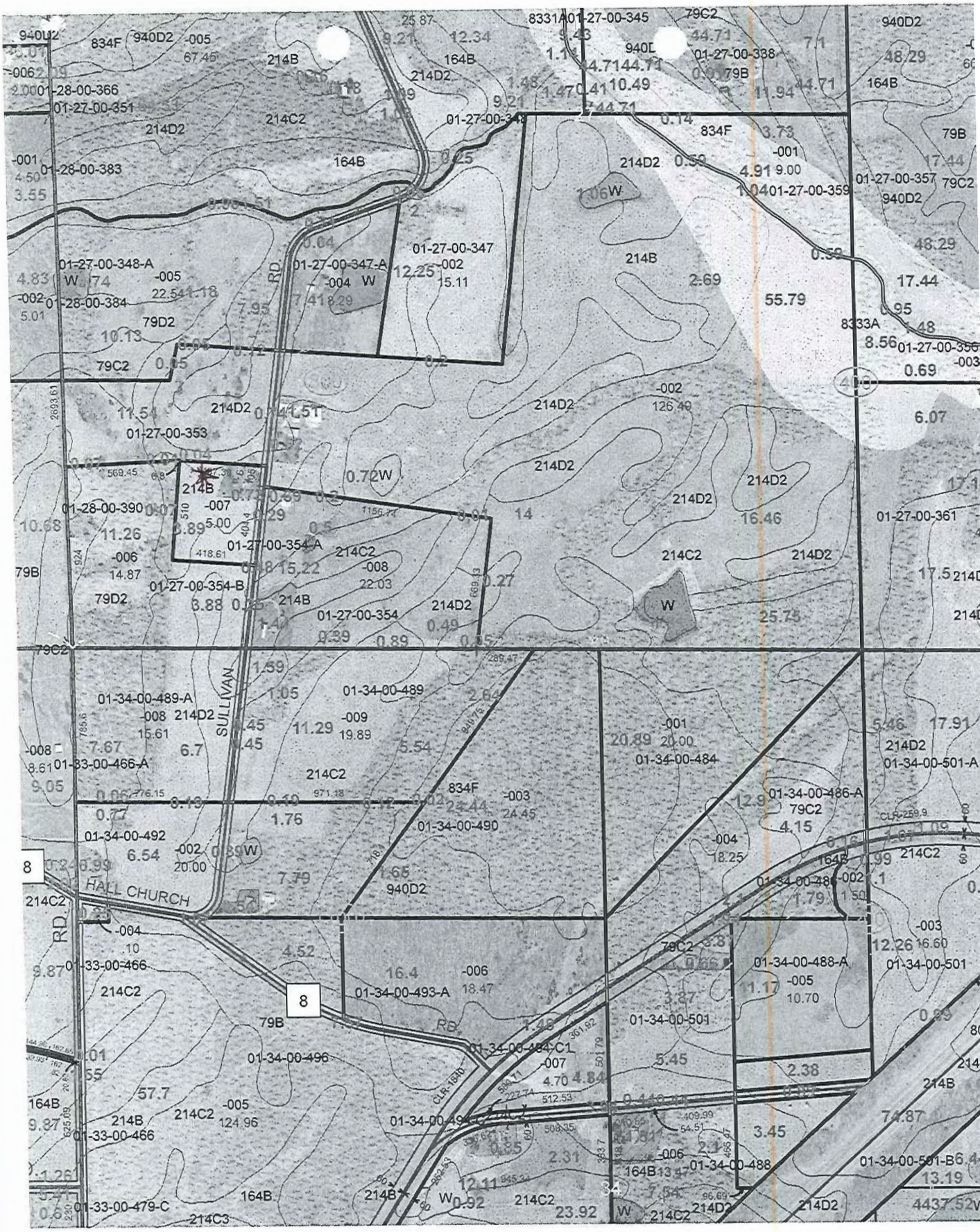
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 610.00	11-7-08	08-82

Payment of #610.00 CK #1322 received by Union County Treasurer

Date 11/17/08

Bobby L. Magnus Mag.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01-27-00-361
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01-34-00-484
01-34-00-501-A
01-33-00-466-A
01-34-00-486-A
01-34-00-492
01-34-00-490
01-34-00-493-A
01-34-00-488-A
01-34-00-501
01-34-00-496
01-34-00-484-C1
01-34-00-488
01-34-00-501-B
01-33-00-466
01-33-00-479-C
SULLIVAN RD.
HALL CHURCH RD.
8

UNION COUNTY Prop. I.. 05-25-03-845-C
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: State Rt 146 E
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-1W 625 PT N1/2 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 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

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

Beginning construction date _____
Completion construction date _____
already finished

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

Beginning construction date _____
Completion construction date _____

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] 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 ..... 30 X 40 1200 SF
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John M. Johnson	1291 Aspen Circle Hollister, CA. 95023	95023	831-636-8178
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: John M Johnson
Address:
Application date: 10-28-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: D. Jackson
Permit fee: $ 34.00
Date permit issued: 10-28-08
Permit number: 08-81

Payment of $34.00 No # received by Union County Treasurer

Date 11/3/08

Bobby E. Milner Mng.

-002
.39
05-24-03-827-B1
-011
.58
05-24-03-834
441.86
195
63.18
05-25-03-843
146
-825
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05-25-03-845-D
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538.51
93
130.
-010
2.70
224.22
58
80.
05-25-03-848

UNION COUNTY Prop. .
BUILDING PERMIT APPLICATION 08-13-05-834-C

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

I. LOCATION OF BUILDING

Number and street: 1560 Kratzinger Hollow Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S13 T12 R2W Pt NW SW 1.41 AC

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT $12,000.00

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 _____

MOBILE HOME INFO:
Date MH was set-up:
Make Clayton Size 14x50 Yr. Model 2005
Previous MH Owner
Previous MH Location
Current MH Owner Kevin Reynolds
Current MH Location 1560 Kratzinger Hollow Rd
Current Land Owner Kevin Reynolds

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kevin Reynolds	1560 Kratzinger Hollow Rd Cobden IL	62920	(618) 833 5458
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
Kevin Reynolds	1560 Kratzinger Hollow Rd	10/22/08

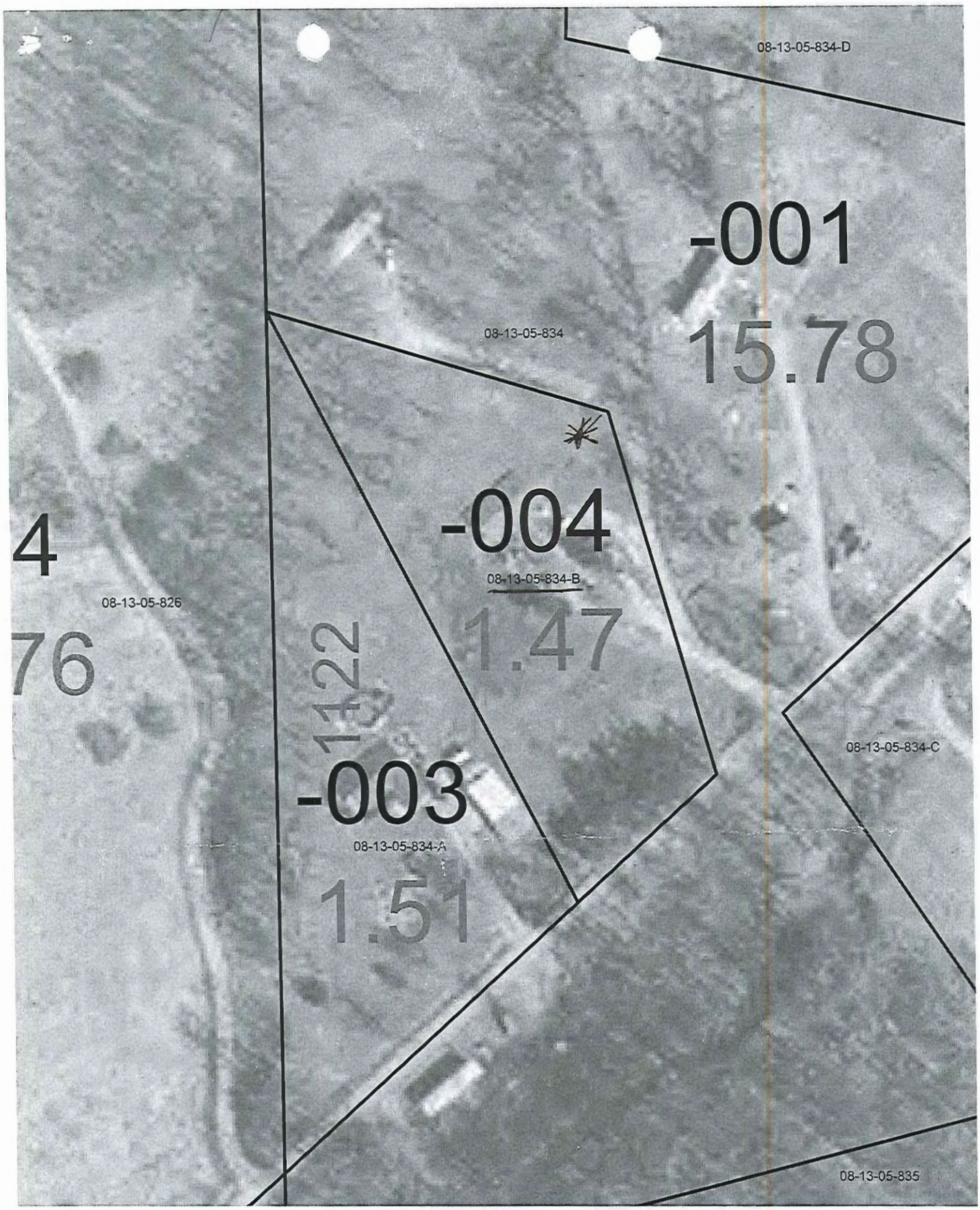
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 34.00	10-22-08	08-80

Payment of $34.00 CK # 1119 received by Union County Treasurer

Date 11/3/08

[signature]


08-13-05-834-D
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08-13-05-834
-004
08-13-05-834-B
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08-13-05-826
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1.22
-003
08-13-05-834-A
1.51
08-13-05-834-C
08-13-05-835

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-04-00-664

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

I. LOCATION OF BUILDING

Number and street: 552 Blueberry Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E 54 Pt N1/2 SE 1.41 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

10. Cost of improvement ..... $ 5000

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

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

Residential

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

Beginning construction date _____

Completion construction date _____

Nonresidential

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

Beginning construction date As weather permits

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Southern Ill Elect Coop	Box 100, Dongola, Il	62926	618 827-3555
2. Contractor or Builder	Ray Walker Communications	441 Church Camp Rd Makanda, Il	62958	618 549-3301
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] for SIEC | Address | Application date: 10-20-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 20.00	10-20-08	08-77

Payment of $20.00 CK # 075110 received by Union County Treasurer

Date 10-20-08

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-21-02-424-B

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

I. LOCATION OF BUILDING

Number and street: 7460 Lick Creek Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1W S-21 PT SW SW 4.16 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

D. PROPOSED USE – *For "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 [X] Tanks, towers (Communication)
- 29 [ ] Other – *Specify* _____

Beginning construction date As weather permits

Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 5000

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

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

11. TOTAL COST OF IMPROVEMENT ..... $ 5000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Southern Ill Elect Coop	Box 100 Dongola, Il	62926	618 327-3555
2. Contractor or Builder	Ray Walker Communications	4411 Church Camp Rd Makanda, Il	62958	618 529-3301
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] for SIEC

Address

Application date: 10-20-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 20.00	10-20-08	08-76

Payment of $20.00 CK # 025110 received by Union County Treasurer

Date 10-20-08

[signature] Treas.

UNION COUNTY Prop. . . 06-19-04-606
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: Jonesboro Quarry Rd N
Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1W 519 Pt N Pt SE .47 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] 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 [X] Tanks, towers (communication)
29 [ ] Other – *Specify* _____

Beginning construction date As weather permits
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 5000
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 5000

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Southern Ill Elect Coop	Box 100, Dongola, Il	62926	618 327-3555
2. Contractor or Builder	Ray Walker Communications	441 Church Camp Rd Makanda, Il 62958	62958	618 529-3321
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
Joe Harris for SIEC		10-20-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 20.00	10-20-08	08-79

Payment of #20.00 CK# 075110 received by Union County Treasurer

Date 10/20/08

Bobby L. Mayer Mgr.

Warranty Deed

BOOK 101 PAGE 489

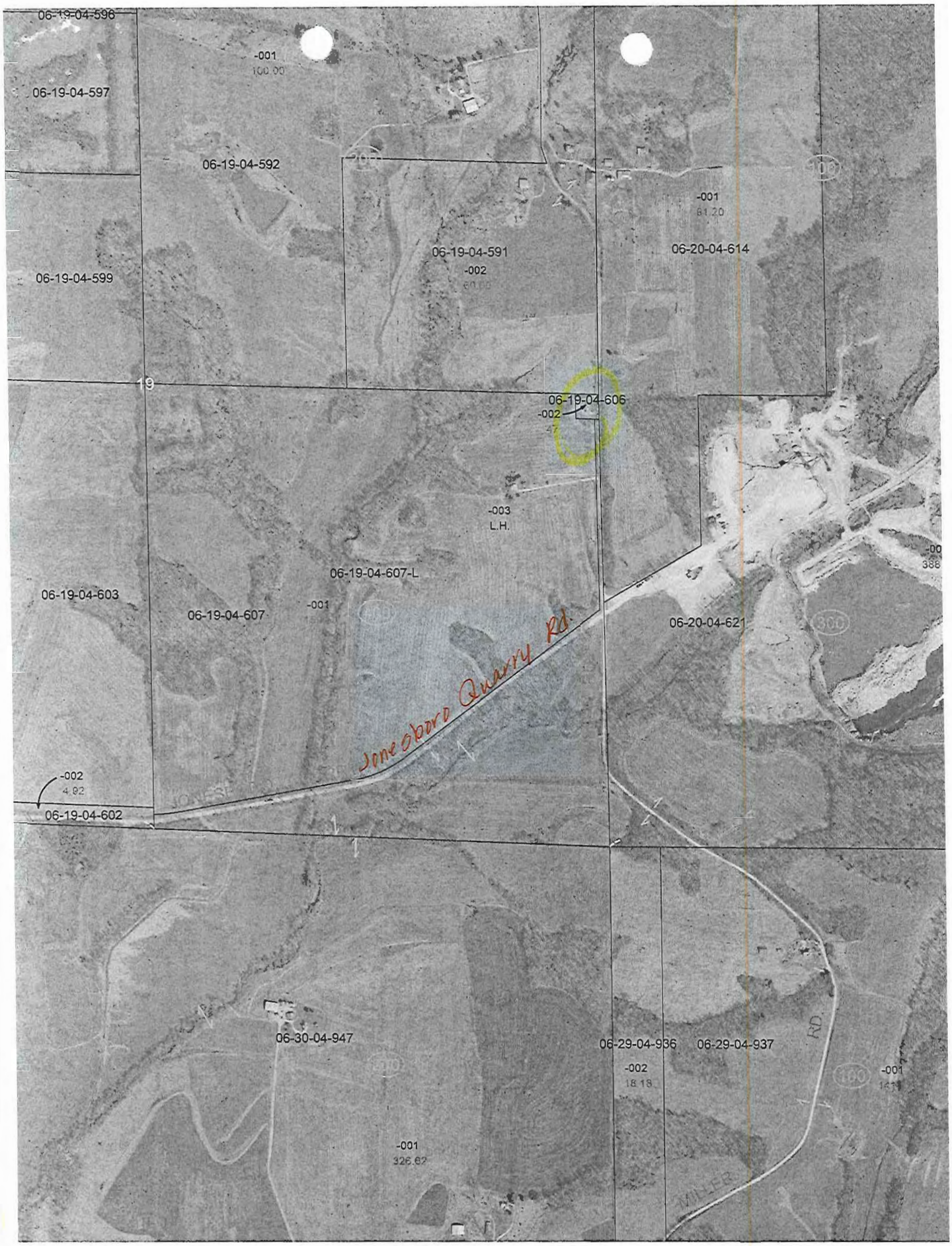
This Indenture Witnesseth, That the Grantors Waldo M. Wright and Frieda J. Wright, his wife, Leslie W. Wright and Margie Wright, his wife, Robert Wright and Ernestine Wright, his wife,

of the City of Anna in the County of Union and State of Illinois

for and in consideration of the sum of One ($1.00) Dollars, and other good and valuable consideration, in hand paid. CONVEY and WARRANT to Southern Illinois Power Cooperative,

of the Vicinity of Marion County of Williamson and State of Illinois the following described real estate, to-wit:

A parcel of land lying in the Northeast corner of the Northeast Quarter(NE¼) of the Southeast Quarter (SE¼) of Section Nineteen (19), Township Thirteen (13) South, Range One (1) West of the Third (3rd) Principal Meridian, and described as follows: Beginning at a point where the West line of the Public Gravel Road intersects the North line of said quarter quarter, thence West along the North line of said quarter quarter a distance of One Hundred (100) feet to a point; thence South parallel with the West line of said quarter quarter a distance of Two Hundred (200) feet to a point; thence East parallel with the North line of said quarter quarter a distance of One Hundred (100) feet, more or less, to the West line of said Public Gravel Road; thence North along the West line of said Public Gravel Road a distance of Two Hundred (200) feet to the point of beginning, containing Forty-Seven Hundredths (.47) acres, more or less,


06-19-04-596
06-19-04-597
-001
100.00
06-19-04-592
06-19-04-599
06-19-04-591
-002
60.00
-001
61.20
06-20-04-614
19
06-19-04-606
-002
-003
L.H.
06-19-04-607-L
06-19-04-603
06-19-04-607
-001
06-20-04-621
Jonesboro Quarry Rd.
-002
4.92
06-19-04-602
06-30-04-947
06-29-04-936
06-29-04-937
-002
18.18
-001
326.62
MILLER
RD.

UNION COUNTY Prop. 08-23-05-987-B
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 3635 Jonesboro 146 STRT
Subdivision or Addition | Lot | Block | Census track
Legal Description: 12-2W S 23 PT NW NW .86 AC
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date As weather permits
Completion construction date _____

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

10. Cost of improvement ..... $ 5000

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

11. TOTAL COST OF IMPROVEMENT ..... $ 5000

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Southern Ill Elect Coop	Box 100 Dongola Il	62926	618 827-3555
2. Contractor or Builder	Ray Walker Communication	411 Church Camp Rd Makanda, Il 62958	62958	618 529-3301
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: Harris for SIEC
Address
Application date: 10-20-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Parker	$ 20.00	10-20-08	08-78

Payment of #20.00 CK # 025110 received by Union County Treasurer

Date 10/20/08

Bonny L. Mann Mg.

UNION COUNTY BUILDING PERMIT APPLICATION Prop. No. 08-30-016-227-B

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

I. LOCATION OF BUILDING

Number and street: 8210 State Route 146 West | Subdivision or Addition: NA | Lot: NA | Block: NA | Census track: NA

Legal Description: S30 T12 R2W Pt NW NW 2.3ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date _____
Completion construction date _____

Beginning construction date 11/08
Completion construction date 04/09

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

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

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Roberts Towers / Verizon Wireless	c/o Network Real Estate, LLC 5055 Hwy N, Ste 200 St. Charles	MO 63304	636-922-3440
2. Contractor or Builder	TBD			
3. Architect	Kuhlmann Design Group, Inc.	15 E Washington Belleville, IL	62220	618-234-8888

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: 5055 Hwy N, Ste 200 St. Charles MO Application date: 10-2-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson | Permit fee: $ 15.00 | Date permit issued: 10-3-08 | Permit number: 08-75

Payment of $15.00 CK #486 received by Union County Treasurer

Date 10-6-08

Betty A. Moyers Mg.

R WORK

-16 MICROWAVE SHELF

SUPPORT MICROWAVE EQUIPMENT

EDS

' DISH
CL.

MATERIALS LIST

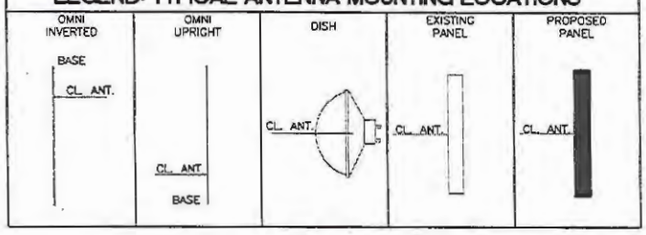
DESCRIPTION	FURNISHED BY:	INSTALLED BY:
ANTENNA MNTS.	CONTRACTOR	CONTRACTOR
ANTENNAS	VERIZON WIRELESS	CONTRACTOR
COAX CABLE	VERIZON WIRELESS	CONTRACTOR
COAX JUMPERS	CONTRACTOR	CONTRACTOR
GROUND KITS	CONTRACTOR	CONTRACTOR
CONNECTORS	CONTRACTOR	CONTRACTOR
ENTRY PORT BOOT	CONTRACTOR	CONTRACTOR

GENERAL REQUIREMENTS:
CONTRACTOR TO FURNISH MATERIAL PER THE MATERIALS LIST ON THIS SHEET. ALL MATERIALS PROVIDED BY THE CONTRACTOR SHALL MEET TOWER MANUFACTURER'S REQUIREMENTS AND VERIZON WIRELESS APPROVAL PRIOR TO INSTALLATION.

CONTRACTOR TO CONTACT VERIZON WIRELESS CONSTRUCTION ENGINEER 48 HOURS PRIOR TO NEEDING ANTENNAS AND LINES SWEPT.

LICENSED PROFESSIONAL ENGINEER
RONALD T. STUCKEL
062-056789
9-19-08
STATE OF ILLINOIS
EXP. 11/30/09

LEGEND: TYPICAL ANTENNA MOUNTING LOCATIONS



verizon wireless.
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2892

KdG
Kuhlmann Design Group, Inc.
15 East Washington Street
Belleville, Illinois 62220-2149
Tel: (618) 234-8898
St. Louis, Missouri
Aurora, Illinois
St. Charles, Missouri

DISCLAIMER OF RESPONSIBILITY

I hereby specify that the documents intended to be authenticated by my seal are limited to this sheet, and I hereby disclaim any responsibility for all other Drawings, Specifications, Estimates, Reports or other documents or instruments relating to or intended to be used for any part or parts of the architectural or engineering project or survey.

NO.	DATE	

PROJECT NO.	CONTRACT NO.
080003	0026
DRAWN: DDH	CHECKED: RTS
DATE: AUG 12, 2008	

C-1

IL08 WARE

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RE DCP

JTE 146 WEST
), IL 62952

DISCLAIMER OF RESPONSIBILITY
I HEREBY SPECIFY THAT THE DOCUMENTS INTENDED TO BE AUTHENTICATED BY MY SEAL ARE LIMITED TO THIS SHEET, AND I HEREBY DISCLAIM ANY RESPONSIBILITY FOR ALL OTHER DRAWINGS, SPECIFICATIONS, ESTIMATES, REPORTS OR OTHER DOCUMENTS OR INSTRUMENTS RELATING TO OR INTENDED TO BE USED FOR ANY PART OR PARTS OF THE ARCHITECTURAL OR ENGINEERING PROJECT OR SURVEY.

LICENSED PROFESSIONAL ENGINEER
RONALD T. STUCKEL
062-056789
9-19-08
STATE OF ILLINOIS
Exp 11/30/09

CIVIL ENGINEERING

GENERAL NOTES

1. THE CONTRACTOR SHALL SUPERVISE AND DIRECT ALL WORK USING HIS BEST SKILL AND ATTENTION. THE CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR ALL CONSTRUCTION MEANS, METHODS, TECHNIQUES, PROCEDURES AND SEQUENCES FOR COORDINATING ALL PORTIONS OF THE WORK UNDER THE CONTRACT.

2. THE CONTRACTOR SHALL VISIT THE JOB SITE TO REVIEW THE SCOPE OF WORK AND EXISTING CONDITIONS INCLUDING, BUT NOT LIMITED TO ELECTRICAL SERVICE AND OVERALL COORDINATION.

3. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS PRIOR TO SUBMITTING HIS BID. ANY DISCREPANCIES, CONFLICTS OR OMISSIONS, ETC. SHALL BE REPORTED TO VERIZON WIRELESS BEFORE PROCEEDING WITH THE WORK.

4. THE CONTRACTOR SHALL PROTECT ALL AREAS FROM DAMAGE, WHICH MAY OCCUR DURING CONSTRUCTION. ANY DAMAGE TO NEW AND EXISTING CONSTRUCTION, STRUCTURE, OR EQUIPMENT SHALL BE IMMEDIATELY REPAIRED OR REPLACED TO THE SATISFACTION OF VERIZON WIRELESS AT THE EXPENSE OF THE CONTRACTOR.

5. THE CONTRACTOR SHALL SAFEGUARD THE OWNER'S PROPERTY DURING CONSTRUCTION AND SHALL REPLACE ANY DAMAGED PROPERTY OF THE OWNER TO ORIGINAL CONDITION.

6. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO LOCATE ALL EXISTING UTILITIES WHETHER SHOWN HEREON OR NOT, AND TO PROTECT THEM FROM DAMAGE. THE CONTRACTOR SHALL BEAR ALL EXPENSES FOR REPAIR OR REPLACEMENT OF UTILITIES OR OTHER PROPERTY DAMAGED IN CONJUNCTION WITH THE EXECUTION OF WORK.

7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE COMPLETE SECURITY OF THE SITE WHILE THE JOB IS IN PROGRESS AND UNTIL THE JOB IS COMPLETE.

8. ALL CONSTRUCTION WORK SHALL CONFORM TO THE U.B.C. I.B.C. OR B.O.C.A. AND ALL APPLICABLE LOCAL REGULATIONS, ORDINANCES, STATUTES & CODES.

9. VERIZON WIRELESS SHALL OBTAIN THE CONSTRUCTION PERMIT. THE CONTRACTOR SHALL OBTAIN AND PAY FOR ADDITIONAL PERMITS, LICENSES AND INSPECTIONS NECESSARY FOR PERFORMANCE OF THE WORK AND INCLUDE THOSE IN THE COST OF THE WORK TO THE OWNER.

10. CITY APPROVED PLANS SHALL BE KEPT IN A PLAN BOX AND SHALL NOT BE USED BY WORKMEN. ALL CONSTRUCTION SETS SHALL REFLECT SAME INFORMATION. THE CONTRACTOR SHALL ALSO MAINTAIN IN GOOD CONDITION ONE COMPLETE SET OF PLANS WITH ALL REVISIONS, ADDENDA AND CHANGE ORDERS ON THE PREMISES AT ALL TIMES. THESE ARE TO BE UNDER THE CARE OF JOB SUPERINTENDENT.

11. THE CONTRACTOR SHALL PROVIDE A PORTABLE FIRE EXTINGUISHER WITH A RATING OF NOT LESS THAN 2-A OR 2-A:10-B:C WITHIN 75 FEET OF TRAVEL DISTANCE TO ALL PORTIONS OF THE BUILD OUT AREA DURING CONSTRUCTION.

12. ANY CONNECTION FEES FOR ELECTRICAL SERVICE SHALL BE PAID BY THE CONTRACTOR.

13. THE GENERAL CONTRACTOR SHALL PROVIDE ALL NECESSARY TEMPORARY POWER. CONTRACTOR SHALL NOT USE THE VERIZON WIRELESS GENERATOR ON SITE.

verizon wireless.
10740 NALL AVE. SUITE 400
OVERLAND PARK, KS 66211
PHONE: (913) 344-2800

Index of Sheets

T-1 TITLE SHEET
C-1 ANTENNA MODIFICATIONS

SS APPROVALS	DATE
	09/18/08
	09/18/08
	09/18/08
	09/18/08
	09/18/08

LESSOR/LICENSOR APPROVALS

LESSOR/LICENSOR ROCK A POWELL
NAME (PRINTED)

LESSOR/LICENSOR ELECTRONIC SIGNATURE ON FILE
SIGNATURE

09/18/08
DATE

LESSOR/LICENCOR: PLEASE CHECK THE APPROPRIATE BOX BELOW.

[X] PLANS APPROVED WITH NO CHANGES

[ ] PLANS APPRO WITH CHANGES (SEE COMME N PLANS)

VERIZON WIRELESS
Location Code: 169437 IL08 WARE

Prepared By:
KdG
Kuhlmann Design Group, Inc.
15 E. WASHINGTON
BELLEVILLE, IL 62220
Tel: (618) 234-8898
St. Louis, Missouri
Belleville, Illinois

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Date:	08/12/08	Designed By:	DDH
KdG Project No:	080003-0026	Checked By:	RTS

IL08 WARE DCP

Sheet: T-1

08-30-06-227-A
417.53
309.2
08-50-06-292
-002
08-30-06-227
2.99
236.06
248.06
08-30-06-223
-003
280.55
371.48
2.30
08-30-06-227-B
08-30-06-223-A
224.61
11.30
92.65
424.35
08-30-06-225

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 10-19-06-697

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

I. LOCATION OF BUILDING

Number and street: 998 Galilee Road
Subdivision or Addition: NA | Lot: NA | Block: NA | Census tract: NA
Legal Description: S19 T11 R3W Pt NW SE 2AC
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date 11/08
Completion construction date 2/09

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 2000
To be installed but not included in the above cost	
a. Electrical	500
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2500

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 NA

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Robert Tank / Verizon Wireless	c/o Network Real Estate LLC / 2055 Hwy N Ste 200 St. Charles MO	63304	636-922 3466
2. Contractor or Builder	TBD			
3. Architect	Kuhlmann Design Group Inc	15 E. Washington Belleville IL	62220	618-234 8398

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: 2055 Hwy N Ste 200 St. Charles MO Application date: 10-2-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature] Permit fee: $15.00 Date permit issued: 10-3-08 Permit number: 08-34

Payment of $15.00 CK # 486 received by Union County Treasurer

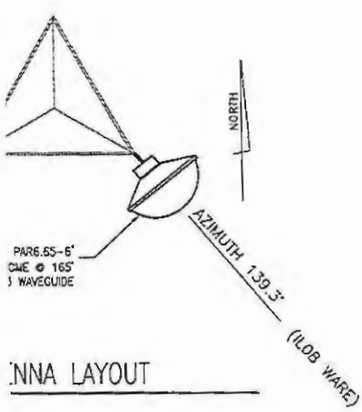
Date 10-6-08 [signature]

ELTER WORK

: 8706-16 MICROWAVE SHELF

IS TO SUPPORT MICROWAVE EQUIPMENT

ER FEEDS



NNA LAYOUT

MATERIALS LIST

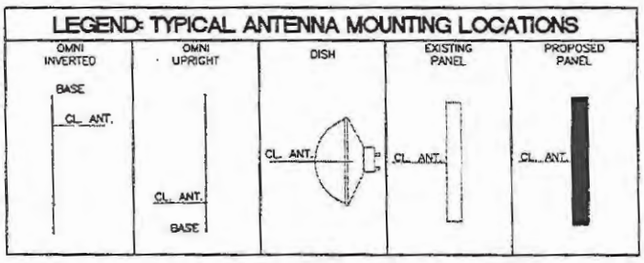
DESCRIPTION	FURNISHED BY:	INSTALLED BY:
ANTENNA MNTS.	CONTRACTOR	CONTRACTOR
ANTENNAS	VERIZON WIRELESS	CONTRACTOR
COAX CABLE	VERIZON WIRELESS	CONTRACTOR
COAX JUMPERS	CONTRACTOR	CONTRACTOR
GROUND KITS	CONTRACTOR	CONTRACTOR
CONNECTORS	CONTRACTOR	CONTRACTOR
ENTRY PORT BOOT	CONTRACTOR	CONTRACTOR

GENERAL REQUIREMENTS:
CONTRACTOR TO FURNISH MATERIAL PER THE MATERIALS LIST ON THIS SHEET. ALL MATERIALS PROVIDED BY THE CONTRACTOR SHALL MEET TOWER MANUFACTURER'S REQUIREMENTS AND VERIZON WIRELESS APPROVAL PRIOR TO INSTALLATION.

CONTRACTOR TO CONTACT VERIZON WIRELESS CONSTRUCTION ENGINEER 48 HOURS PRIOR TO NEEDING ANTENNAS AND LINES SWEPT.

LICENSED PROFESSIONAL ENGINEER
RONALD T. STUCKEL
062-056789
9-17-08
STATE OF ILLINOIS
EXP 11/30/08

LEGEND: TYPICAL ANTENNA MOUNTING LOCATIONS



verizon wireless.
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2892

KdG
Kuhlmann Design Group, Inc.
15 East Washington Street
Belleville, Illinois 62220-2149
Tel: (618) 234-8598
St. Louis, Missouri
Belleville, Illinois
St. Charles, Missouri

DISCLAIMER OF RESPONSIBILITY
I hereby specify that the documents intended to be authenticated by my seal are limited to this sheet, and I hereby disclaim any responsibility for all other Drawings, Specifications, Estimates, Reports or other documents or instruments relating to or intended to be used for any part or parts of the architectural or engineering project or survey.

NO.	DATE	

PROJECT NO.	CONTRACT NO.
080003	0028
DRAWN	CHECKED
DDH	RTS
DATE	
AUG 14, 2008	

C-1

ILO8 WOLF LAKE

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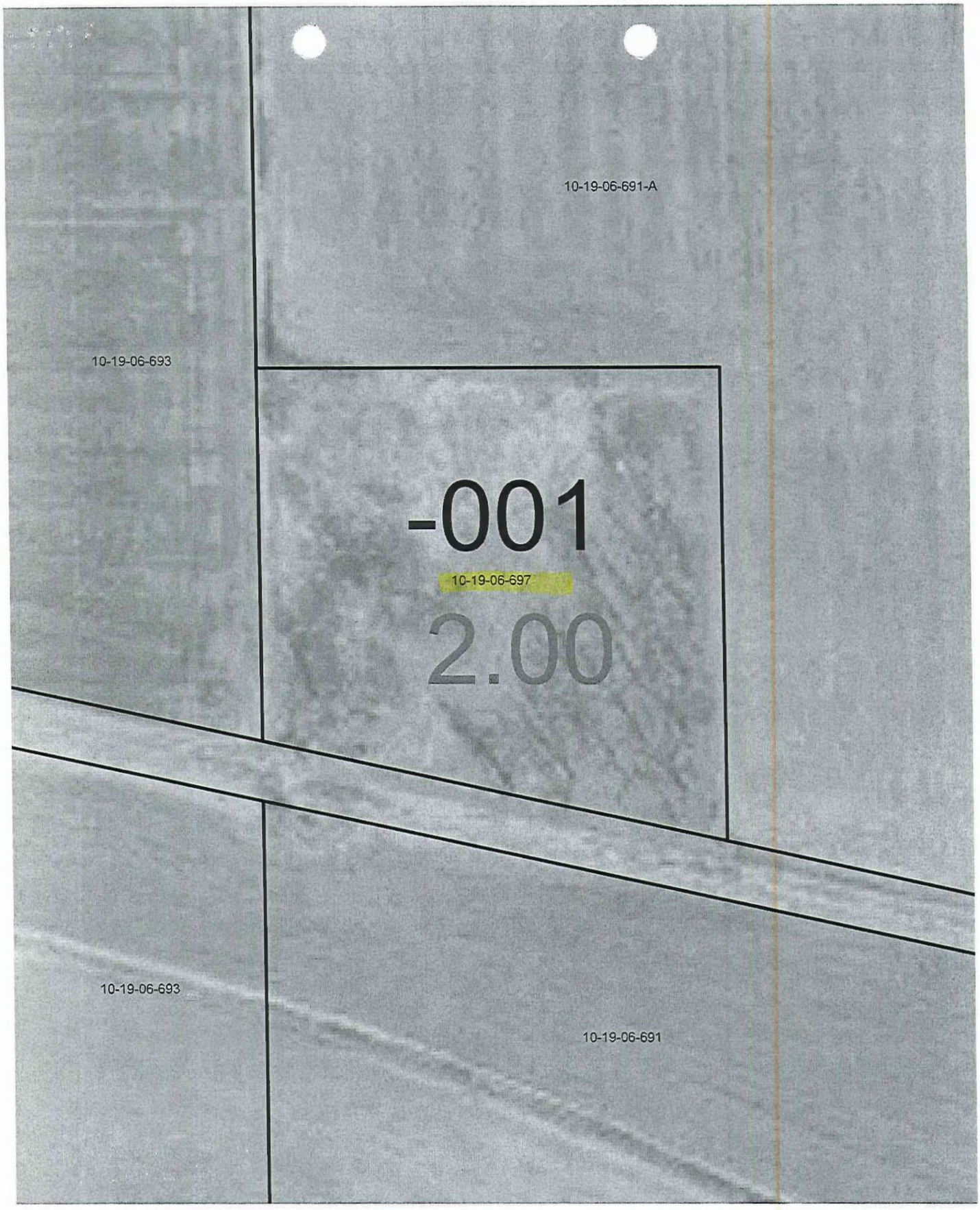
10-19-06-691-A
10-19-06-693
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10-19-06-697
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10-19-06-693
10-19-06-691

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

split off of # 06-24-04-717-B

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

I. LOCATION OF BUILDING

Number and street: 7725 US HWY 51 S

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S24 T13 R1W 10 AC. PT S1/2 NE & PT N1/2 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 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement	$ 46,000
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	$ 46,000

MOBILE HOME INFO:

Date MH was set-up:

Make: Size: 26 x 64 Yr. Model: 2000

Previous MH Owner: Cannons Mobile Homes

Previous MH Location: Opdyke, IL

Current MH Owner: Brad & Lanie Maloney

Current MH Location: 7725 US Hwy 51 S, Dongola, IL

Current Land Owner: Brad & Lanie Maloney

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1664
- 50. Total land area, sq. ft.: 9.8 acres

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full: 2; Partial:

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Brad Maloney	7725 US Hwy 51 S.	62926	(618) 827
	Lanie Maloney	Dongola, IL 62926		4137
2. Contractor or Builder	Cannons Mobile Homes	Opdyke, IL		
3. Architect	N/A			

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

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

Signature of applicant	Address	Application date
Lanie Maloney	7725 US Hwy 51 S. Dongola IL 62926	10-3-08

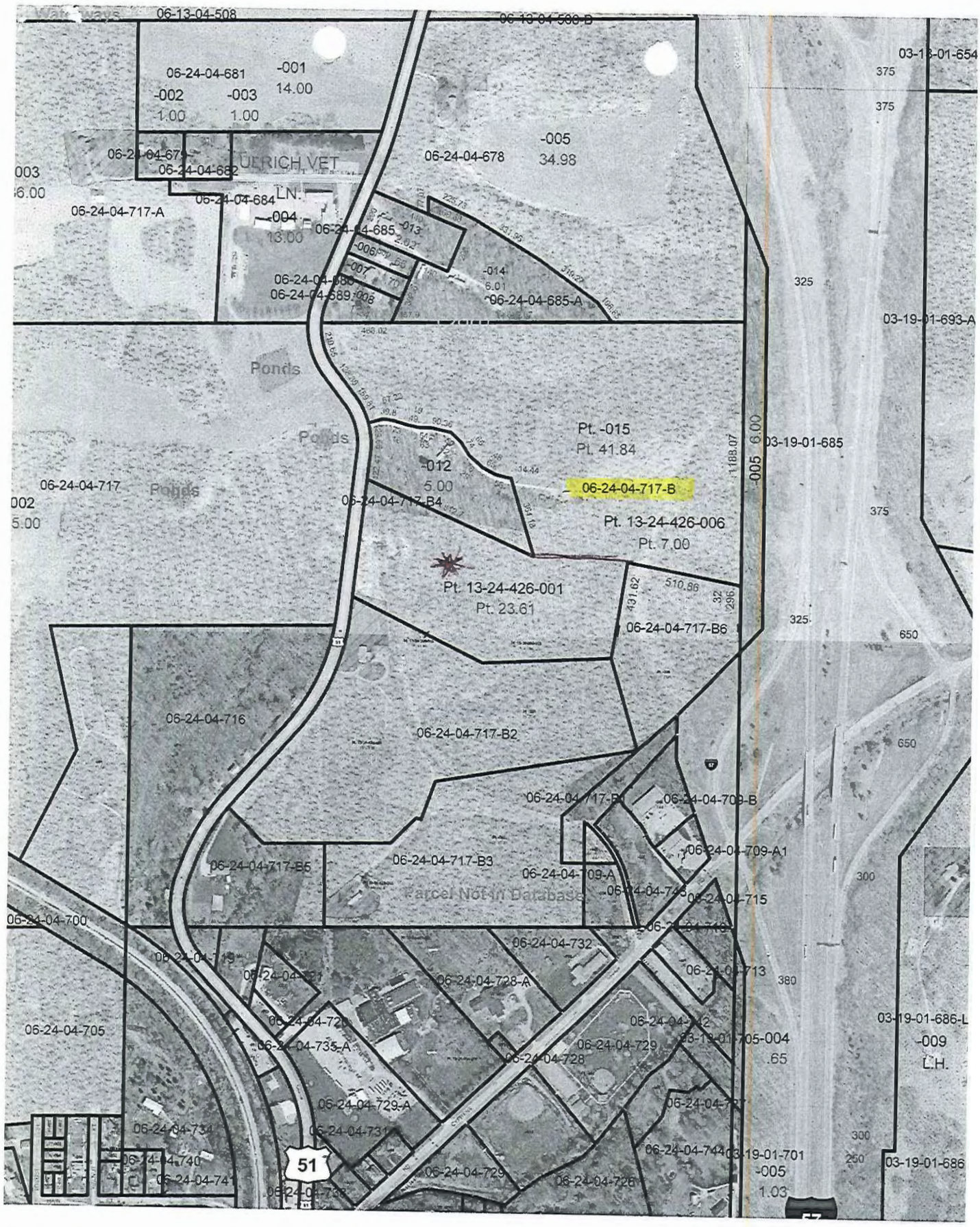
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 106.00	10-3-08	08-73

Payment of #106.00 Ck #3063 received by Union County Treasurer

Date 10-6-08

Barry L. Mizer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UERICH VET
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Pt. 23.61
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06-24-04-709-A1
06-24-04-717-B5
06-24-04-717-B3
06-24-04-709-A
Parcel Not In Database
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06-24-04-700
06-24-04-732
06-24-04-713
06-24-04-728-A
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06-24-04-728
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06-24-04-729
06-24-04-726
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-005
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03-19-01-686
03-19-01-686-L
-009
L.H.
03-19-01-685
03-19-01-693-A
03-19-01-654
51
57

Prop. No. 09-23-06-449

UNION COUNTY 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: S23 T13 R2W W PT NE 115.11 AC.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 13,000.00
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	$ 13,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

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

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

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
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1200
- 50. Total land area, sq. ft.: _____

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	LaRue Parr	2645 Big Cr. Ck. Rd. Dongola	IL	937-4113
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
LaRue Parr		9-29-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ $36.00	9-29-08	08-72

Payment of $36.00 Cash received by Union County Treasurer

Date 10-6-08

Billy L. Mayer
Mg.

09-14-06-393
09-14-06-406-C
-007
-005
100.22
09-13-06-383-A
-008
09-14-06-401
-006
09-14-06-406-A
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-009
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-003
09-23-06-457
-002
LINGLE
LN

09-03-06-333

UNION COUNTY
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

N S / E W side of S3 T13R2W PT W1/2NE Street — 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 Pole BARN
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

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

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

Residential
12 [ ] One family
13 [ ] Two or more family – *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 OCT 30TH
Completion construction date Jan 1ST

Beginning construction date _____
Completion construction date _____

C. COST (Estimated)

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

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.

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 25' by 60'
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner	Leonard Kern	107 Willford Rd Raymond		833-2121
2. Contractor or Builder				
3. Architect				

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

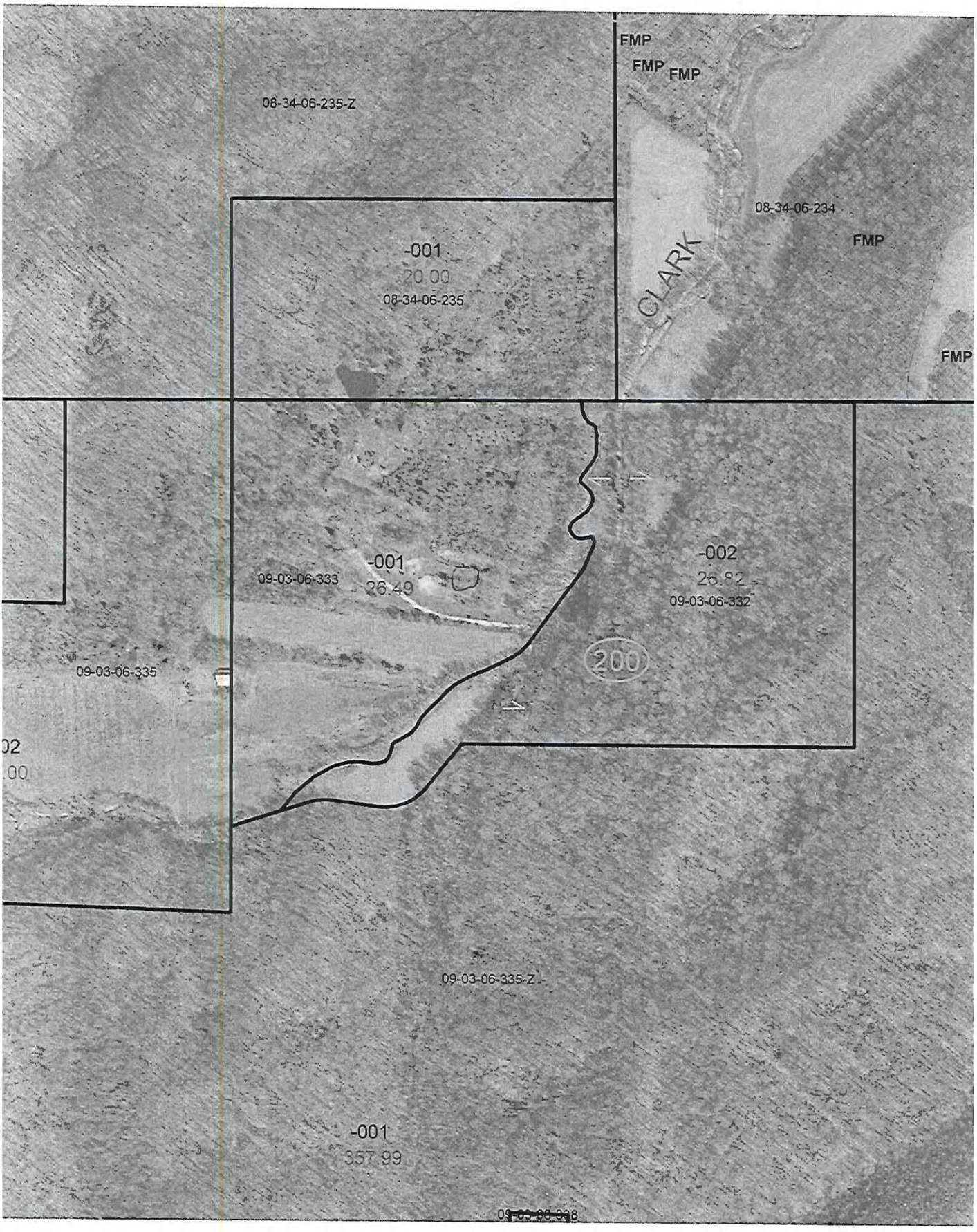
Signature of applicant	Address	Application date
Leonard Kern		Sept 25TH

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Jackson	$ 80.00	10-6-08	08-71

$80.00 CK #2792

Bobby L. Moyer mg.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UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 07-10-05-247

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

I. LOCATION OF BUILDING

Number and street: 8515 NW4 127N ALTO PASS

Subdivision or Addition | Lot | Block | Census track

Legal Description: S10 T11 R2W PT NW W of road 47.82 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10/1/08
Completion construction date 4/1/08

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 80,000.00

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

11. TOTAL COST OF IMPROVEMENT ..... $ 80,000.00

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories ..... 1 level
49. Total square feet of floor area, all floors, based on exterior dimensions 1,064
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... N/a
52. Outdoors ..... N/a

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 2 ; Partial ..... — }

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Elissa Hopkins	87 Harris lane, ALTO PASS IL	62905	618-697-0
2. Contractor or Builder	Gerrit Beitje Black Diamond Const.			
3. Architect	no 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
Elissa Hopkins	87 Harris lane, ALTO PASS	9/25/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 170.00	9-25-08	08-10

Payment of $170.00 CK #662 received by Union County Treasurer

Date 10-6-08

Barry L. Moore
Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-30-00-421

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

I. LOCATION OF BUILDING

Number and street: 5725 WINGHILL RD. COBDEN

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: PT NW SW PT SW SW 13 50 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential

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

Beginning construction date 10/01/08

Completion construction date 6/30/09

Nonresidential

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 125,000

MOBILE HOME INFO:

Date MH was set-up:

Make Size Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1 1/2
49. Total square feet of floor area, all floors, based on exterior dimensions	1815
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Phillip Wittke	936 Long Bridge Trail		217-710-2386
	Sharon Wittke	Walshville, IL 62091		
2. Contractor or Builder	Self			
3. Architect				

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

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

Signature of applicant	Address	Application date
Phillip Wittke	936 LONGBRIDGE TRAIL	9-12-08

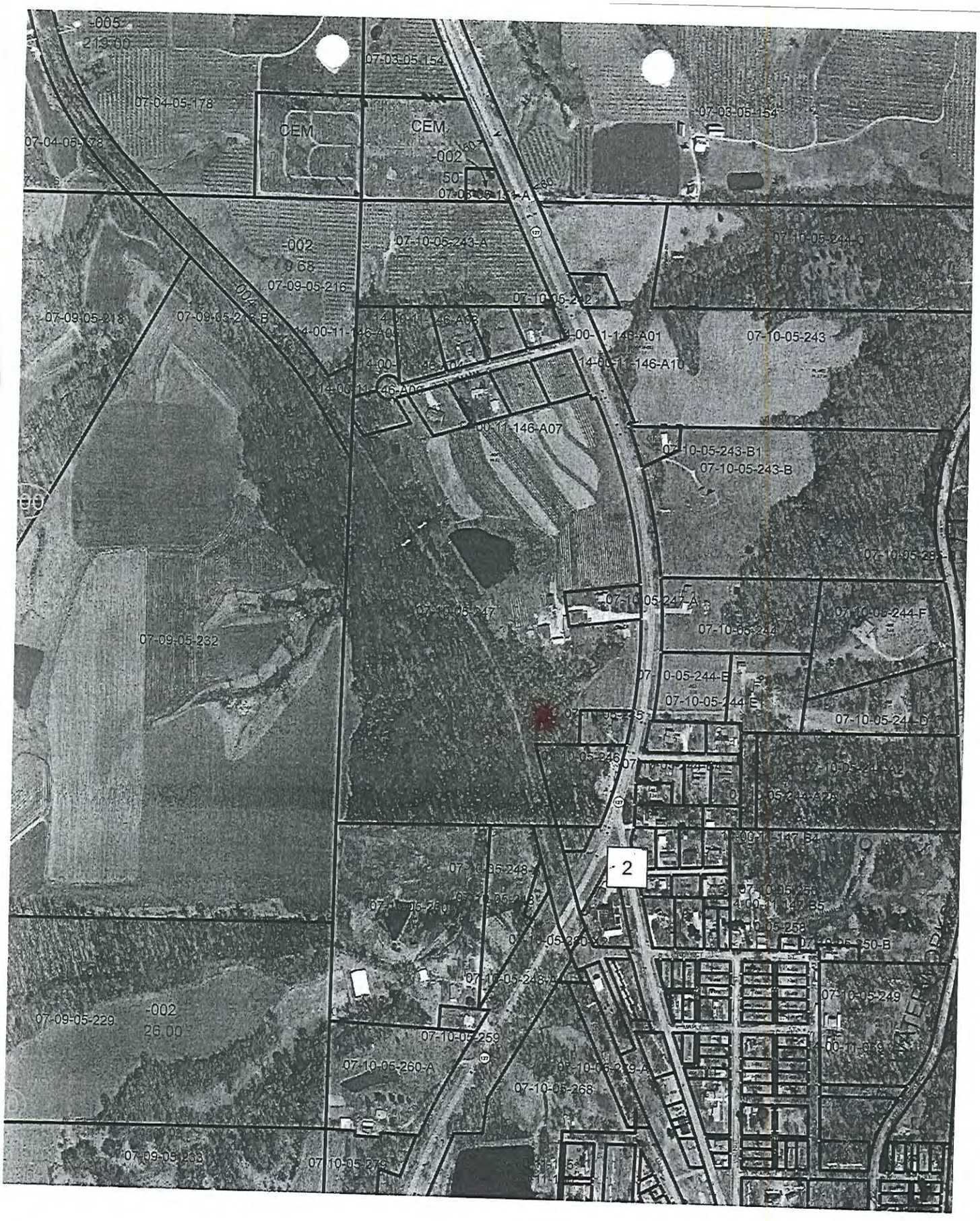
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jacobs	$ 260.00	9-12-08	08-169

Payment of #360.00 CK# 3253 received by Union County Treasurer

Date 9-15-08

Betty J. Myers Mng.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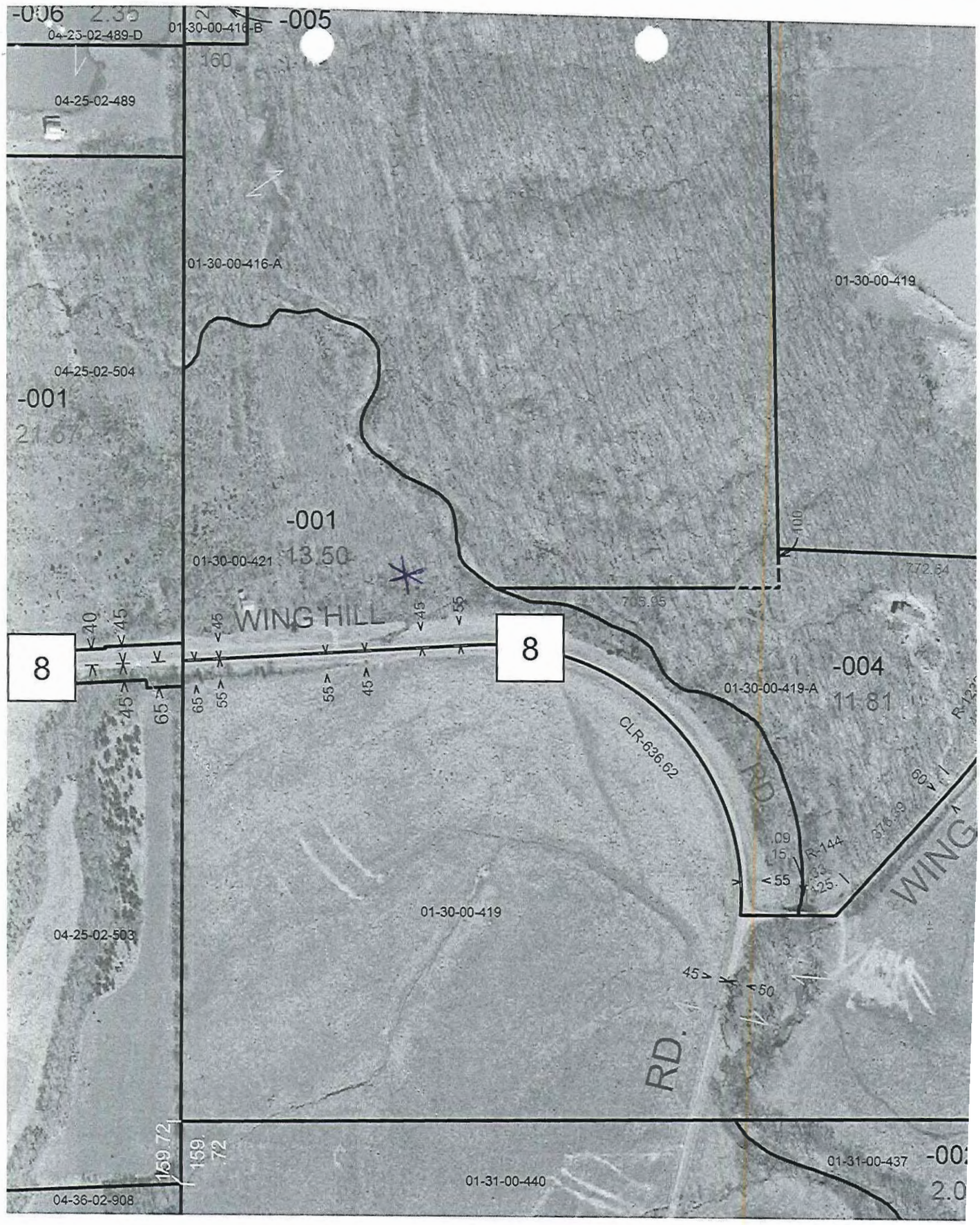
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01-30-00-419
04-25-02-504
-001
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-001
13.50
01-30-00-421
WING HILL
8
8
-004
11.81
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CLR-636.62
RD.
WING
01-30-00-419
04-25-02-503
RD.
01-31-00-440
01-31-00-437
04-36-02-908
159.72

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I. 07-24-05-508

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
835 Skyline Drive	Skyline Drive Acres	8-9		

Legal Description: S24 T11 R2W E 1/2 NE SW Being tracts 7,8,9, and 10 Skyline Drive Acres 8.88 AC.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10.20.08

Completion construction date 10.31.09

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 200,000.
To be installed but not included in the above cost	
a. Electrical	10,000.
b. Plumbing	14,000.
c. Heating, air conditioning	16,000.
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$ 240,000.

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS 1st Floor w/ Loft

48. Number of stories	2
49. Total square feet of floor area, all floors, based on exterior dimensions	2212
50. Total land area, sq. ft. 84,700	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	2
52. Outdoors	2

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gregory B. Larsen	632 W Canary Way, Chandler, AZ	85286	480 855-5177
2. Contractor or Builder	Corbit Construction	1625 Gurley Loop, Buncombe, IL	62912	618 ~~833-2877~~
3. Architect	Fossil Creek Designs	4116 White Rd., Spencer, IN	47460	812 ~~322-6214~~

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

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

Signature of applicant	Address	Application date
[signature]	632 W Canary Way, Chandler, AZ 85286	9/03/2008

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ $490.00	9-8-08	08-68

Payment of $490.00 CK #6069 received by Union County Treasurer

Date 9-15-08

[signature]

07-24-05-512
Tract 4
-002
1.70
Tract 3
Tract 2
07-24-05-508-C
Tract 1
07-24-05-508-A
Pt. 03-24-200-001
07-24-05-523
403
2 -002
14-00-12-280
1 -003
1.00
14-00-12-279
DR.
2
2
SKYLINE
07-24-05-510
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-006
8.88
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TRACT 5
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07-24-05-508
TRACT 8
TRACT 9
TRACT 10
TRACT 1
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TRACT 2
-002
07-24-05-522-D1
TRACT 3
-003
TRACT 4
07-24-05-520
07-24-05-515-A
07-24-05-525

Prop. No. 05-28-03-927-A

UNION COUNTY BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 25 Tollgate

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1W 5.28 PT SE PT NE NW

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10/15/08

Completion construction date 1/15/09

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

Beginning construction date _____

Completion construction date _____

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

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

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

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

11. TOTAL COST OF IMPROVEMENT ..... $ 28,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

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

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

G. TYPE OF SEWAGE DISPOSAL
- 40 [X] 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 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories .....
- 49. Total square feet of floor area, all floors, based on exterior dimensions ..... 20x28 600 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 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	Teena Bingaman	25 Tollgate Rd. Anna, IL	62906	697-4781
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: Teena Bingaman

Address: PO Box 348, 25 Tollgate Rd, Anna, IL 62906

Application date: 9-8-08

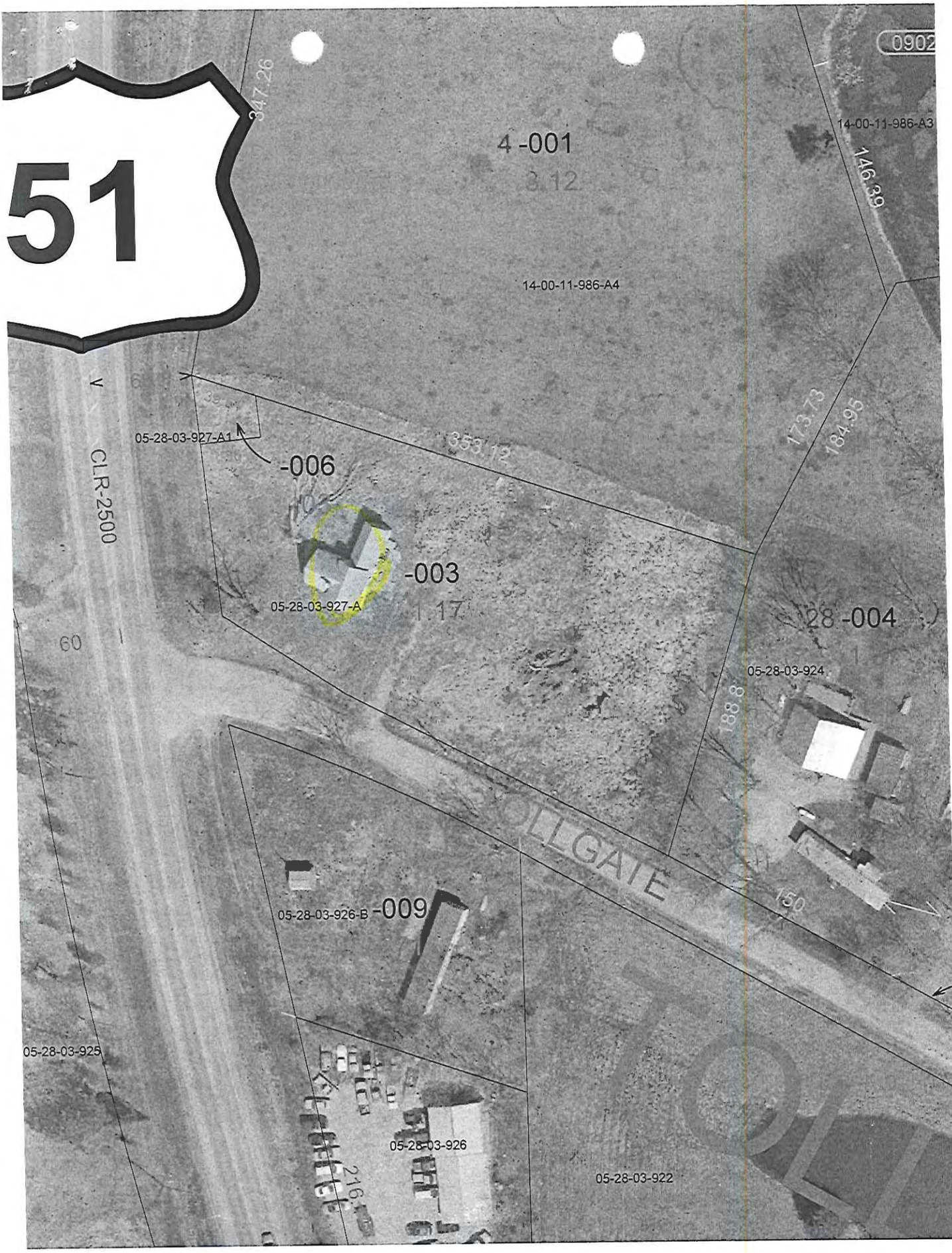
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 66.00	9-8-08	08-67

Payment of $66.00 CK #5099 received by Union County Treasurer

Date 10/20/08

[signature]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05-28-03-926
216.1
05-28-03-922

04-2-02-424-B

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. pt of 04-21-02-421-A

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: See attached

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 X Electric Substation

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

B. OWNERSHIP

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] 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 [X] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Beginning construction date 10-01-08

Completion construction date 6-30-08 (approximate)

C. COST *(Estimated)* Engineer's Estimate

	(Omit cents)
10. Cost of improvement	$ 433718
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	$ 433718

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Southern Illinois Electric Cooperative	P.O. Box 100, Dongola, IL	62926	618-827-3555
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Michael Logeman, Director of Engineering		8-27-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 877.44		# 08-66

Payment of $877.44 CK# 072058 received by Union County Treasurer

Date 9-15-08

Bobby L. Magee Mg.

Southern Illinois Electric Cooperative

7420 U.S. Highway 51 South • P.O. Box 100 • Dongola, IL 62926
Telephone: (618) 827-3555 FAX: (618) 827-3585

Date: August 27, 2008

To: Supervisor of Assessments,
Union County, Illinois

From: Michael Logeman,
Director of Engineering

Re: Building permit for new electric substation near the intersection of Blueberry Hill Road and Wrights Crossing Road

Southern Illinois Electric Cooperative, P.O. Box 100, 7420 U.S. Highway 51 South, Dongola, Illinois, 62926 has purchased property to construct an electric substation. This substation is needed to improve electric service and reliability to Cooperative members in the Union County area. The substation will consist of a fenced area with a power transformer, 69,000 volt and 12,750 volt conductors, structural steel, voltage regulators, circuit breakers, metering equipment, insulators, fuses, switches, and other materials. The substation will be similar in size and design to existing substations in Union County located at 165 Ulrich Vet Lane, 3625 State Route 146 West, 1060 Jonesboro Quarry Road, and 7460 Lick Creek Road. Construction is expected to begin in 2008 and end in the spring or summer of 2009. An engineering estimate of the cost for the design, construction, and materials for the substation is $926,690. Attached is the legal description and plat of the property. The entire property consists of 4.152 acres, but the actual fenced area for the substation will occupy approximately 0.5 acre. In addition, poles, anchors, and underground cables will be constructed on the property.

LEGAL DESCRIPTION

A part of the Southwest Quarter of the Southwest Quarter of Section 21, in Township 11 South, Range 1 West of the Third Principal Meridian, in Union County, Illinois, more particularly described as follows:

Commencing at the northwest corner of the said Southwest Quarter of the Southwest Quarter of Section 21, a point near the intersection of the centerlines of Wrights Crossing Road and Blueberry Hill Road and the ***POINT OF BEGINNING*** for this description; thence North 89 degrees 58' 21" East, along the north line of the said quarter quarter, a distance of 300.00 feet; thence South 00 degrees 16' 33" East, parallel to the west line of said Section 21, a distance of 602.23 feet to a point on the north line of the Christopher Banyan property; thence South 89 degrees 43' 27" West, along the said north line, a distance of 300.00 feet to a point on the said west line of Section 21; thence North 00 degrees 16' 33" West, along said west line, a distance of 603.52 feet to the point of beginning, containing 4.152 acres (180,864 sq. ft.), more or less.

UNION COUNTY Prop. No. 04-20-02-386
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 825 Cobden School Rd.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 11-1W S. 20
NW SW, PT NE SW, PT SW NW, 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*

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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 ..... $ 45,000

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30 X 60 1800 [X]
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	David & Donna Vance	PO Box 297, Cobden IL	62920	893-423[illegible]
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: David T. Vance
Address:
Application date: 9-8-08

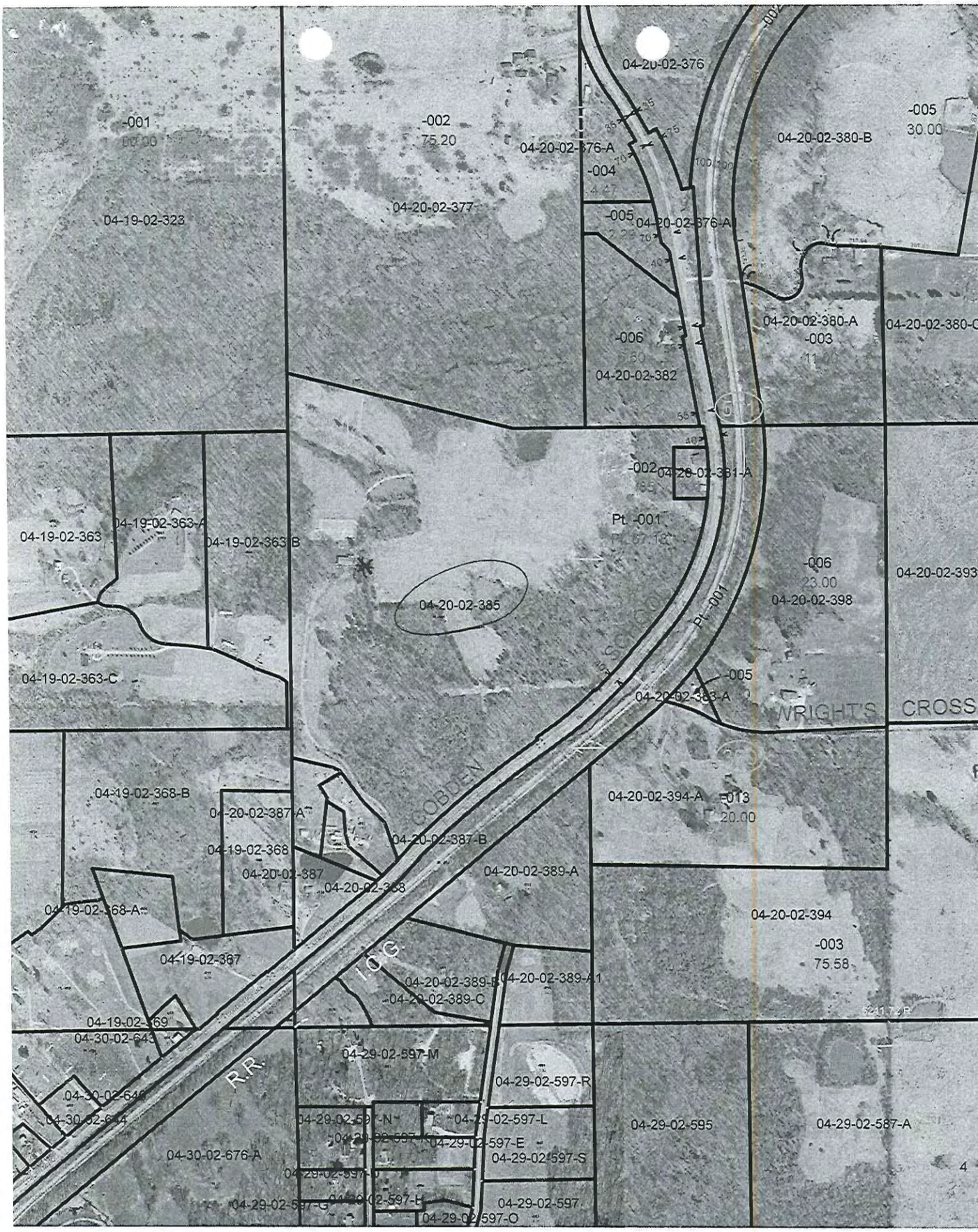
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 100.00	9-8-08	08-65

Payment of $100.00 CK# 1995 received by Union County Treasurer

Date 9-15-08

[illegible] Mgr.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R.R.
04-29-02-597-R
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04-29-02-597-N
04-29-02-597-L
04-29-02-597-E
04-29-02-595
04-29-02-587-A
04-30-02-676-A
04-29-02-597-S
04-29-02-597-G
04-29-02-597
04-29-02-597-O

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ...: 05-25-03-851-A

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

I. LOCATION OF BUILDING

Number and street: 1015 Hess School Lane
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-1W S. 25 PT SW SW 6.00

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10-1-08
Completion construction date 1-1-09

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

Beginning construction date _____
Completion construction date _____

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

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 45,000

MOBILE HOME INFO:
Date MH was set-up:
Make ? Size 32X80 Yr. Model 2007
Previous MH Owner Ferrell
Previous MH Location Cape Girardeau
Current MH Owner Brian & Kimberly Edwards
Current MH Location 05-25-03-851-A
Current Land Owner Brian & Kimberly Edwards

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Brian + Kimberly Edwards	1015 Hess School Lane Cape Girardeau	63906	618-614-4489
2. Contractor or Builder	Lynn Dillman			
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: Kimberly Edwards
Address: 1015 Hess School Lane Cape
Application date: 9-2-08

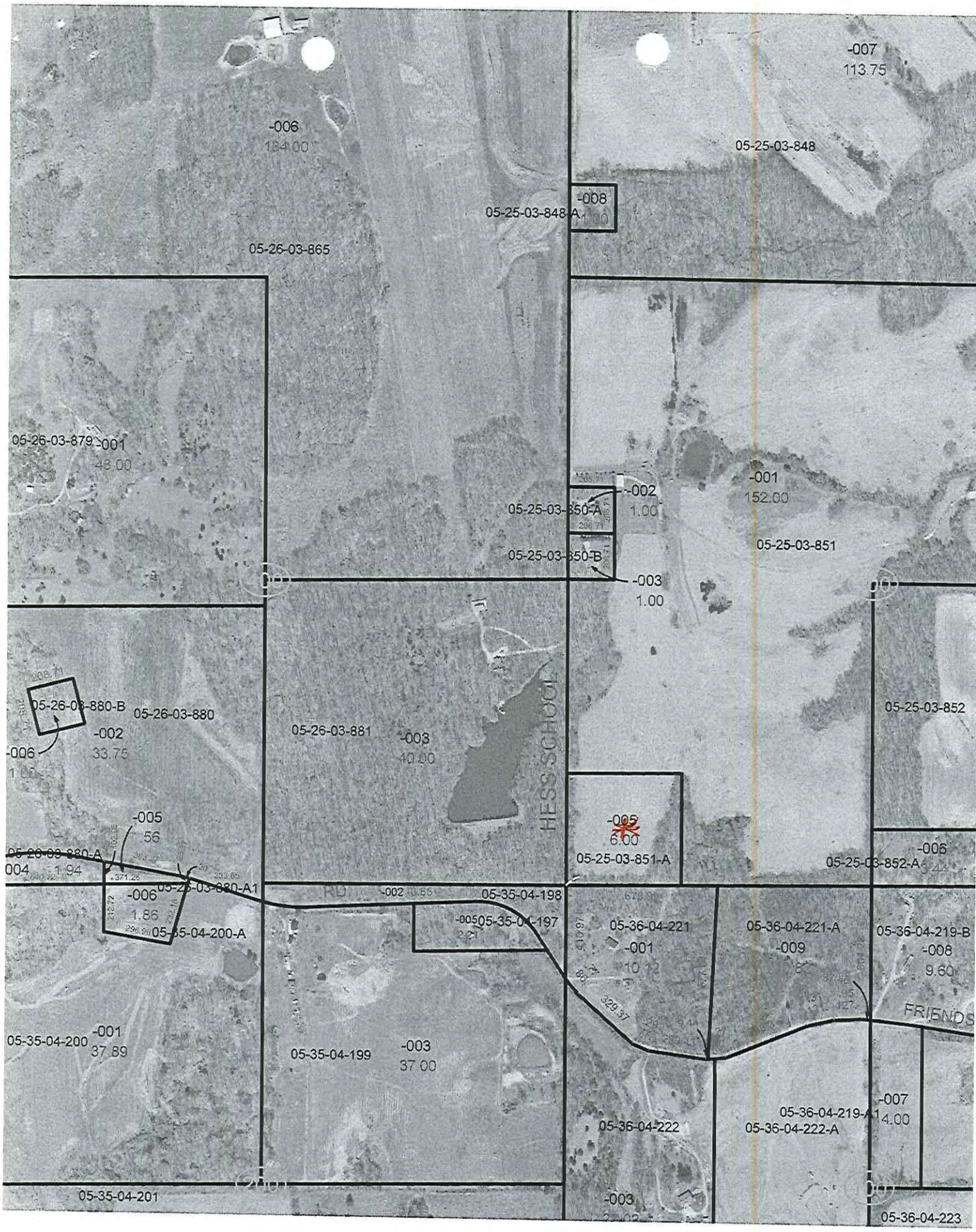
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 90.00	9-2-08	08-64

Payment of #90.00 Cash received by Union County Treasurer

Date 9-2-08

Barry E. Moore Mg.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05-36-04-223

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-19-00-948-B

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

I. LOCATION OF BUILDING

Number and street: 605 Shawnee Meadows Line

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: 12-10 S. 19 PT W1/2 SW SW 1.82 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [X] Garage
16 [ ] Carport
17 [X] Other – *Specify* 12X30 patio Detached house & garage

Beginning construction date 9-7-08

Completion construction date 10-1-08

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

Beginning construction date _____

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions 30X60 1800
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
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 SIMMONS	605 SHAWNEE MEADOWS LN. ANNA IL. 62906	62906	833-2888
2. Contractor or Builder	ARCHIE HAZEL			
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
Don Ott Simmons		9-2-08

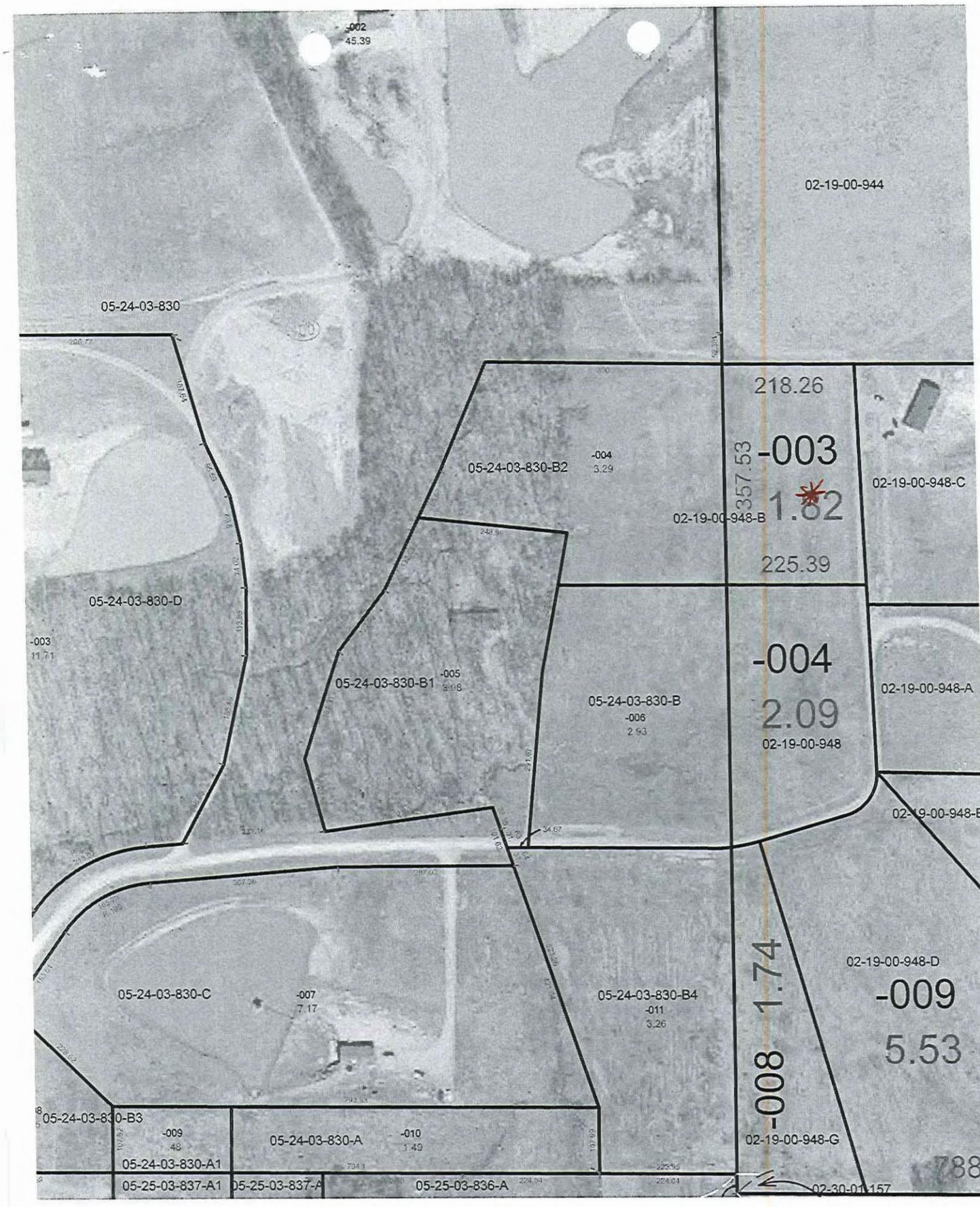
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 70.00	9-2-08	08-63

Payment of $70.00 CK # 6037 received by Union County Treasurer

Date 9-2-08

[signature]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-009
.48
05-24-03-830-A
-010
1.49
02-19-00-948-G
05-24-03-830-A1
05-25-03-837-A1
05-25-03-837-A
05-25-03-836-A
02-30-01157

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-34-05-644-A

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

I. LOCATION OF BUILDING

Number and street: State Rt 127 N

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-2W S. 34 PT SW 87.09

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* hay shed open on all 4 sides

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

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

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

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

11. TOTAL COST OF IMPROVEMENT ..... $ 1,000

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Arthur Ward	3040 State Rt. 127N - Cobden	62920	893-6411
2. Contractor or Builder	Self			
3. Architect	Self			

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

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

Signature of applicant	Address	Application date
Arthur Ward	3040 ST Route 127 N.	8-26-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 12.00	8-26-08	08-62

Payment of $12.00 CK #3491 received by Union County Treasurer

Date 9-2-08

Bailey E. Mayer

07-34-05-641-C
07-34-05-641
07-34-05-642-A
07-34-05-642-D
07-34-05-641-Z
07-34-05-641-B
07-34-05-641-E
07-34-05-642-D1
07-34-05-642-C
07-34-05-641-D
07-34-05-644-A1
07-34-05-642-B
07-34-05-642
07-33-05-640-Z
07-34-05-644-A
07-34-05-643-A
07-34-05-644-Z
07-34-05-643
08-03-05-698
08-03-05-708
08-03-05-697
08-03-05-707-Z
08-04-05-709
08-03-05-698-A
08-03-05-700
08-03-05-703-A
08-03-05-703-A
08-03-05-706
08-03-05-699

C654

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. PT of # 01 31-00443-

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

I. LOCATION OF BUILDING

Number and street: 650 Bradshaw Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: T11S R1E Sec. 31 SW 1/4 SW 1/4

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

- Date MH was set-up: 8/23/08
- Make: Patriot Size: 28'x48' Yr. Model: 2001
- Previous MH Owner
- Previous MH Location: 112 Virginia Drive
- Current MH Owner: Michael Clutts
- Current MH Location: 650 Bradshaw Rd.
- Current Land Owner: Michael Clutts

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

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

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

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

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

I. TYPE OF MECHANICAL

Will there be central air conditioning? 44 ☐ Yes 45 ☐ No

Will there be an elevator? 46 ☐ Yes 47 ☐ No

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

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Michael Clutts	650 Bradshaw Rd Anna, IL	62906	618-924-67
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
		8-22-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gann	$ 10.00	8-22-08	08-61

Payment of $10.00 Cash received by Union County Treasurer

Date 2-2-09

Bonny L. Wynne

14-00-11-147 A01
14-00-11-147 A02

UNION COUNTY
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: Skyline Dr
Subdivision or Addition: SUNSET RIDGE
Lot: 1&2
Block:
Census tract:

N S / E W side of _____ Street
N S / E W from intersection of _____ and _____ Streets
LOTS 1 & 2 Sunset Ridge Subdivision
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 [X] 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

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$10,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	1800
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$11,800

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.

10 x 12 BUILDING TO PUT RADIOS IN.

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner	ROY WALKER	441 CHURCH CAMP ROAD	62958	618
	COMMUNICATIONS, INC	MAKANDA, IL 62958		529-3301
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	Address	Application date
Roy L Walker President	441 CHURCH CAMP ROAD MAKANDA, IL 62958	8/20/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 33.60	8-20-08	08-60

Payment of $33.60 CK # 10582 received by Union Co. Treasurer
Date - 8-25-08
Billy A. Mayne

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 12-12-07-116

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

I. LOCATION OF BUILDING

Number and street: 3470 State Rt 3 South

Subdivision or Addition | Lot | Block | Census track

Legal Description: NW ¼ PT NW NE ¼ PT SW NE 166.04 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date Sept 1-08

Completion construction date Nov 15-08

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* AG

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 27500
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	$ 27500

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 Pole Barn

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	46x60 2760 sq FT
50. Total land area, sq. ft.	2760

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	N/A
52. Outdoors	N/A

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Davis Farms	6785 State Route 3 South Marysville	43040	578-2254
2. Contractor or Builder	Davis Bros	Same.		
3. Architect	None			

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

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Agriculture Building Exempt per Flood Plain Ordinance.

Signature of applicant	Address	Application date
Bill Davis	3470 State Rt 3 South	8-19-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

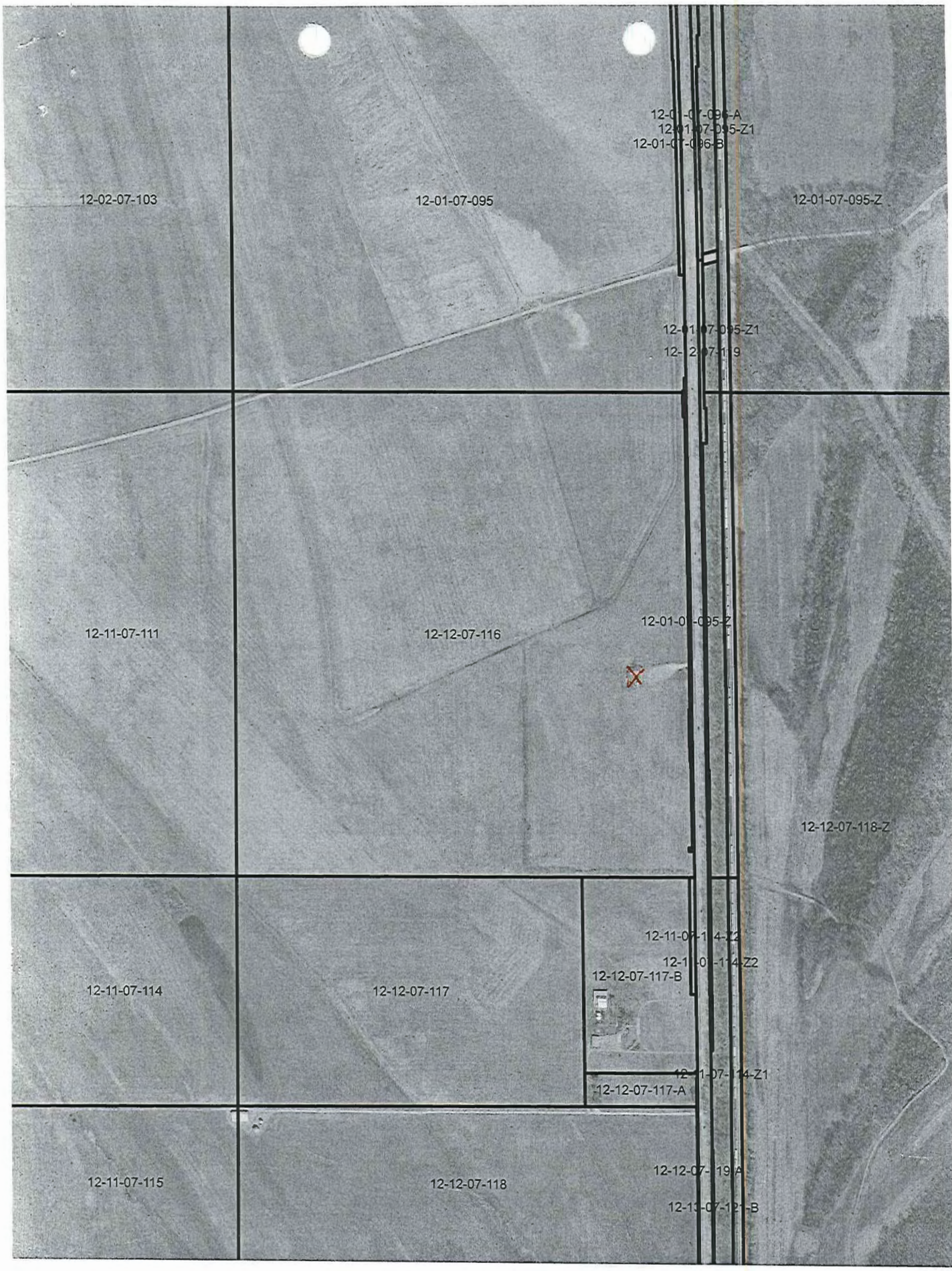
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 65.00	8-19-08	08-59

Payment of $65.00 CK # 12620 received by Union County Treasurer

Date 8-25-08

Bailey L. Magnan

07-23-05-481
07-23-05-482
07-23-05-483-B
312.69
07-23-05-492-A
-004
1.04
144.22
162.89
113.38
0-005
07-23-05-484-A1
1 -005
14-00-11-147-A01
290.54
14-00-11-147-A02
2 -006
14-00-11-147-A03
3 -00
DR
145.22
LINE
197.1
-001
1.12
07-23-05-491-A
226.36
198.64
07-23-05-481
230
07-23-05-483


12-01-07-096-A
12-01-07-095-Z1
12-01-07-096-B
12-02-07-103
12-01-07-095
12-01-07-095-Z
12-01-07-095-Z1
12-11-07-111
12-12-07-116
12-01-07-095-Z
12-12-07-118-Z
12-11-07-114-Z2
12-11-07-114-Z2
12-12-07-117-B
12-11-07-114
12-12-07-117
12-11-07-114-Z1
12-12-07-117-A
12-11-07-115
12-12-07-118
12-12-07-119-A
12-11-07-121-B

UNION COUNTY
BUILDING PERMIT APPLICATION

05-06-03-032-A1

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

I. LOCATION OF BUILDING

Number and street: 3170 Old Hwy 51 N

Subdivision or Addition: | Lot: | Block: | Census tract:

N S / (E) W side of _____ Street

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [x] One family
13 [ ] Two or more family – *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 OCT 15th

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

Beginning construction date _____

Completion construction date _____

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

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT $ 12,000.00

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.

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. 684

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner	Darrell Swalter	3170 Old Hwy 51 N		
2. Contractor or Builder	Same			
3. Architect	None			

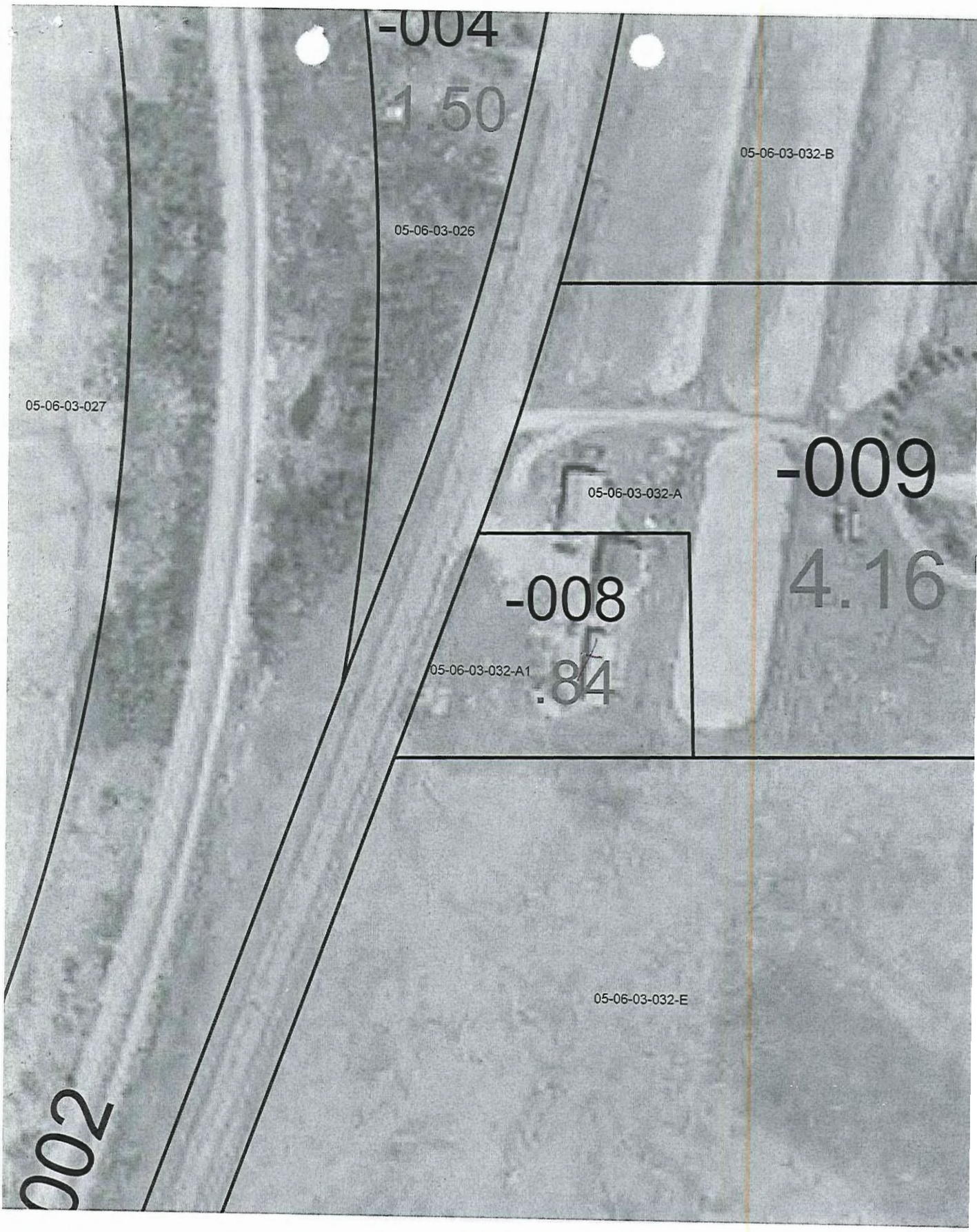
The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

Signature of applicant	Address	Application date
Darrell Swalter	3170 Old Hwy 51 N.	8-15-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 34.00	8-15-08	08-58

Payment of $34.00 Cash received by Union County Treasurer
Date 8-18-08
Betty A Mayne


-004
1.50
05-06-03-032-B
05-06-03-026
05-06-03-027
-009
05-06-03-032-A
4.16
-008
05-06-03-032-A1
.84
05-06-03-032-E
002

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-13-05-351-B

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

I. LOCATION OF BUILDING

Number and street: 1189 Jamestown Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 513 11-2W PT OW OW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

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

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 4800-

MOBILE HOME INFO: SERIAL # 21898
Date MH was set-up:
Make ELCONA Size 12X57 Yr. Model 1970
Previous MH Owner
Previous MH Location Jackson County
Current MH Owner Margarita Bartolo
Current MH Location
Current Land Owner Juan Murillo

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Margarita Bartolo	P.O Box 413, Cobden IL. 62920	62920	614-0240
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: Margarita Bartolo | Address | Application date: 8-11-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 19.00	8-11-09	08-57 07-13-05-351-B

Payment of $19.00 Cash received by Union County Treasurer

Date 6-15-09

[signature]

-002
2.00
07-13-05-358-B
07-13-05-358-C
-004
-006
5.73
07-13-05-347-A
-003
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266.75
231.67
227.23
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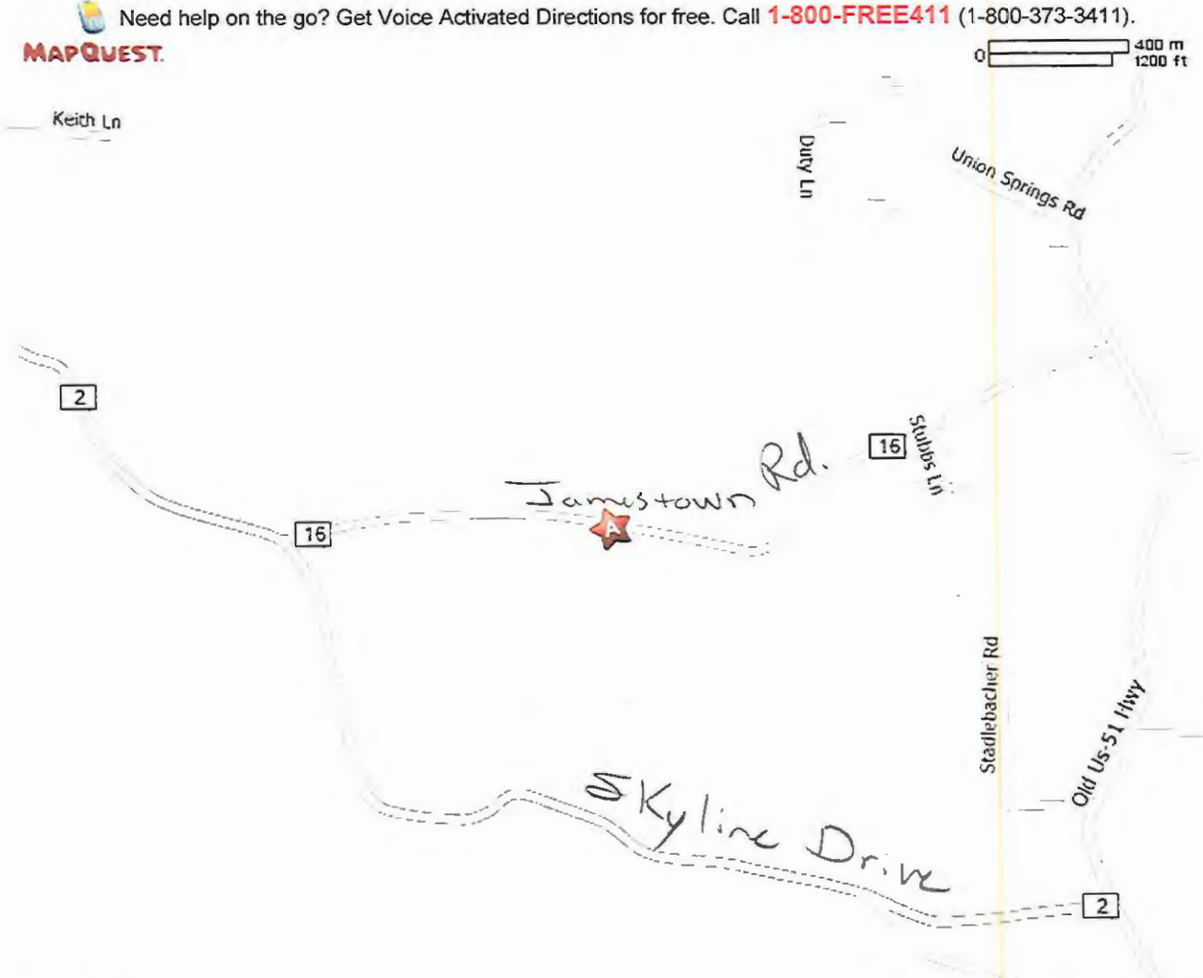
130.28
.11
82
-005
1.12
228.19
07-13-05-350-A
MESTOWN
07-13-05-348
-011
3.97
07-13-05-351-B
-009
10.28
07-13-05-351
898.33
07-13-05-351-A
5.78
07-13-05-348
07-24-05-503-A
07-24-05-502
PL 03-24-100-001

MAPQUEST

A: 1189 Jamestown Rd, Cobden, IL 62920-3360

Need help on the go? Get Voice Activated Directions for free. Call 1-800-FREE411 (1-800-373-3411).



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UNION COUNTY Prop. No. 07-13-05-351-B
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 1205 James Town Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S13 T11 R2W 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*

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

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 ..... $ 19,000

MOBILE HOME INFO:
Date MH was set-up: July 1, 2008
Make _____ Size 16 X 80 Yr. Model 2000
Previous MH Owner Terry Reynolds
Previous MH Location 08-23-05-975
Current MH Owner Juan Murillo
Current MH Location 07-13-05-351-B
Current Land Owner Juan Murillo

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Juan Murillo	PO Box 342 Cobden IL	62920	893-1909
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
Juan Murillo		8-8-08

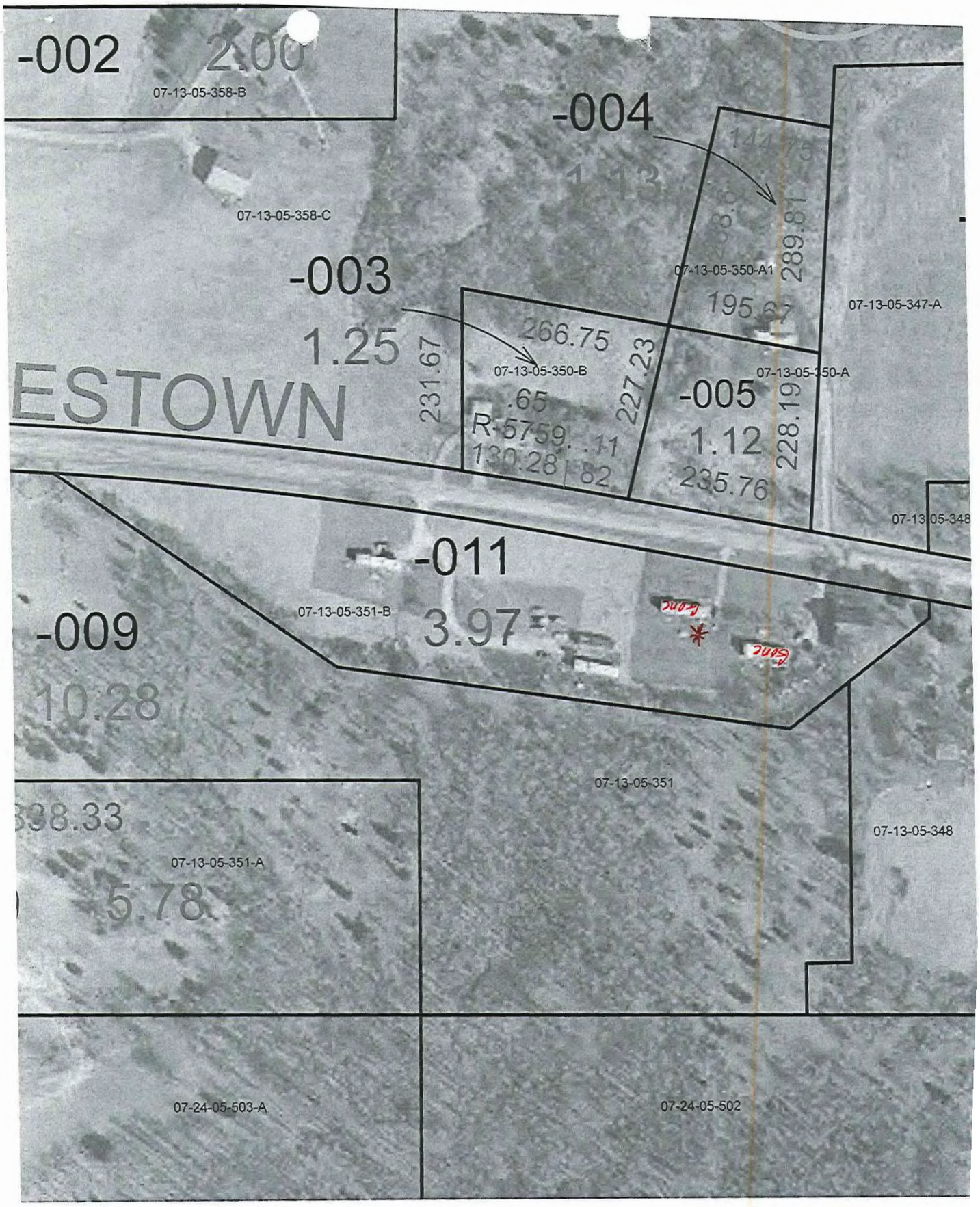
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bob Cochran	$ 48.00	8-8-08	08-56

Payment of $48.00 Cash received by Union County Treasurer

Date 8-18-08

Barry A. Hagen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07-13-05-348
07-24-05-503-A
07-24-05-502

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-07-03-051-A4

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

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	2

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Homer Cissell	207 W. Lewis St. Anna	62906	(530) 310-4017
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
Homer Cissell	207 W. Lewis St Anna IL	8-7-08

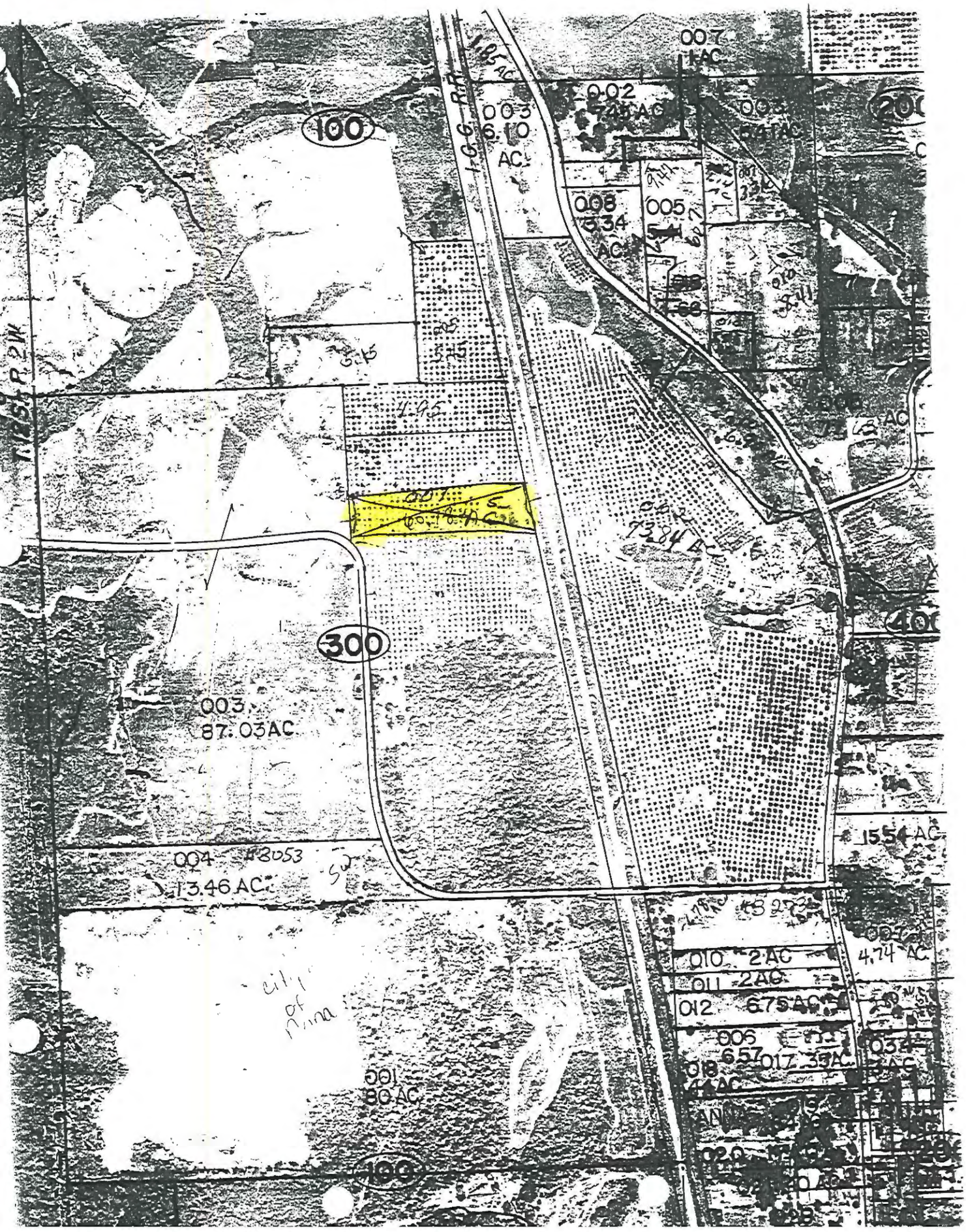
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackman	$ 210.00		08-55

Payment of $210.00 CK # 030 received by Union County Treasurer

Date 8-18-08

Bailey A. Mayne Mng.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80 AC
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011 2AC
012 6.75AC
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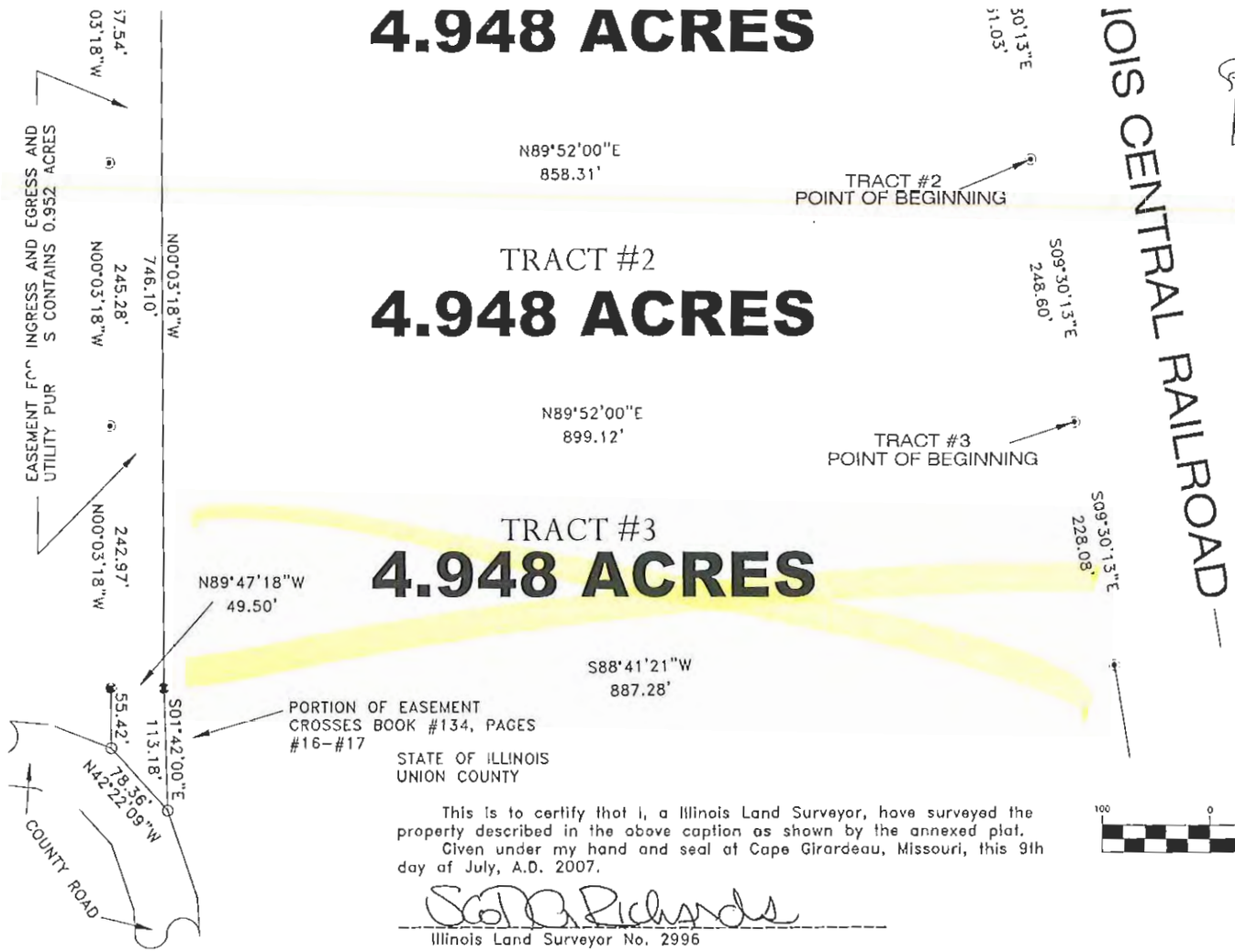
017 3.3AC
018
4 AC
City of Pima



STATE OF ILLINOIS
UNION COUNTY

This is to certify that I, a Illinois Land Surveyor, have surveyed the property described in the above caption as shown by the annexed plat.

Given under my hand and seal at Cape Girardeau, Missouri, this 9th day of July, A.D. 2007.

Scott A. Richards

Illinois Land Surveyor No. 2996

- FOUND IRON ROD
- FOUND IRON PIPE
- FOUND STONE
- CALCULATED CORNER POSITION
- FOUND "T" METAL FENCE POST
- EXISTING FENCE INTERSECTION
- FOUND STONE CAIRN
- TREE
- EXISTING FENCE LINE
- AS NOTED

STATE OF ILLINOIS
UNION COUNTY } SS
This instrument was filed for record
at 1:00 o'clock P.M., and
18'96
16 2007
Recorded in Vol. 111 page 610
Clerk & ex-officio Recorder of Deeds

Bk. 11
Pg 461

REFERENCES

BOOK #134, PAGE #16 (REFERENCE)
RECORD BOOK #52, PAGE #104 (MAIN REFERENCE)
RECORD BOOK #128, PAGE #224 (REFERENCE)
RECORD BOOK #150, PAGE #371 (REFERENCE)
RECORD BOOK #150, PAGE #311 (ADJOINER)
PRIOR SURVEYS BY PLS #2996
PRIOR SURVEYS BY PLS #1749
PRIOR SURVEYS BY PLS #3048
PRIOR SURVEYS BY PLS #2316
AERIAL PHOTOGRAPH

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

REV.	DESCRIPTION	BY	DATE

JOB NAME: JOE BOYD	DRAWN BY: SAR	CHECKED BY: SAR
LOCATION: UNION COUNTY, ILLINOIS	SCALE: 1"=100'	
	PROJECT NUMBER	DATE 7-9-07
DESCRIPTION: SURVEY OF 3 TRACTS	R706127	SHEET 1 OF 1

STATE OF ILLINOIS
2996
SCOTT A. RICHARDS
LICENSED
PROFESSIONAL LAND SURVEYOR

RICHARDS LAND SURVEYING
1813 GREENBRIER DR., CAPE GIRARDEAU, MISSOURI
PHONE & FAX: (573) 339-7473

PLAT OF SURVEY

FOR: JOE BOYD, UNION COUNTY,ILLINOIS

MAIN REFERENCE SOURCE IS: JOE E. AND KATHERINE BOYD, RECORD BOOK #52, PAGE #104

TRACT #1

A PARCEL OF LAND BEING LOCATED IN THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN, SAID PARCEL BEING A PART OF A PARCEL CONVEYED IN RECORD BOOK #52 AT PAGE #104 OF THE LAND RECORDS OF UNION COUNTY ILLINOIS AND BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING at a Stone at the Northwest Corner of the Northeast Quarter of the Southwest Quarter of said Section 7; thence N.89°52'00"E., along the North Line thereof, a distance of 815.46 feet to a 1/2" Iron Rod on the West Right-of-Way Line of the Illinois Central Railroad; thence S.09°30'13"E., along said Right-of-Way, a distance of 261.03 feet to a 1/2" Iron Rod; thence departing from said Right-of-Way, S.89°52'00"W., a distance of 858.31 feet to a 1/2" Iron Rod on the West Line of said Quarter Quarter; thence N.00°03'18"W., along said West Line, a distance of 257.54 feet to the POINT OF BEGINNING. Containing 4.948 acres, more or less, in Union County Illinois. As per Survey by Scott A. Richards, Professional Land Surveyor #2996, dated July of 2007. Subject to existing Easements of Record.

ALONG WITH AND SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS AND UTILITY PURPOSES LOCATED ACROSS PART OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING at a Stone at the Southwest Corner of the Southeast Quarter of the Northwest Quarter of said Section 7; thence N.89°52'00"E., along the Quarter Section Line, a distance of 49.50 feet to a Point; thence departing from said Quarter Section Line, S.00°03'18"E., a distance of 746.10 to a 1/2" Iron Rod; thence S.01°42'00"E., a distance of 113.18 feet to a Point on the North Right-of-Way Line of the County Road; thence N.42°22'09"W., along said Right-of-Way, a distance of 78.36 feet to a Point; thence departing from said Right-of-Way, N.00°03'18"W., a distance of 801.21 feet to the POINT OF BEGINNING. Containing 0.952 acres, more or less, in Union County Illinois.

TRACT #2

A PARCEL OF LAND BEING LOCATED IN THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN, SAID PARCEL BEING A PART OF A PARCEL CONVEYED IN RECORD BOOK #52 AT PAGE #104 OF THE LAND RECORDS OF UNION COUNTY ILLINOIS AND BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

COMMENCE at a Stone at the Northwest Corner of the Northeast Quarter of the Southwest Quarter of said Section 7; thence N.89°52'00"E., along the North Line thereof, a distance of 815.46 feet to a 1/2" Iron Rod on the West Right-of-Way Line of the Illinois Central Railroad; thence S.09°30'13"E., along said Right-of-Way, a distance of 261.03 feet to a 1/2" Iron Rod and the POINT OF BEGINNING; thence continue S.09°30'13"E., a distance of 248.60 feet to a 1/2" Iron Rod; thence departing from said Right-of-Way, S.89°52'00"W., a distance of 899.12 feet to a 1/2" Iron Rod on the West Line of said Quarter Quarter; thence N.00°03'18"W., along said West Line, a distance of 245.28 feet to a 1/2" Iron Rod; thence departing from said West Line, N.89°52'00"E., a distance of 858.31 feet to the POINT OF BEGINNING. Containing 4.948 acres, more or less, in Union County Illinois. As per Survey by Scott A. Richards, Professional Land Surveyor #2996, dated July of 2007. Subject to existing Easements of Record.

ALONG WITH AND SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS AND UTILITY PURPOSES LOCATED ACROSS PART OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING at a Stone at the Southwest Corner of the Southeast Quarter of the Northwest Quarter of said Section 7; thence N.89°52'00"E., along the Quarter Section Line, a distance of 49.50 feet to a Point; thence departing from said Quarter Section Line, S.00°03'18"E., a distance of 746.10 feet to a 1/2" Iron Rod; thence S.01°42'00"E., a distance of 113.18 feet to a Point on the North Right-of-Way Line of the County Road; thence N.42°22'09"W., along said Right-of-Way, a distance of 78.36 feet to a Point; thence departing from said Right-of-Way, N.00°03'18"W., a distance of 801.21 feet to the POINT OF BEGINNING. Containing 0.952 acres, more or less, in Union County Illinois.

TRACT #3

A PARCEL OF LAND BEING LOCATED IN THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN, SAID PARCEL BEING A PART OF A PARCEL CONVEYED IN RECORD BOOK #52 AT PAGE #104 OF THE LAND RECORDS OF UNION COUNTY ILLINOIS AND BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

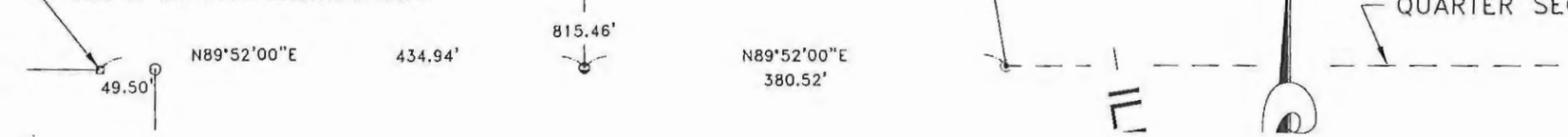
COMMENCE at a Stone at the Northwest Corner of the Northeas Quarter of the Southwest Quarter of said Section 7; thence N.89°52'00"E., along the North Line thereof, a distance of 815.46 feet to a 1/2" Iron Rod on the West Right-of-Way Lin of the Illinois Central Railroad; thence S.09°30'13"E., along saic Right-of-Way, a distance of 509.63 feet to a 1/2" Iron Rod and the POINT OF BEGINNING; thence continue S.09°30'13"E., a distance of 228.08 feet to a 1/2" Iron Rod; thence departing from said Right-of-Way, S.88°41'21"W., a distance of 887.28 feet to a 1/2" Iron Rod; thence N.89°47'18"W., a distance of 49.50 feet to a 1/2" Iron Rod on the West Line of said Quarter Quarter; thence N.00°03'18"W., along said West Line, a distance of 242.97 feet to a 1/2" Iron Rod; thence departing from said West Line, N.89°52'00"E., a distance of 899.12 feet to the POINT OF BEGINNING. Containing 4.948 acres, more or less, in Union County Illinois. As per Survey by Scott A. Richards, Professional Land Surveyor #2996, dated July of 2007. Subject to existing Easements of Record.

ALONG WITH AND SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS AND UTILITY PURPOSES LOCATED ACROSS PART OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING at a Stone at the Southwest Corner of the Southeas Quarter of the Northwest Quarter of said Section 7; thence N.89°52'00"E., along the Quarter Section Line, a distance of 49.50 feet to a Point; thence departing from said Quarter Section Line, S.00°03'18"E., a distance of 746.10 feet to a 1/2" Iron Rod; thence S.01°42'00"E., a distance of 113.18 fee to a Point on the North Right-of-Way Line of the County Roo thence N.42°22'09"W., along said Right-of-Way, a distance of 78.36 feet to a Point; thence departing from said Right-of-Way, N.00°03'18"W., a distance of 801.21 feet to th POINT OF BEGINNING. Containing 0.952 acres, more or less, in Union County Illinois.

5.485 ACRE TRACT

POINT OF BEGINNING
TRACT #1 AND EASEMENT
NORTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN.



UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . . 02-11-00 774-C1

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
New Hope Rd				

Legal Description: S11 12-1E PT S1/2 SE PT SE SW

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date Aug 15 17

Completion construction date Dec 1 09

Moving house from # 02-11-00 777-A to # 02-11-00-774-C1

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

- 51. Enclosed . . . . . _____
- 52. Outdoors . . . . . _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dean Corbit	1625 Butler Loop Buncombe	62912	527-408
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Dean Corbit		8-6-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 10.00	8-6-08	08-54

Payment of $10.00 Cash received by Union County Treasurer

Date 8-18-08

Bobby L. Meyers Mg.

-005
30.0
02-10-00-770-A
02-10-00-774
02-10-00-773
1039.1
02-10-00-767
-007
36.74
02-10-00-764
02-10-00-774-C
-005
32.66
-001
47.75
02-10-00-777
02-10-00-775
02-10-00-777-A
-008
1.00
CLR-22918.32
02-10-00-767-A
CLR-7314.35
CLR-8594.57
02-10-00-778-A
-004
.99
02-10-00-774-C1 -003
38.61
02-10-00-774-A
-003
38.08
02-10-00-764-A
-006
2.00
-005
1.00
02-10-00-764
5280
02-15-00-869
02-15-00-863
-001
55.60

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-36-06-283-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: S 36 T12 R2W PT S1/2 SE 36.95 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 8/01/2008

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

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

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

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

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

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

H. TYPE OF WATER SUPPLY
- 42 [ ] 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
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full: 2; Partial:

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jason Hill	740 Mowery Valley Ln	62952	(618) 777-2
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
Jason A Hill	740 Mowery Valley Ln	8/01/2008

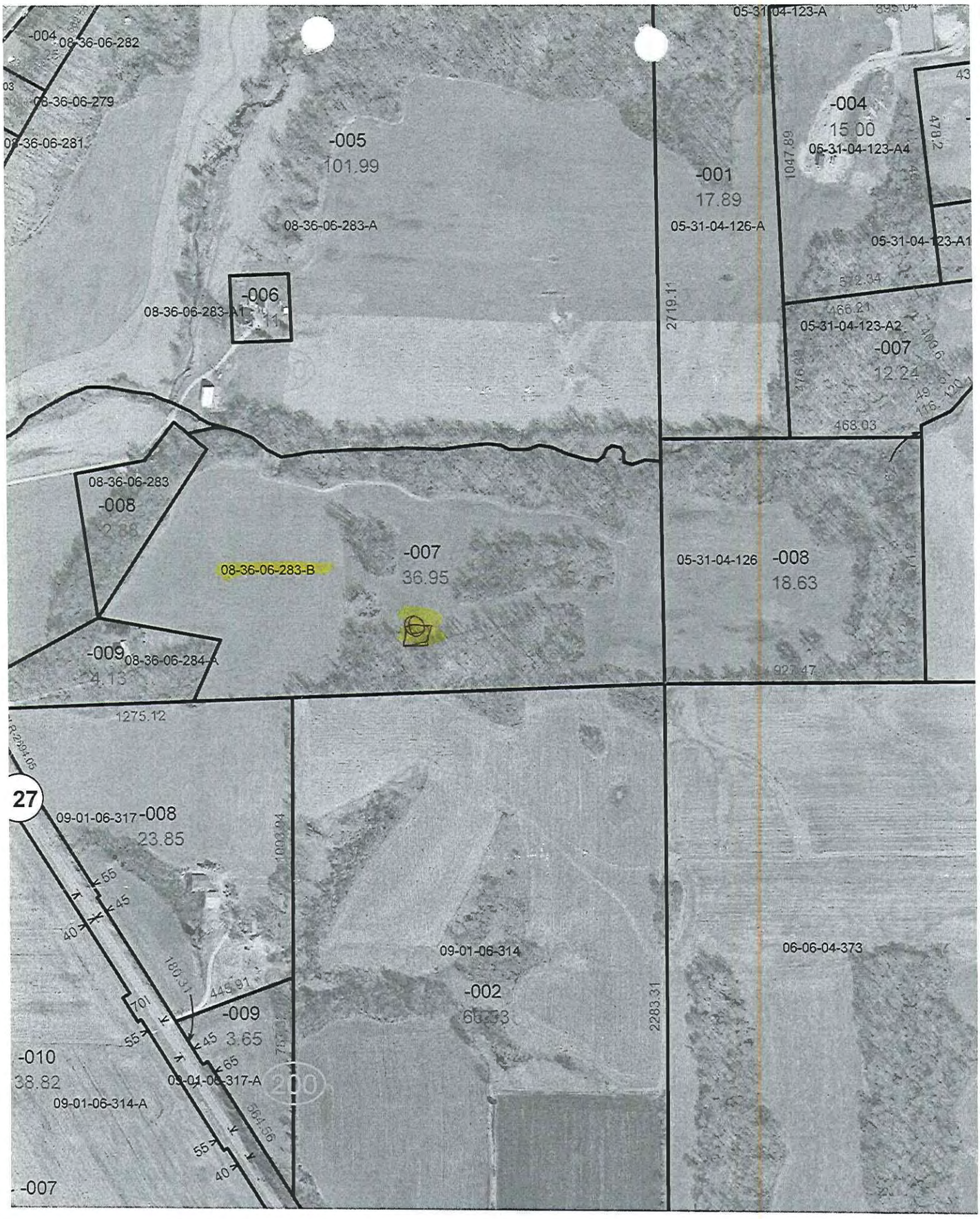
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 210.00	8-01-08	08-53

Payment of #210.00 Ck #725 received by Union County Treasurer

Date 8-4-08

Bailey L. Magee


-004
08-36-06-282
08-36-06-279
08-36-06-281
-005
101.99
08-36-06-283-A
-006
08-36-06-283-A1
05-31-04-123-A
-004
15.00
05-31-04-123-A4
-001
17.89
05-31-04-126-A
05-31-04-123-A1
05-31-04-123-A2
-007
12.24
08-36-06-283
-008
08-36-06-283-B
-007
36.95
05-31-04-126
-008
18.63
-009
08-36-06-284-A
4.13
1275.12
27
09-01-06-317
-008
23.85
-009
3.65
-010
38.82
09-01-06-314-A
09-01-06-317-A
09-01-06-314
-002
06-06-04-373
-007

UNION COUNTY
BUILDING PERMIT APPLICATION 0528-03-962

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

I. LOCATION OF BUILDING

Number and street: 1425 US Highway 51 | Subdivision or Addition | Lot | Block | Census tract

N (S) side of Subdivision of the W1/2 SE Street; N S E W from intersection of _____ and _____ Streets

Pt Lot 5 + Pt Lot 6 | Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 9/1/08

Completion construction date 4/1/09

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

Beginning construction date _____

Completion construction date _____

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

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 200,000

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.

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1584
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner	Randy Edmonds	803 Brady Mill Rd.	62906	833-5971
	Mary J. Edmonds	Anna, IL		
2. Contractor or Builder	Steve Wein			
3. Architect				

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

Signature of applicant	Address	Application date
Mary J. Edmonds	803 Brady Mill Rd., Anna, IL	7/30/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 410.00	7-30-08	08-52

Payment of $410.00 CK # 1592
Date 8-4-08

Received by Union County Treasurer
Bailey A. Mann
Mag.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . . 08-20-05-920-C

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: S20 T12 R2W PT SE SW 7.56

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 20,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	Aug 15
Make	Giles Size 14 X 60 Yr. Model 08
Previous MH Owner	None
Previous MH Location	Cape
Current MH Owner	Monty Home
Current MH Location	Cape
Current Land Owner	John Kalley

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Joe Kalley	90 50 old Cape Rd, Mulkey, IL	62957	618-303-0
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
		7-14-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00	7-14-08	08-50

Payment of $50.00 Cash received by Union County Treasurer

Date 7-21-08

Beverly E. Mayne

Customer's Order No.						Date July 14, 2008	
Name Joe Kelley							
Address							
Phone No.							
SOLD BY	CASH	C.O.D.	CHARGE	RETURN		PAID OUT	
Quantity	DESCRIPTION			PRICE		AMOUNT	
CFA	Building Permit					50 00	

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 03-07-01-439-A

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

I. LOCATION OF BUILDING

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

Legal Description S7 T11 R1E
PT NE NE West of Road
7.5 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 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date 7-25-08
Completion construction date 11-25-08

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement 90K	$ 90,
To be installed but not included in the above cost	
a. Electrical	3,
b. Plumbing	2
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 95.K

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ~~60~~ 1,300
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors 6

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	LOUIS SPENARD GINNY	3756 CHRISTIAN CHAPEL RD. DONGOLA, ILL.	62926	980-993-5412
2. Contractor or Builder	D. WEAVER			
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: Louis Spenard
Address: 3756 CHRISTIAN CHAPEL RD
Application date: 7-11-2008

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 200.00
Date permit issued: 7-11-08
Permit number: 08-49

Payment of #220.00 CK #302 received by Union County Treasurer
Date 7-21-08
Billy A. Mayer

-004
1.00
03-07-01-430
03-07-01-439
290.17
35
30
03-07-01-417
.32
107.
208.71
.76
164.
30
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-001
1.35
30
35
30
40
03-07-01-439-A1
-004
25.16
03-07-01-440
35
-002
7.84
03-07-01-439-A2
-005
3.00
03-07-01-432
852.96
CLR 49 0.08
03-07-01-441
03-07-01-437-A
35
30
RD
-003

UNION COUNTY Prop. . o. 01-07-00-039-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: S7 T11 R1E PT NW SE 17.50

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 110,000.
To be installed but not included in the above cost	
a. Electrical	5000.
b. Plumbing	5,000.
c. Heating, air conditioning	8,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 128,000.

MOBILE HOME INFO:
Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

42 [ ] 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 1/2
49. Total square feet of floor area, all floors, based on exterior dimensions 1064
50. Total land area, sq. ft. 17.5

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors 2

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 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	Randy & Debbie Glasco	5489 Giant City Rd. Carbondale, IL	62902	525-0225
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
[signature]	Same	7-8-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

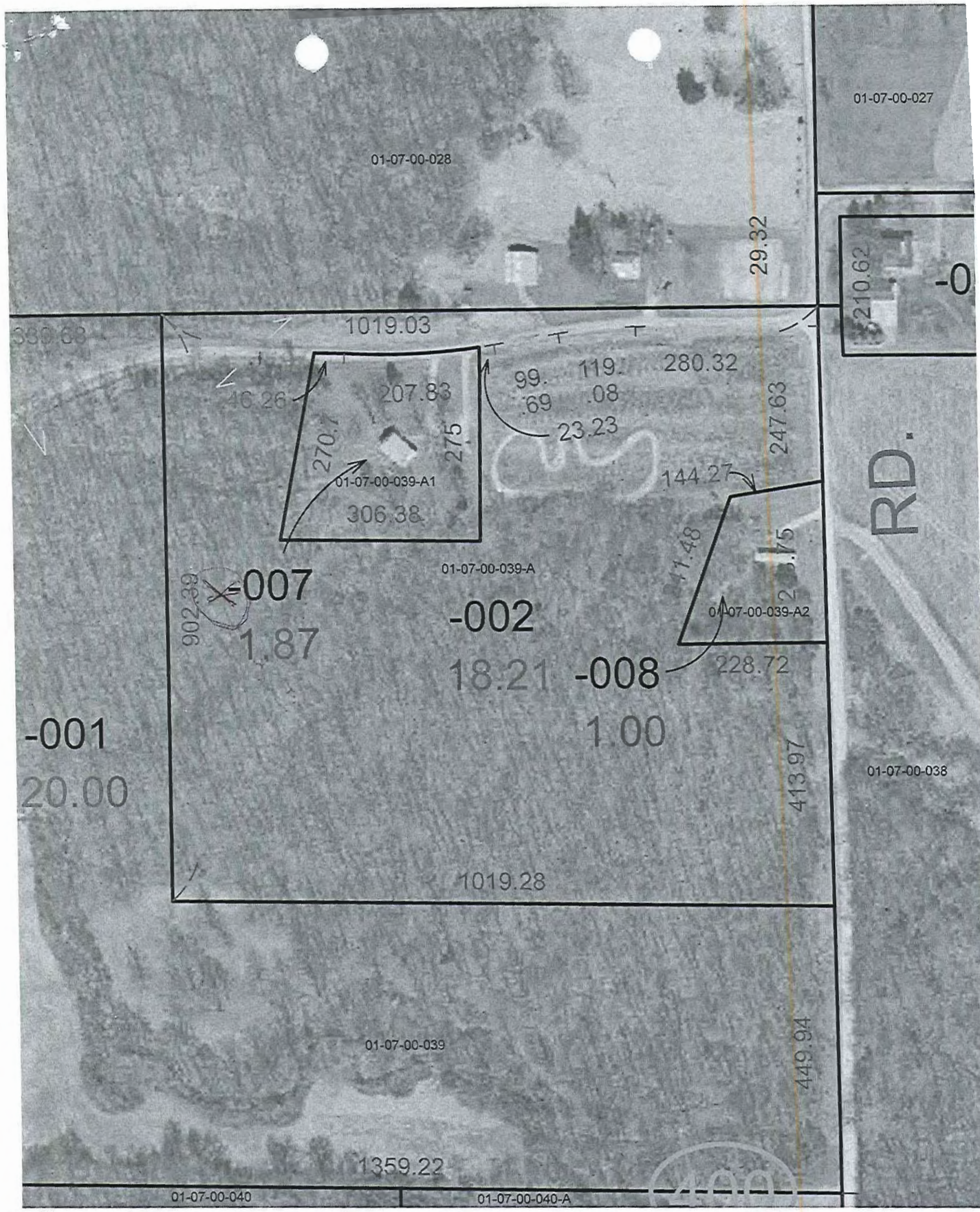
Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 266.00	7-8-08	08-48

Payment of $266.00 CK # 1679 received by Union County Treasurer

Date 7-31-08

[signature] Mg.

106-4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99.
.69
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.08
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270.
275
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RD.
01-07-00-039-A
-007
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-002
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-008
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-001
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01-07-00-039
449.94
1359.22
01-07-00-040
01-07-00-040-A

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

02-13-00-818

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

I. LOCATION OF BUILDING

Number and street: Elvira Rd Buncombe IL

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: 40 acres NE NE 12-1E Section-13

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 7-28-08

Completion construction date 8-5-08

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

Beginning construction date _____

Completion construction date _____

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

10. Cost of improvement ..... $ 79,000

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 ..... $ 79,000

MOBILE HOME INFO:

Date MH was set-up:

Make Clayton Size 32x76 Yr. Model 08

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 2184
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 5
54. Number of bathrooms { Full ..... 3 / Partial .....

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Cache Duck Club	5 RW Dubose Rd, Ridge Spring S.C.	29129	706-830-2552
2. Contractor or Builder	Clayton Homes	5960 Hwy 60 West Paducah, Ky "Jack"	42001	270-443-6777
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: 5 RW Dubose Rd Ridge Spring SC Application date: 7-1-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 168.00	7-7-08	08-47

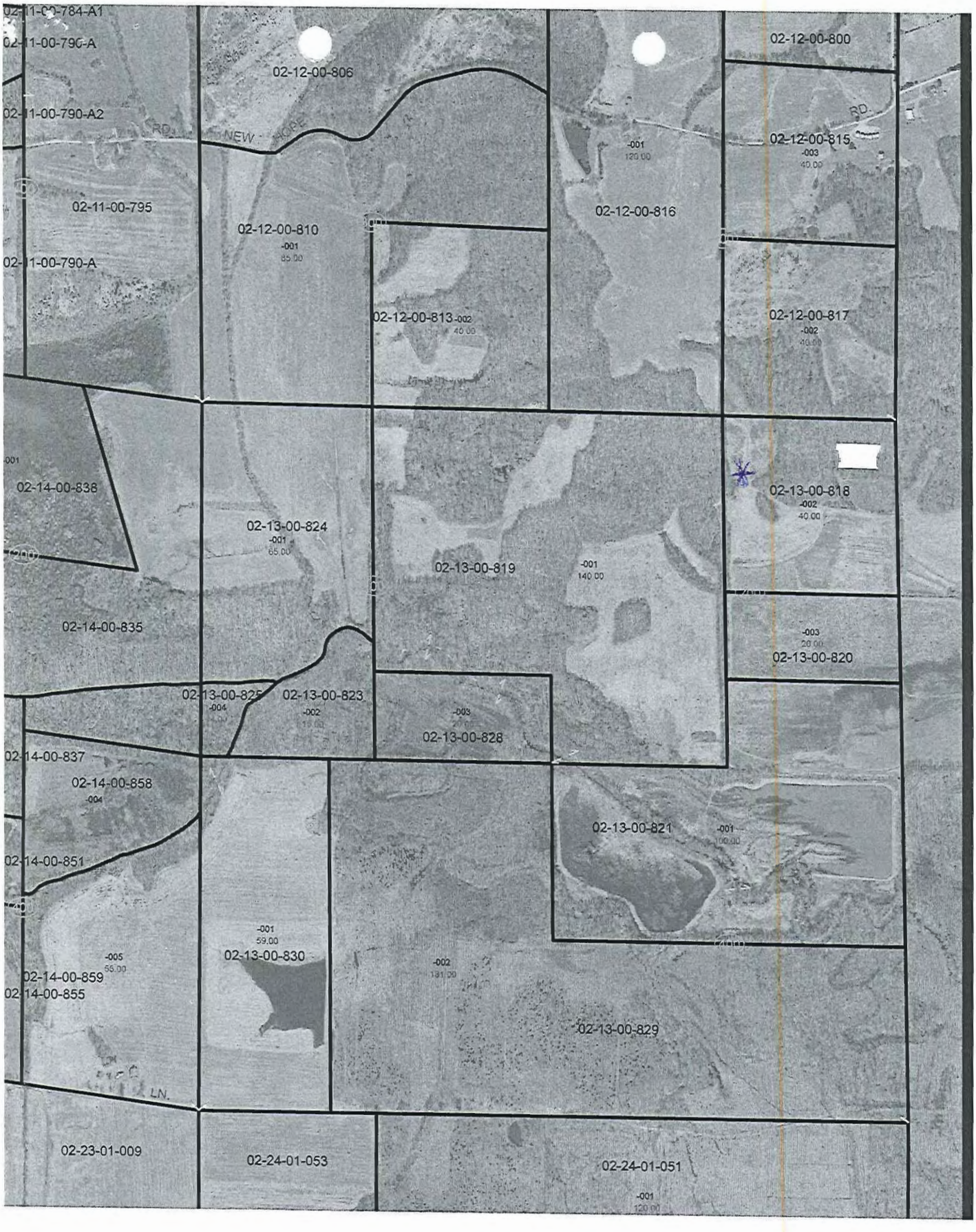
Payment of $168.00 Ck# 100H received by Union County Treasurer

Date 7-7-08

833-8051 [signature] Mg.

Lisa - Amy

168.00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RD.
NEW
ROPE
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02-12-00-815
-003
40.00
-001
120.00
02-12-00-816
02-11-00-795
02-12-00-810
-001
85.00
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-002
40.00
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-002
131.00
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LN.
02-23-01-009
02-24-01-053
02-24-01-051
-001
120.00

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-01-00-587-B

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

I. LOCATION OF BUILDING

Number and street: 1240 Hummingbird RD
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description:
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 100,000.00

To be installed but not included in the above cost

a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 100,000.00

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 _____

MOBILE HOME INFO:
Date MH was set-up:
Make HART Size 76X32 Yr. Model 2008
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 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James Tierney	1240 Hummingbird RD	62912	721-0660
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: James Tierney
Address: 1240 Hummingbird RD
Application date: 7-3-2008

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 210.00
Date permit issued: 7-3-08
Permit number: 08-46

Payment of #210.00 CK #513 received by Union County Treasurer

Date 7-7-08

Barry L. Mann

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-09-05-222

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1410 Milligan Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-2W 5.9 SE NW, PT 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*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 7-7-08

Completion construction date 8-7-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 12,000

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] 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 24X30
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 720 ft
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	Jeffrey & Barbara Norton	1410 Milligan Hill Rd. Alto Pass IL	62905	893-2008
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]		7-3-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 34.00	7-3-08	08-45

Payment of $34.00 CK # 10009 received by Union County Treasurer

Date 7-7-08

[signature]

Farm: 3196
Tract: 9907

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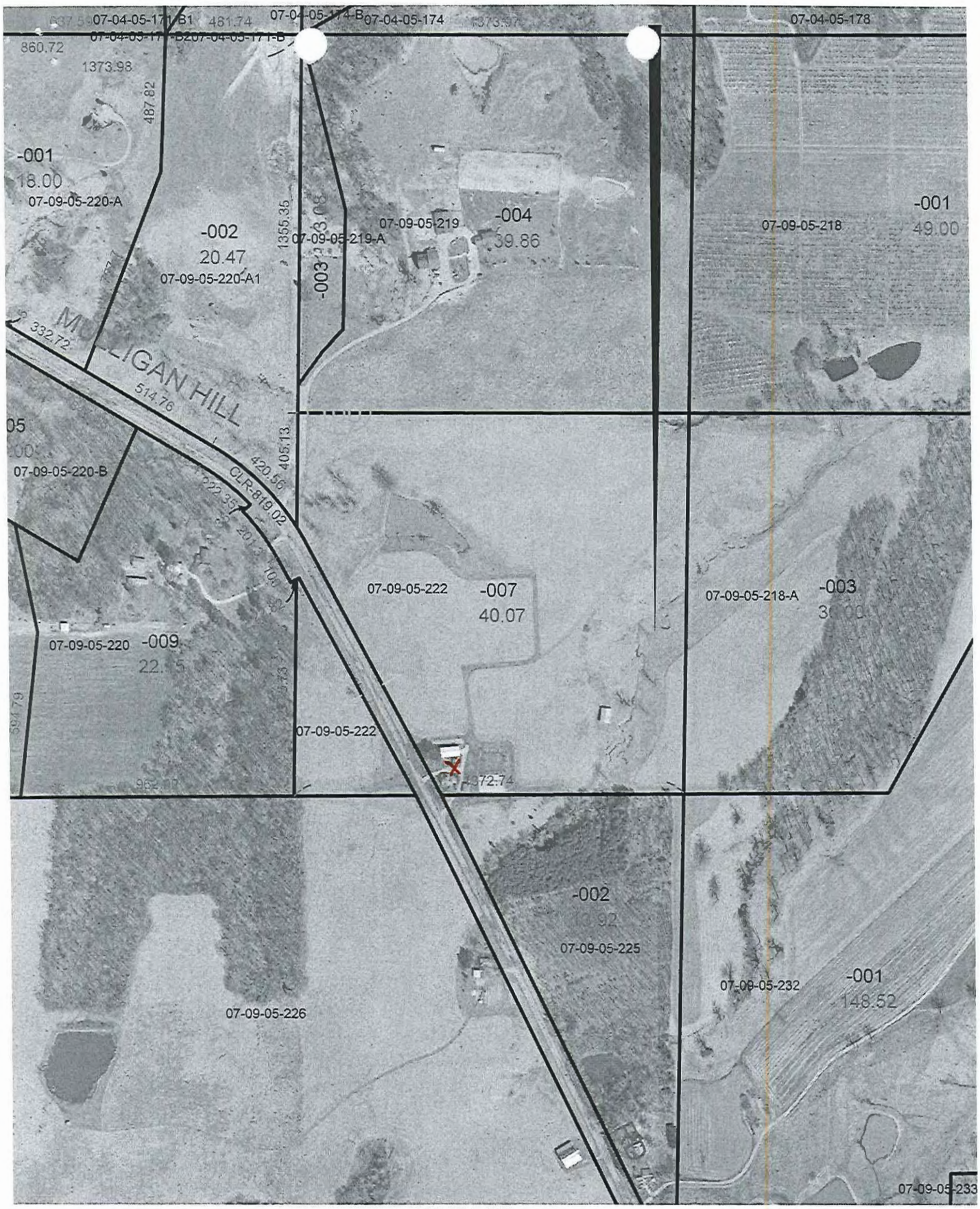
N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07-09-05-226
07-09-05-233

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-28-03-968

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1770 US HWY 51

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1W 5.28 1.06 AC PT Lot 1&2 W1/2 SE Subdivision

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 7-2-08
Completion construction date 7-21-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] 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 80X16
50. Total land area, sq. ft. 480 ~~AC~~

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	Raul Olandez	1770 HWY 51 S.	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: Raul Olandez
Address:
Application date: 7-2-08

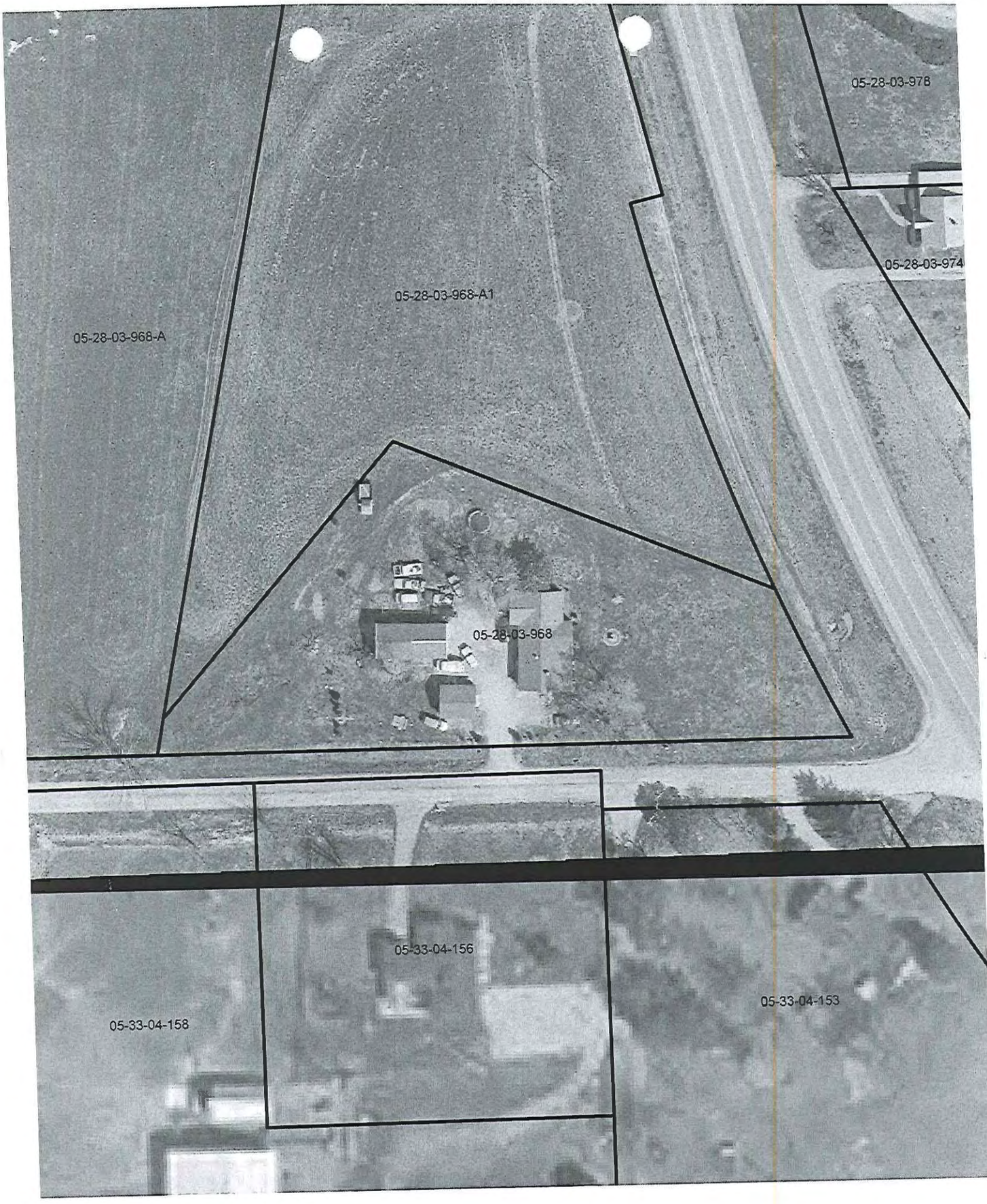
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 18.00
Date permit issued: 7-2-08
Permit number: 08-44

Payment of $18.00 Cash received by Union County Treasurer

Date 7-7-08

Bailey A. Magner


05-28-03-978
05-28-03-974
05-28-03-968-A1
05-28-03-968-A
05-28-03-968
05-33-04-156
05-33-04-153
05-33-04-158

UNION COUNTY Prop. No. 07-26-05-569
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 5211 State Rt 127 N
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 11-2W S. 26 N 1/2 NW NW 19 ac
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building (2)
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family dwelling
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* 28x36 pole barn with concrete pad

Beginning construction date 7-2-08
Completion construction date 1-1-09

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement $
To be installed but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
d. Other (elevator, etc.)
11. TOTAL COST OF IMPROVEMENT $225,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify geothermal

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
49. Total square feet of floor area, all floors, based on exterior dimensions 2600 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 4
54. Number of bathrooms { Full 3 / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gary Morris	3035 Aldridge Road	62920	618-893-6104
	Marcella Morris			
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: Marcella Ann Morris
Address:
Application date: 7-2-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 460.00
Date permit issued: 7-2-08
Permit number: 08-43

Payment of 460.00 CK #9433 received by Union County Treasurer
Date 7-7-08

07-22-05-478
07-23-05-490
07-22-05-476
07-26-05-565
07-26-05-569
new pole barn
* dwelling
07-26-05-569-A
07-27-05-588
07-26-05-561-A
07-26-05-567
07-26-05-567
07-27-05-590
07-26-05-571-B
07-26-05-573-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 14-00-12-271

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 180 WYATT LANE
Subdivision or Addition: WYATT SUBDIVISION | Lot: 1 | Block: – | Census track: –

Legal Description: PT OF S 33, T12S, R1W; LOT #1 IN WYATT SUBDIVISION, ANNA, UNION CO., IL.

N (S) E W from Intersection of R146 and SIS Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage – 3 CAR (30x50)?
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 7-08
Completion construction date 6-09

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$107,000

MOBILE HOME INFO:

Date MH was set-up:
Make Dutch Size 30 X 72 Yr. Model 08
Previous MH Owner
Previous MH Location Mount Vernon
Current MH Owner
Current MH Location
Current Land Owner Jason & Jennifer Wyatt

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [X] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: MH – 2160 SF
50. Total land area, sq. ft.: 3.189 AC

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: GARAGE 3 CAR
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 4
54. Number of bathrooms: Full 2; Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JASON WYATT	310 WILSON ST	62906	618-697
	JENNIFER WYATT	ANNA, IL 62906		0764
2. Contractor or Builder	WYATT CONST.			
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
Jason B Wyatt	310 WILSON ST.	July 2, 08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 224.00	7-2-08	08-42

Payment of $334.00 CK # 1800 received by Union County Treasurer

Date 7-7-08

Becky S. Mayer MG.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 11-04-06-841-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 9035 Main St. Wolf Lake

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-3W S.4 PT SW NE .24 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [X] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* enclosing carport

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 16,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 12x20
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Steven Poole	PO Box 68, Wolf Lake IL	62998	833-8260
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: Steven W Poole | Address | Application date: 6-30-08

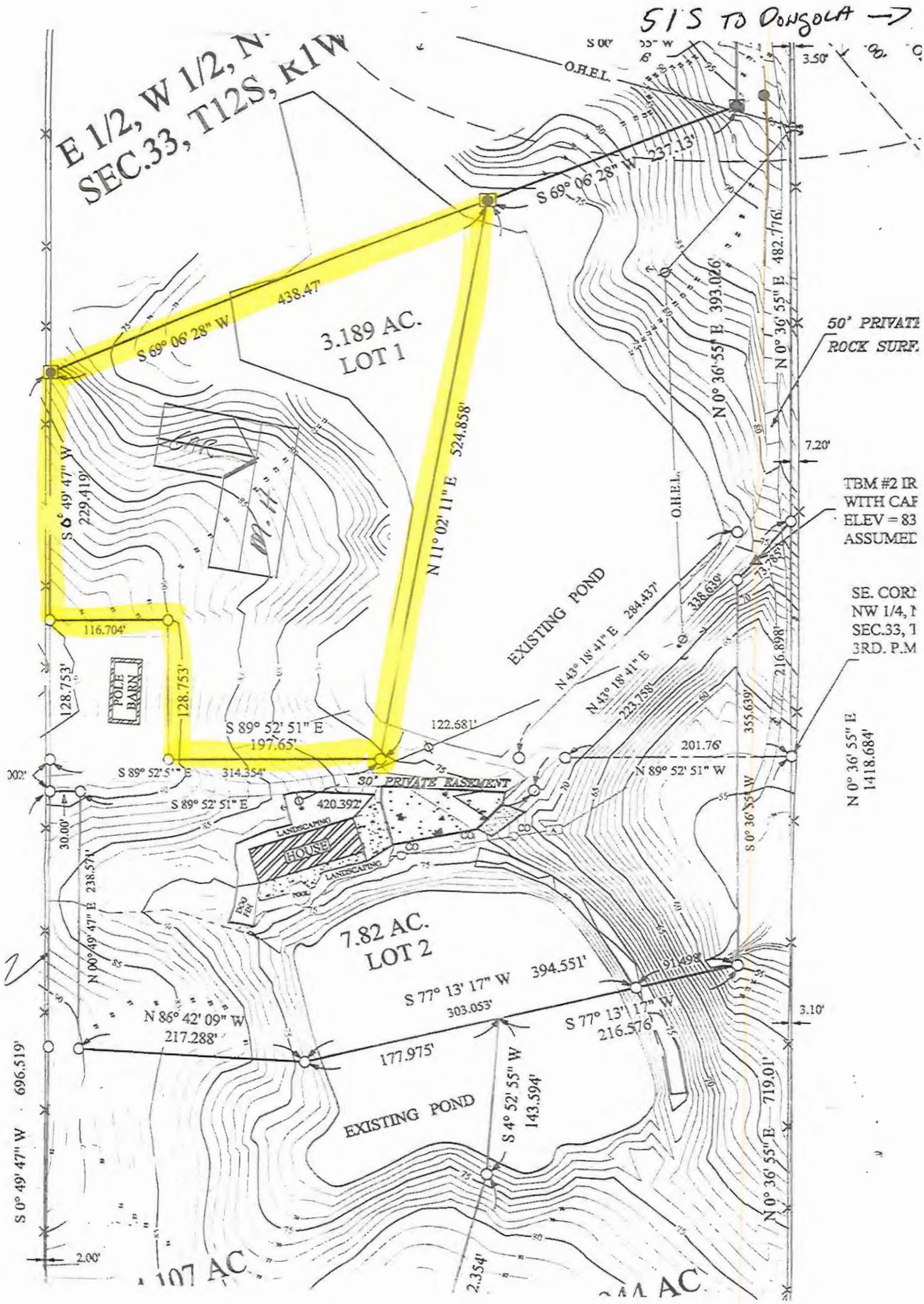
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 42.00	6-30-08	08-41

Payment of $42.00 Cash received by Union County Treasurer

Date 7-7-08

Bobby [illegible] Mayer


51S TO DONGOLA
E 1/2, W 1/2, N
SEC.33, T12S, R1W
O.H.E.L.
S 69° 06' 28" W 237.13'
S 69° 06' 28" W 438.47'
3.189 AC.
LOT 1
S 6° 49' 47" W 229.419'
N 11° 02' 11" E 524.858'
N 0° 36' 55" E 393.026'
N 0° 36' 55" E 482.776'
50' PRIVATE
ROCK SURF
7.20'
TBM #2 IR
WITH CAP
ELEV = 83
ASSUMED
SE. COR
NW 1/4, N
SEC.33, T
3RD. P.M
N 0° 36' 55" E
1418.684'
116.704'
128.753'
POLE BARN
128.753'
S 89° 52' 51" E
197.65'
122.681'
EXISTING POND
N 43° 18' 41" E 284.437'
N 43° 18' 41" E
223.758'
338.639'
216.898'
355.639'
201.76'
N 89° 52' 51" W
S 89° 52' 51" E 314.354'
30' PRIVATE EASEMENT
S 89° 52' 51" E 420.392'
LANDSCAPING
HOUSE
LANDSCAPING
POOL
30.00'
N 00° 49' 47" E 238.571'
7.82 AC.
LOT 2
S 77° 13' 17" W 394.551'
91.498'
S 77° 13' 17" W
216.576'
303.053'
N 86° 42' 09" W
217.288'
177.975'
S 4° 52' 55" W
143.594'
EXISTING POND
S 0° 36' 55" W
3.10'
S 0° 49' 47" W 696.519'
N 0° 36' 55" E 719.01'
2.00'
2.354'
107 AC.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 14-00-12-238-I

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Lakeview Dr.
Subdivision or Addition: Shawnee Lake Est.
Lot: 23
Block:
Census track:
Legal Description
N S
E W from Intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 150,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all other 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 [X] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 1710 SF
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 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	Greg Roberts Brigadoon Properties	485 Casey Lane, Anna IL	62906	614-2912
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]		6-27-08

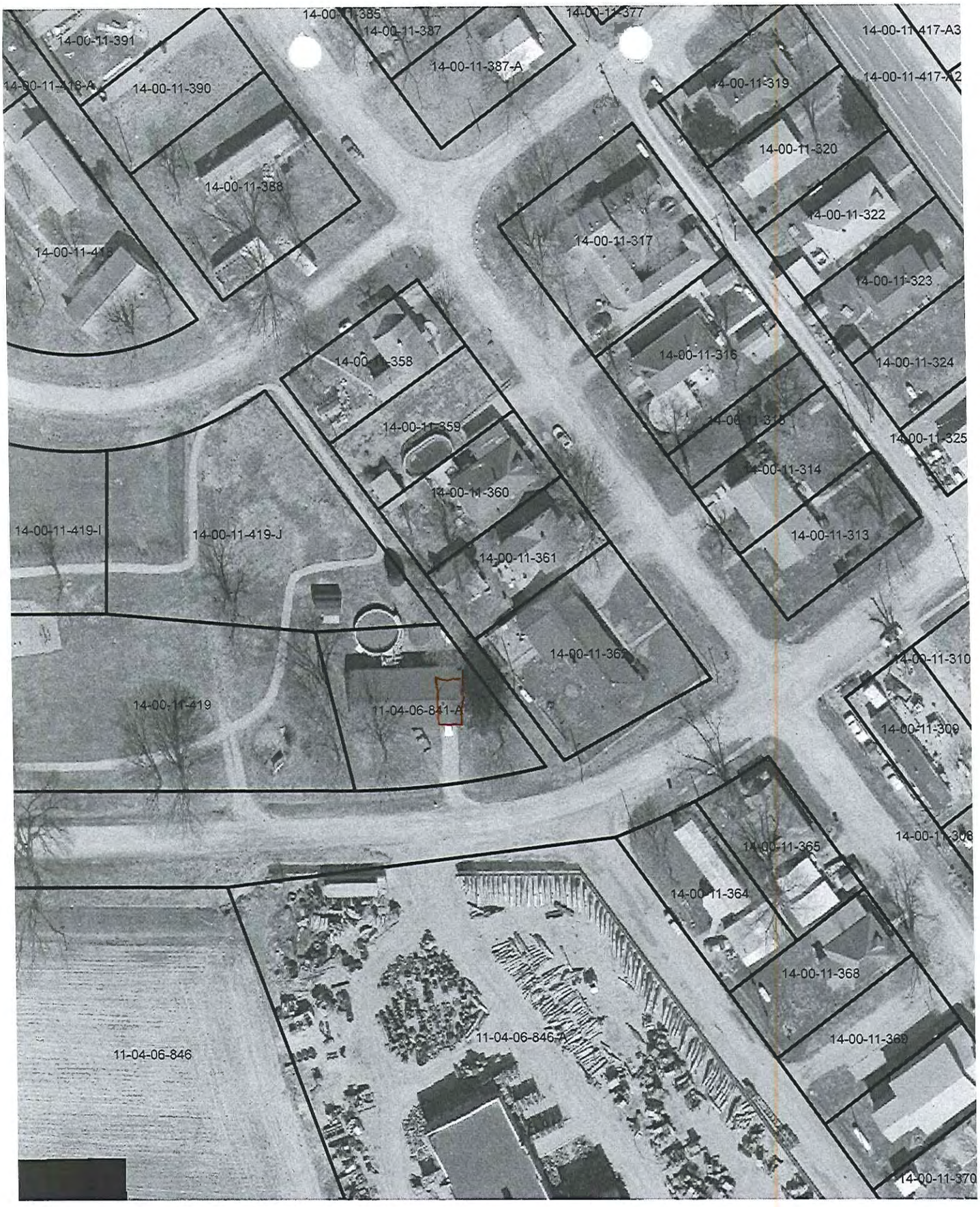
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 310.00	6-27-08	08 40

Payment of #310.00 CK #1315 received by Union County Treasurer

Date 7-7-08

[signature]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02-19-00-938 A
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14-00-12-238-W
14-00-12-238-V
14-00-12-238-U
02-19-00-937-A
14-00-12-238-O
14-00-12-238-N
14-00-12-238-M
14-00-12-238-L
14-00-12-238-K
14-00-12-238-P
14-00-12-238-I
14-00-12-238-H
14-00-12-238-J
14-00-12-238-G
14-00-12-238-A
02-19-00-938
14-00-12-238-B
14-00-12-238-F
02-19-00-951
14-00-12-238-C
14-00-12-238-E
14-00-12-238-D
02-19-00-954-A
14-00-12-223
14-00-12-228

UNION COUNTY Prop. No. 05-28-03-462
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: Subdivision of the W/2 SE PT Lot 5 & Pt Lot 6

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D. 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D. 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Pole barn with concrete floor

Beginning construction date 7-15-08
Completion construction date 8-15-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 10,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 28 x 48 1344 SQ
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Carl R. Edmonds	326 Brady Mill Rd. Anna, IL	62906	833-5971
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mary Jane Edmonds		6/26/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Ted Jackson	$ 30.00	6-26-08	08-39

Payment of $30.00 CK #1579 received by Union County Treasurer

Date 7-7-08

Barry L. Mayer
Mag.

UNION COUNTY Prop. . .
BUILDING PERMIT APPLICATION 05-15-03-225-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 785 Dogwalk Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S15 T12 R1W PT SE SW 20ac.

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6-17-08

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 16,000
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	$ 16,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 2
49. Total square feet of floor area, all floors, based on exterior dimensions: 2400
50. Total land area, sq. ft.: addition (16 X 19)

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 2-vehicle ✓
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 2
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	ERIC WATKINS CASSANDRA WATKINS	785 DOGWALK RD, ANNA IL	62906	618 535 85
2. Contractor or Builder	GARY ROECK [redacted]			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	785 DOGWALK RD	6-12-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 42.00	6-12-08	08-38

Payment of $42.00 Cash received by Union County Treasurer

Date 6-16-08

[signature]

05-15-03-225
05-15-03-225-L
05-15-03-225-K
05-15-03-225-K1
05-15-03-225-I
05-15-03-225-H
05-15-03-225-B
05-15-03-225-D
05-15-03-225-G
05-15-03-225-F
DOGWALK
Parcel Not In Database
Parcel Not In Database
05-22-03-761
Parcel Not In Database
Parcel Not In Database

UNION COUNTY Proj. No. 06-03-04-298
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Balcom Rd, Anna | Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1W S. 3 PT N1/2 SW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement ..... $ 39,271

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 ..... $ 39,271

MOBILE HOME INFO:
Date MH was set-up:
Make Fleetwood Size 76/16 Yr. Model 08
Previous MH Owner New
Previous MH Location Mt. Vernon Dreamhomes
Current MH Owner Ryan + Kimberly Miller
Current MH Location Balcom Rd, Anna
Current Land Owner Larry L. + Jane Miller

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kimberly Miller	1600 Balcom Rd, Anna IL	62906	(618) 697-2527
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
Kimberly Miller	1600 Balcom Rd, Anna	6-11-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 88.54	6-11-08	08-37

Payment of $88.54 CK# 1313 received by Union County Treasurer

Date 7-7-08

Bailey A. Myers

06-03-04-294
06-03-04-301
14-00-10-837
14-00-10-836
14-00-10-835
14-00-10-834
14-00-10-833
14-00-10-832
06-03-04-298
06-03-04-302

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-28-03-954-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 190 Sadler Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 28 T12 R1W PT SE SW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Barn

Beginning construction date 6-11-08
Completion construction date 6-30-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Barn

Beginning construction date 6-11-08
Completion construction date 6-30-08

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 10,000

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 ..... $ 10,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all other skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [X] Other – Specify Pole Barn

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 4,000
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Tim Keller	190 Sadler Rd. Anna, IL ~~62906~~	62906	833-3160
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: Tim Keller | Address: 190 Sadler Rd. | Application date: 6-11-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Fiel Jackson | Permit fee: $ 30.00 | Date permit issued: 6-11-08 | Permit number: 08-36

Payment of $30.00 CK #4118 received by Union County Treasurer

Date 7-7/08

Becky L. Mayer mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 05-33-04-160-J

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 545 Sadler Rd, Anna

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: 12-16 5.33 PT N1/2 NW 4.09 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New Building
2 ☐ Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Working (if multifamily residential, enter number of units in building in part D, 13)
6 ☐ Moving (relocation)
7 ☐ Foundation only
8 ☐ Mobile Home

B. OWNERSHIP

8a ☒ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 ☐ One family
13 ☐ Two or more families – *Enter number of units* _____
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* _____
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Already there

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 114,000

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public
41 ☐ Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public
43 ☐ Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories . . . . . .
49. Total square feet of floor area, all floors, based on exterior dimensions . . . . . .
50. Total land area, sq. ft. . . . . .

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed . . . . . .
52. Outdoors . . . . . .

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms . . . . . .
54. Number of bathrooms { Full . . . . . / Partial . . . . . }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Alan Kimmel	301 W Vienna St Apt A	62906	618-697
	Brandy	Anna IL 62906		8687
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
Brandy Kimmel		6-3-08

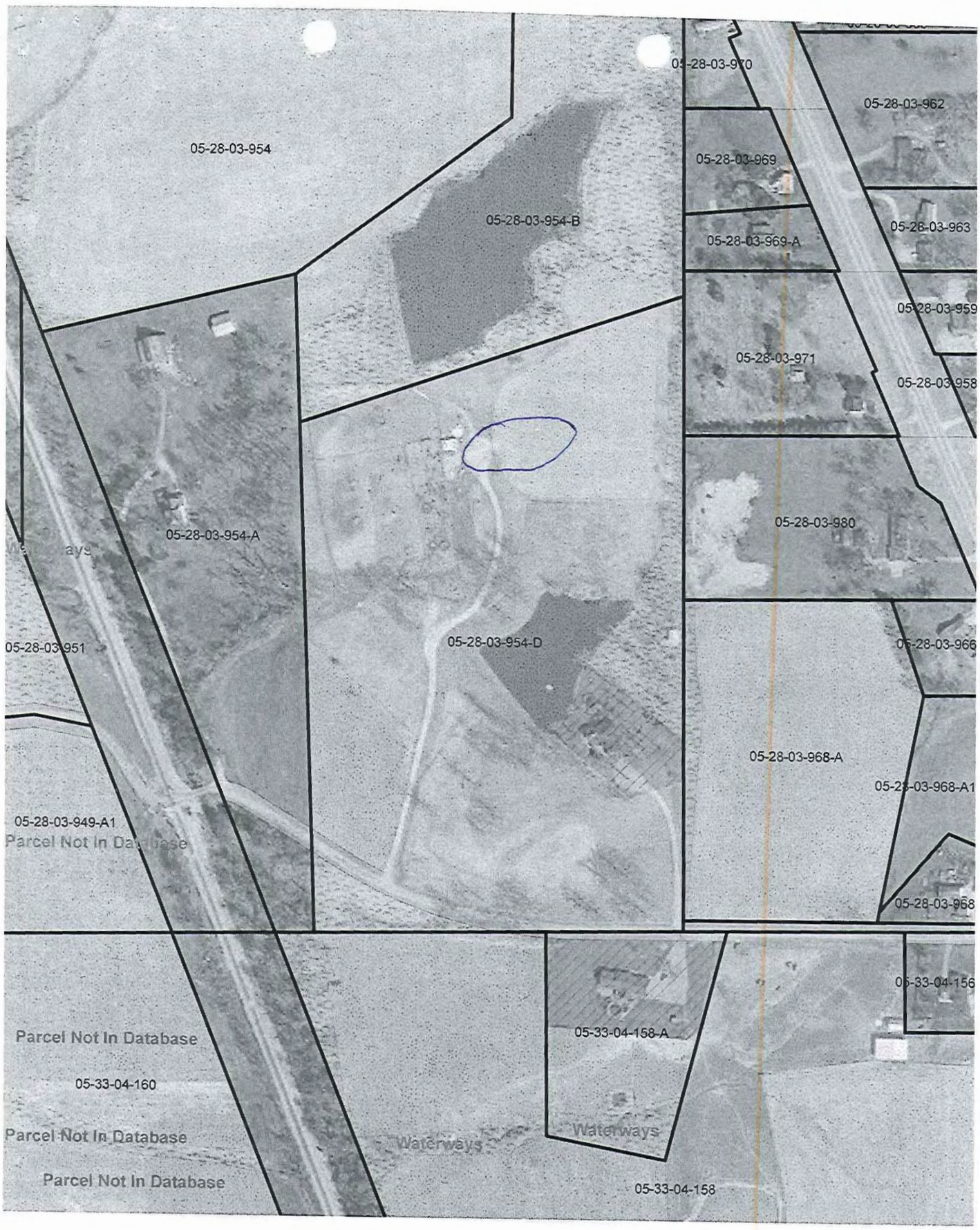
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
B. Jackson	$ 238.00	6-3-08	08-35

Payment of $238.00 CK #5819 received by Union County Treasurer

Date 6-16-08

Barry L. Magee
Mag.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05-28-03-959
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05-28-03-980
05-28-03-954-A
05-28-03-954-D
05-28-03-951
05-28-03-966
05-28-03-968-A
05-28-03-968-A1
05-28-03-949-A1
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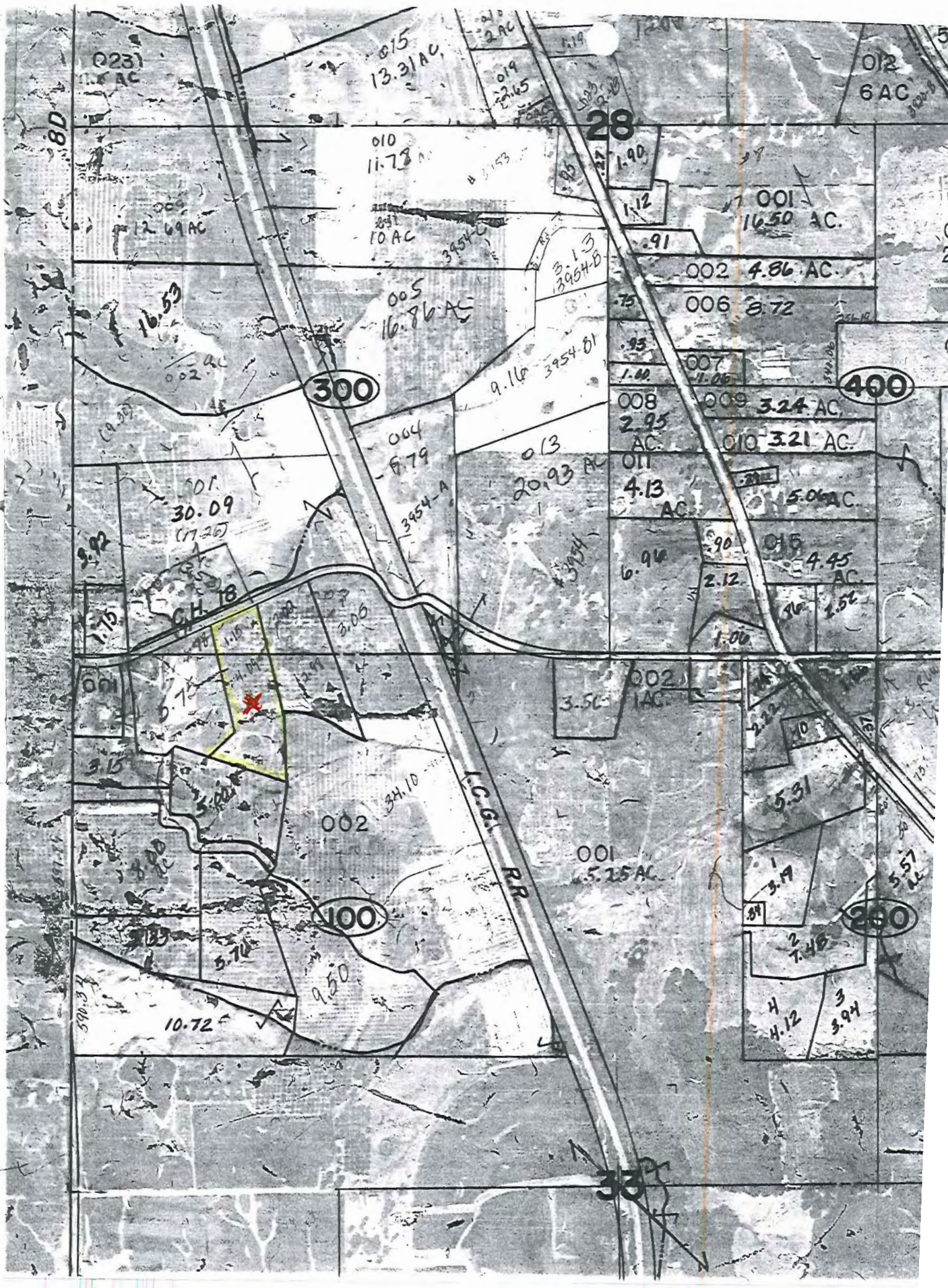
05-28-03-968
05-33-04-156
05-33-04-158-A
Parcel Not In Database
05-33-04-160
Parcel Not In Database
Waterways
Parcel Not In Database
05-33-04-158


28
33
300
400
100
200
C.H. 18
I.C.G. RR
015
13.31 AC.
012
6 AC
010
11.78
009
12.69 AC
005
16.86 AC
001
16.50 AC.
002
4.86 AC.
006
8.72
008
2.95 AC.
009
3.24 AC.
010
3.21 AC.
011
4.13 AC.
013
20.93 AC
004
6.79
001
30.09
002
5.25 AC.
10.72

UNION COUNTY Prop. 06-02-04-271
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 196 Baby Barn Rd., Anna
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 13-1W 5-2
pt SW SW, W of ROW

N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* family room

Beginning construction date 6-23-08
Completion construction date 9-23-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 18,100

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 24 x 20 480 SF
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Smith	196 Baby Barn Rd, Anna IL	62906	827-4377
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
John R Smith		5-30-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 46.00	5-30-08	08-34

Payment of #46.00 Cash received by Union County Treasurer
Date 6-2-08
[illegible] mg.

06-03-04-308
06-03-04-317-A
06-02-04-264
06-02-04-270
06-03-04-317
06-02-04-271
06-02-04-270
06-10-04-428
06-11-04-457
06-11-04-457-A
06-11-04-463
06-10-04-426
06-11-04-458-A
06-11-04-458

UNION COUNTY Prop. 05-10-03-133-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 540 New Saratoga Rd.
Subdivision or Addition: | Lot: | Block: | Census track:
Legal Description: S10 T12 R1W PT SE SE TRACT II 13.68ac
N S E W from Intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* $ 240,000.00 *(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 ..... $ 240,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 2
49. Total square feet of floor area, all floors, based on exterior dimensions ..... See attached
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... NA
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 4
54. Number of bathrooms { Full ..... 2 ; Partial ..... 2 }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Gary L. Griffith	540 New Saratoga Rd., Anna	62906	833-7919
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gary L. Griffith	540 New Saratoga Rd. Anna	5-28-08

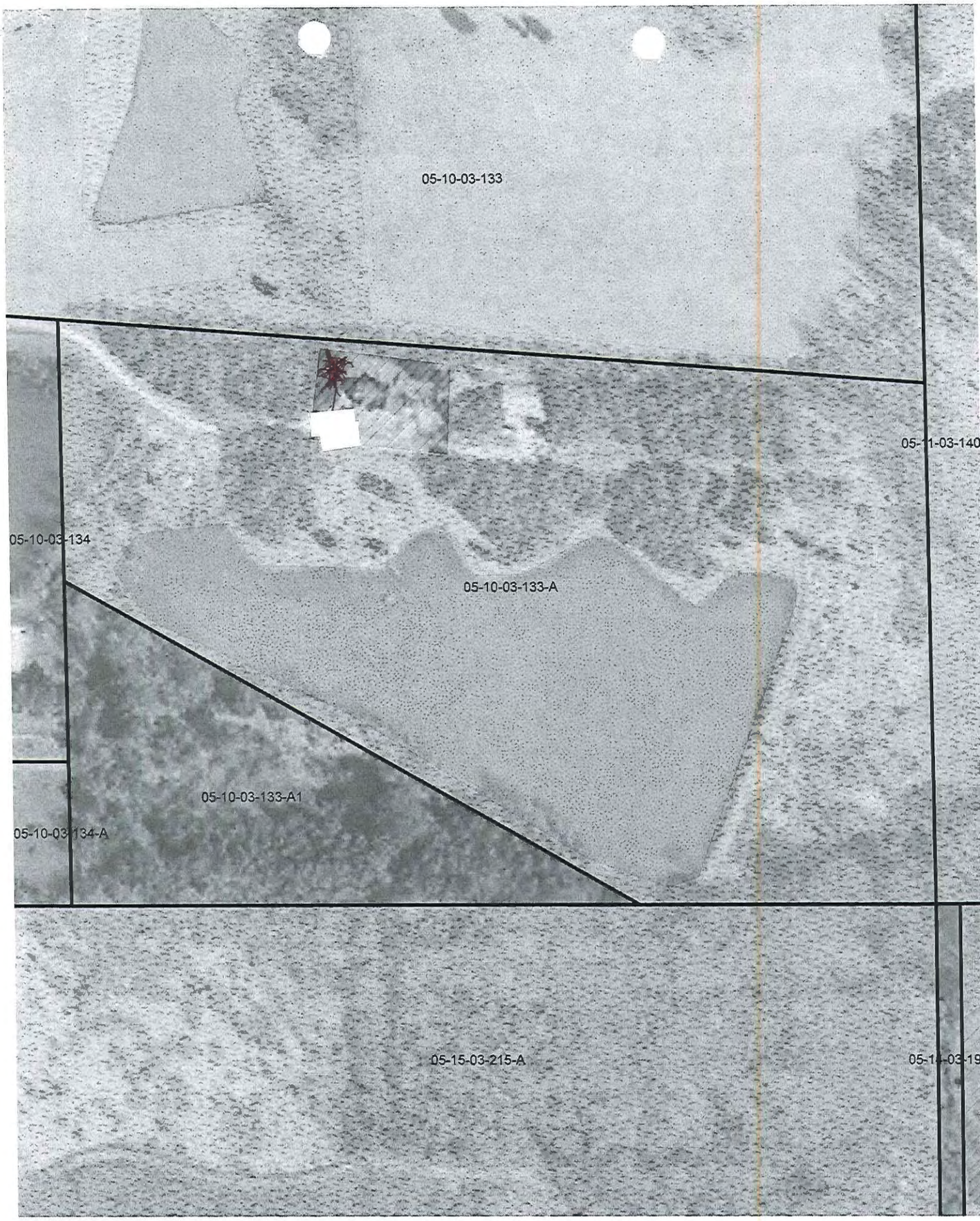
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 490.00	5-28-08	08-33

Payment of $490.00 CK# 2716 received by Union County Treasurer

Date 6-2-08

[signature]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05-10-03-133-A
05-10-03-133-A1
05-10-03-134-A
05-15-03-215-A
05-14-03-19

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I 04-32-02-821-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 829 Vines Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S32 T11 R1W PT SE NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Pole barn

Beginning construction date _____

Completion construction date _____

30'X50' - 18' Lean Too

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 10,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JAMES BATSON	3600 FALLING SPRING Rd. CAHOKIA, IL.	62206	
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.

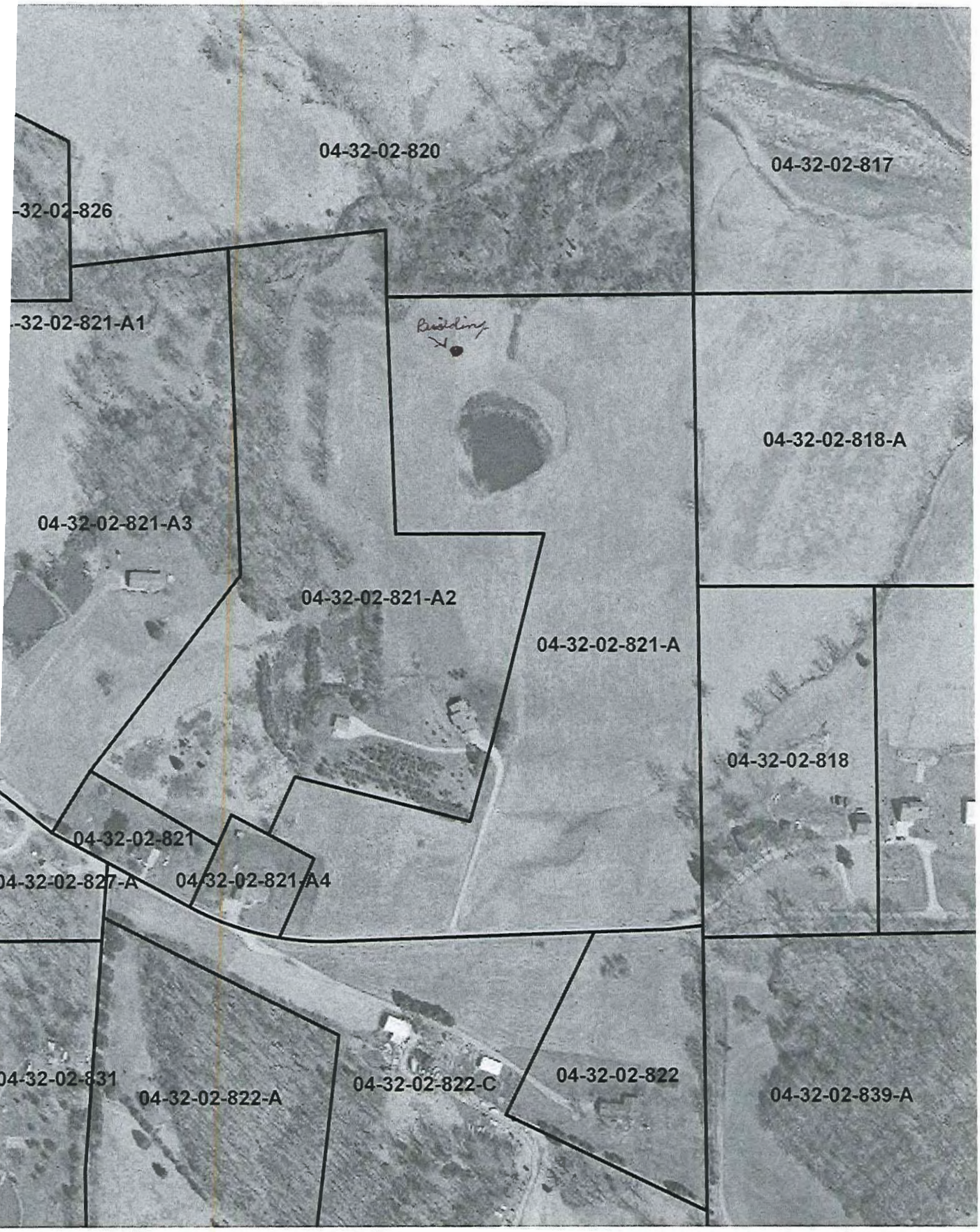
Signature of applicant: James E Batson | Address | Application date: May 19, 2008

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$30.00	5-19-08	08-32

Payment of $30.00 Cash received by Union County Treasurer

Date 5-19-08 Bobby A. Mann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Building
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04-32-02-821-A2
04-32-02-821-A
04-32-02-818
04-32-02-821
04-32-02-827-A
04-32-02-821-A4
04-32-02-831
04-32-02-822-A
04-32-02-822-C
04-32-02-822
04-32-02-839-A

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION 05-11-03-142-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: S11 T12 R1W SW SE 40.00ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Pole barn

Beginning construction date _____

Completion construction date _____

50' x 104' Pole Barn

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 25,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - I; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Platt	3820 US Hwy 51 So. Anna, Ill.	62906	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Robert E. Platt	3820 US Hwy 51 So. Anna, Ill. 62906	May 19, 2008

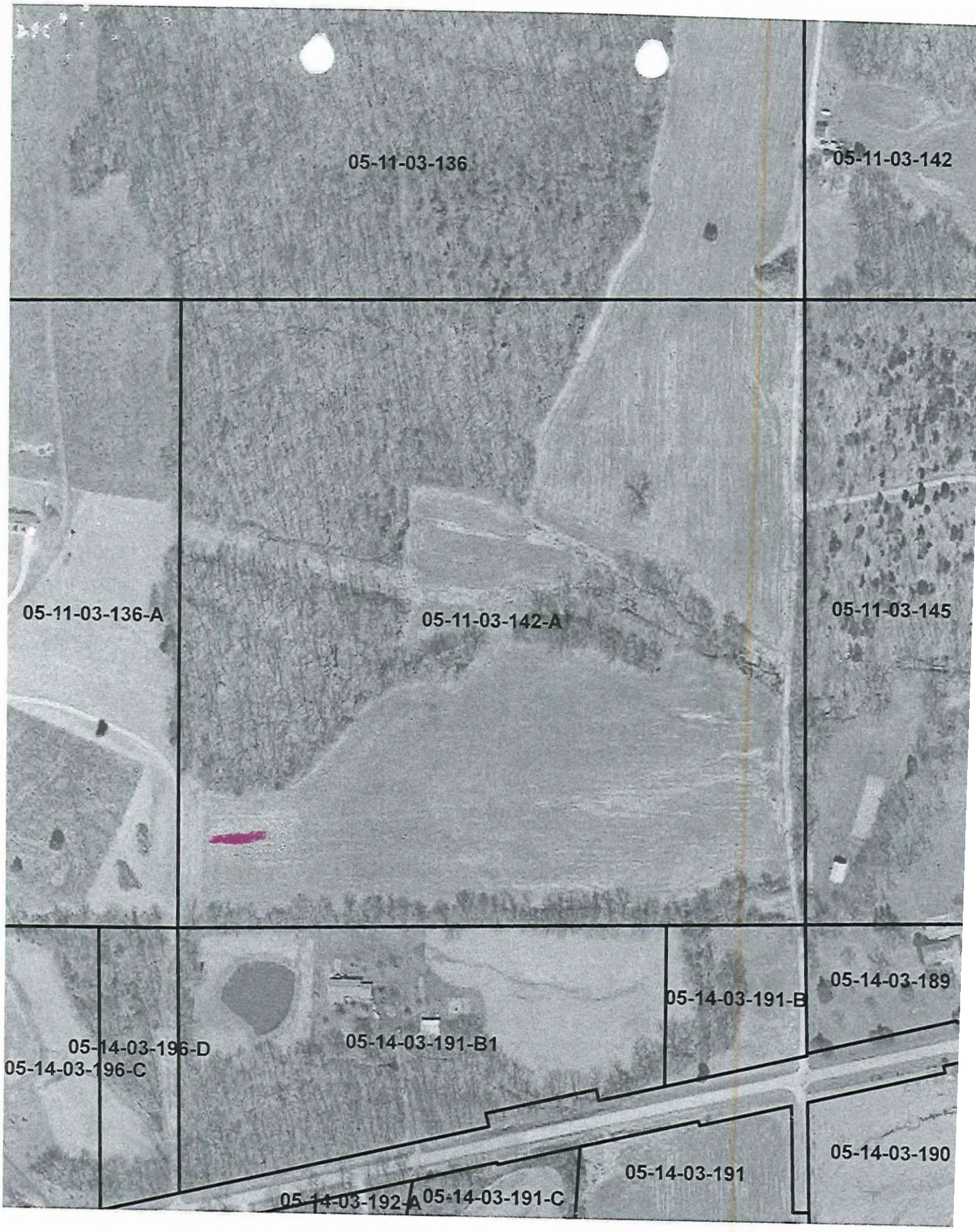
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 60.00	05-19-08	08-31

Payment of $60.00 CK #1257 received by Union County Treasurer

Date 5-19-08

[illegible] Mgr.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05-14-03-196-D
05-14-03-196-C
05-14-03-191-B1
05-14-03-190
05-14-03-191
05-14-03-192-A
05-14-03-191-C

UNION COUNTY Prog. No.
BUILDING PERMIT APPLICATION 091306383

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

LOCATION — Number and street: End of Ellis Ln — Subdivision or Addition: — Lot: — Block: — Census tract:
Legal Description: S13 T13 R2W S 3/4 E 1/2 NW N 3/4 E 1/2 SW — N S
BUILDING — E W from intersection of _____ and _____ Street
1.44 Acres — Approximate 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 (add or delete)
4 [ ] Repair, replacement
5 [ ] Upgrading or major family (non-central) enter number of units in building in Part D, 13)
6 [ ] Moving (mobile only)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP
9a [X] Private (individual, corporation, nonprofit organization, etc.)
9b [ ] Public (federal, state, or local government)

D. PROPOSED USE – For "Wrecking" most recent use

Residential
12 [ ] One family
13 [ ] Two or more families – Enter number of units
14 [ ] Transient hotel, motel, or common – Enter number of units
15 [ ] Garage
16 [ ] Lanai
17 [X] Other – Specify: Farm Storage

Beginning construction date: 6-1-08
Completion construction date: 8-1-08

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, merchandise
28 [ ] Tanks, towers
29 [ ] Other – Specify: _____

Beginning construction date: _____
Completion construction date: _____

C. COST (Estimated)
10. Cost of land: $ (Omit cents)
To be included only if not included in the ABC in cost:
a. Electrical
b. Plumbing
c. Heating
d. Other (specify)
11. TOTAL COST OF IMPROVEMENT: $ 6,000.00

Model, year, info: _____
Date MH was built: _____
Name: _____ Size: _____ Yr. Model: _____
Serial or VIN Number: _____
Present MH Location: _____
Current MH Owner: _____
Former MH Location: _____
Former MH Owner: _____

III. SELECTED CHARACTER STICS OF BUILDING – For new but shell and additions, complete Parts E – J; for alterations, complete only Part J; for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
29 [ ] Masonry, load bearing
30 [ ] Wood frame
31 [ ] Steel frame
32 [ ] Reinforced concrete
33 [X] Other – Specify: Post Frame Metal

F. PRINCIPAL TYPE OF HEAT USED
34 [ ] Gas
35 [ ] Oil
36 [ ] Electric
37 [ ] Coal
38 [X] Other – Specify: Not Heated

G. TYPE OF SEWAGE DISPOSAL
39 [ ] Public
40 [ ] Individual septic tank, etc.
H. TYPE OF WATER SUPPLY
41 [ ] Public
42 [ ] Individual well, spring, etc.
I. Is there an elevator? 43 [ ] Yes 44 [X] No
Will it be operated or controlled by an attendant? 45 [ ] Yes 46 [X] No

J. PRINCIPAL USE
47. Number of stories: 1
48. Total square feet of floor area of room, based on external dimensions: 1500
49. Total land area, sq. ft.: _____
K. NUMBER OF OFF-STREET PARKING SPACES
50. Enclosed: N/A
51. Outside: _____
L. RESIDENTIAL BUILDINGS ONLY
52. Number of bedrooms: _____
53. Number of bathrooms: Full N/A; Partial _____

IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing address (number, street, city, and state)	Zip code	Tel. No.
1	James L. Ellis	1420 Courtland Av, Normal, IL	61761	309-454-1420
2	EVEREIT F. ELLIS	103 ANTHONY DR. NORMAL, IL.	61761	
3	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: James L Ellis — Address: 1420 Courtland Av Normal IL — Application date: 5-14-08

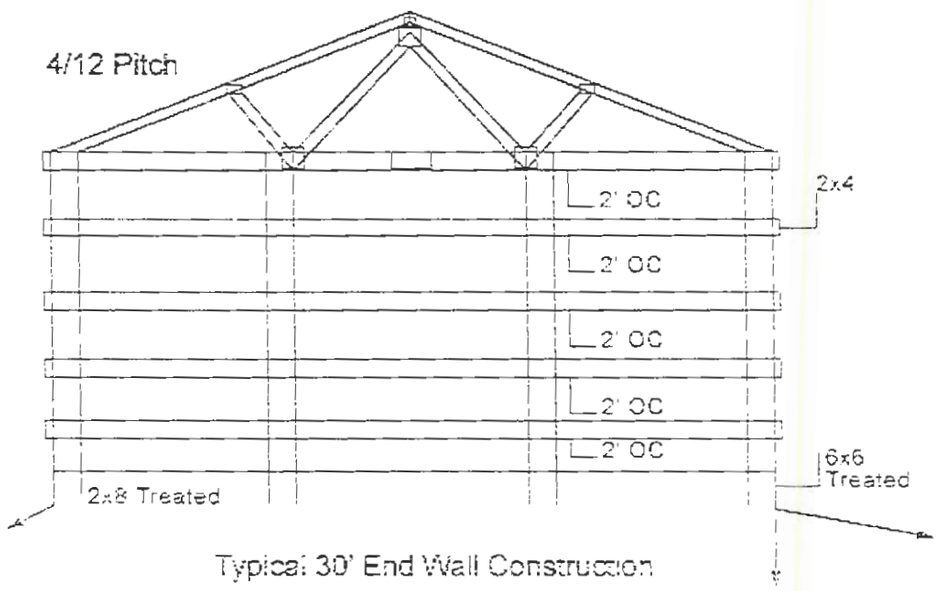
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson — Permit fee: $ 22.00 — Date permit issued: 5-14-08 — Permit number: 08-30

Payment of $22.00 CK# 1006 received by Union County Treasurer

Date 5-19-08 — Bailey A Myers

Bldg Location
Ellis Ln



Typical 30' End Wall Construction

<<< back

Bldg Msg By Dimension Buildings

UNION COUNTY Prop. No. 01-36-00-583
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 11590 Lick Creek Rd.
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 554 11-1E Bunnell
W1/2 SE 80 ac
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 5-16-08
Completion construction date 6-16-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 3,100

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] 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 24x28 672
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Amy Munger	11590 Lick Creek Rd, Bunnell IL	62912	995-1286
	property owner	– Allijean Rogers		
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
Amy Munger		5-13-08

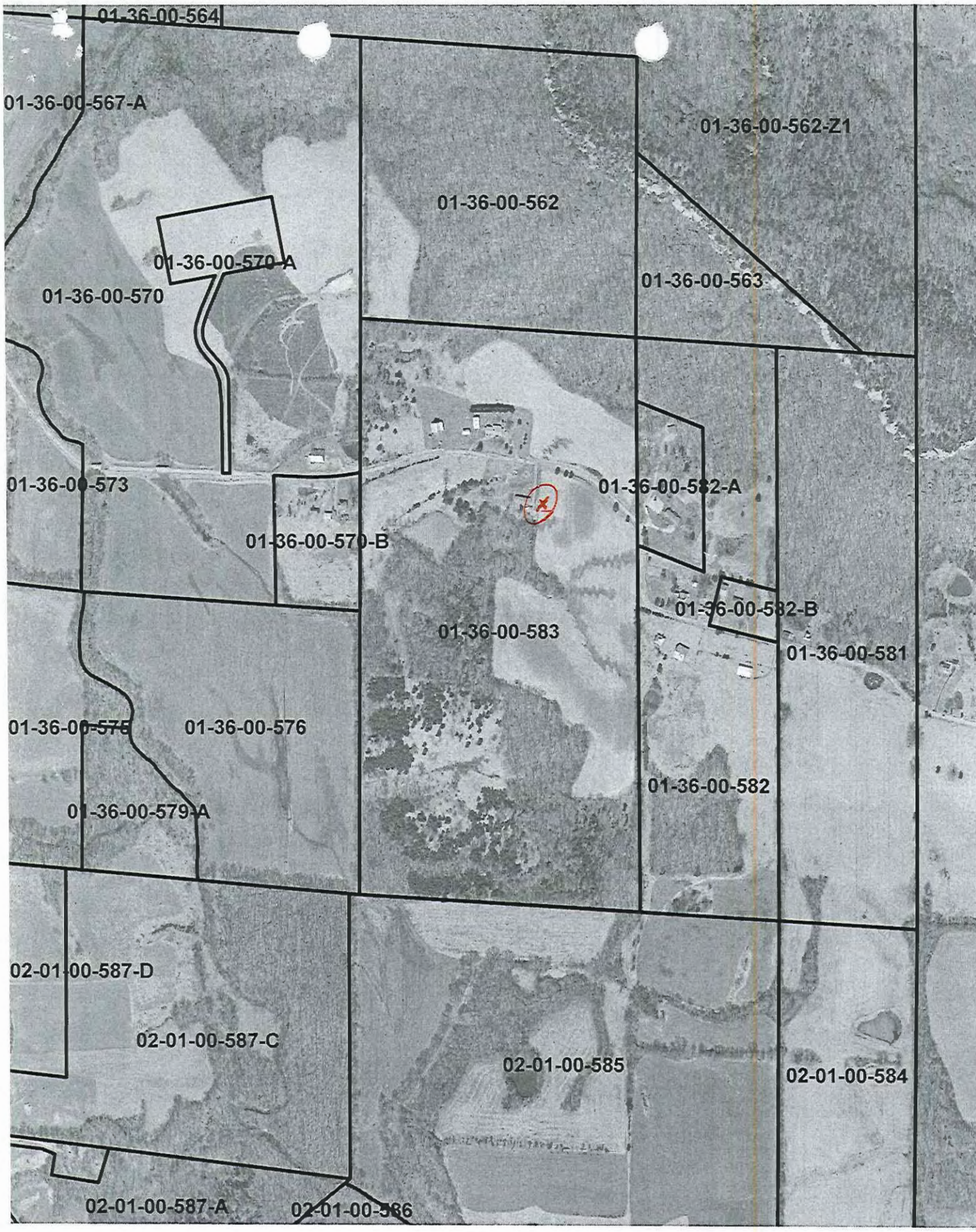
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Clarkson	$ 16.00	5-13-08	08-29

Payment of $16.00 Cash received by Union County Treasurer

Date 5-19-08

Betty A. Mayne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02-01-00-587-D
02-01-00-587-C
02-01-00-585
02-01-00-584
02-01-00-587-A
02-01-00-586

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-03-06-825

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 6730 State Forest Rd

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S 2 T12 R3W SW SE W1/2 SW SE SW 147 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [ ] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 15,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 15,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [X] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	20 x 20
50. Total land area, sq. ft.	400

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Randall D Myers	Box 135 Wolf Lake Ill	62998	618 2051987
2. Contractor or Builder	R & R	Wolf Lake Ill	62998	
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
Randall D Myers	Box 135 Wolf Lake Ill	4-30-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 40.00		08-26

Payment of $40.00 CK# 1296 received by Union County Treasurer

Date 5-5-08

[signature]

UNION COUNTY Pr. No. NEW PARCEL
BUILDING PERMIT APPLICATION 05-16-03-242-B1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 72 Boyd's Butchering Ln
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: SW 1/4 5.16 T 12 R1W 1300

(N) S E W from Intersection of _____ and Boyd's Butchering Lane

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [X] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

190' SST TOWER

Beginning construction date 5/30
Completion construction date 7/30

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 90,000
To be installed but not included in the above cost	
a. Electrical	15,000
b. Plumbing	0
c. Heating, air conditioning	0
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 105,000

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 [X] Reinforced concrete
34 [ ] Other – Specify PREFAB SHELTER

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public NA
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public NA
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 230
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors: 1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms:
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	STEPHEN & CONNIE BOYD	100 TWIN SPRINGS LOOP	46250	(317) 299-2996
2. Contractor or Builder	TBD			
3. Architect	GPD ASSOCIATES TRACY FREBLE	8275 Allison Point Ste 220 Indianapolis IN 46250		317 299 2996

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: 15 Park Place Swansea IL 62226 Application date: 4/23/08

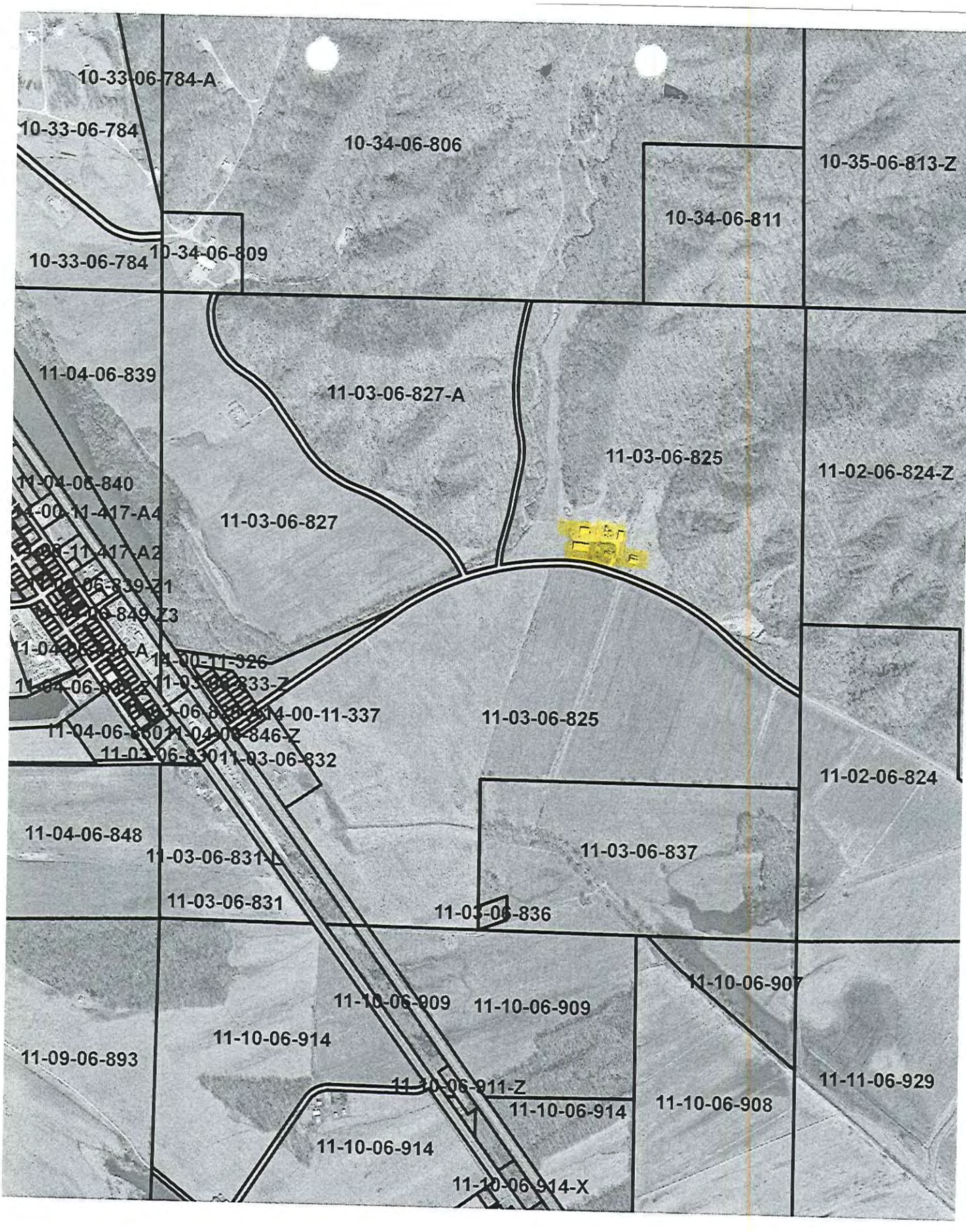
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 220.00	4-23-08	08-25

Payment of $230.00 CK # 600 received by Union County Treasurer

Date 5-19-08

Bobby J. Moore Mg.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11-03-06-831
11-10-06-907
11-10-06-909
11-10-06-909
11-10-06-914
11-09-06-893
11-10-06-911-Z
11-10-06-914
11-10-06-908
11-11-06-929
11-10-06-914
11-10-06-914-X

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-07-20-709-AIA

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 503 Sharp Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 07 12-1E. PT E3/4 S1/2 NW 4.16 AC

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date April 15, 08
Completion construction date 10, 15, 08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 112,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	9,000
c. Heating, air conditioning	11,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 132,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1H Basement
49. Total square feet of floor area, all floors, based on exterior dimensions: 1380
50. Total land area, sq. ft. with porch: 1524

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors: 5

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	Timothy Matuszewich	503 Sharp Rd Anna, ILL	62906	697-
	Rebecca Matuszewich			2743
2. Contractor or Builder	D.W. Builders	5115 Ste Rte 146 E Anna, Ill	62906	614-
				4048
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
David H. Weaver / dba D.W. Builders	5115 Ste Rte 146 E. Anna Ill. 62906	4-23-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 274.00	4-23-08	08-24

Payment of $274.00 CK # 14134 received by Union County Treasurer

Date 5-5-08

Bobby L. Mayer

UNION COUNTY Prop. No. 05-25-03-836-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 5115 Ste Rte 146 E. Anna Ill.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: PT E1/2 NE NE Sec 25 12-1W 7.43 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date April 10, 05
Completion construction date Oct. 30, 05

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 24,460.-
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	900.-
c. Heating, air conditioning	4,250.-
d. Other (elevator, etc.) Kit.	14,000.-
11. TOTAL COST OF IMPROVEMENT	$43,600.-

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1 + basement
49. Total square feet of floor area, all floors, based on exterior dimensions:
50. Total land area, sq. ft.: 512

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: NA
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: X
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	David H. Weaver	5115 Ste Rte 146 E. Anna Ill.	62906	533-
	Rhoda W. Weaver			7556
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
David H. Weaver	5115 Ste Rte 146 E. Anna Ill. 62906	4-23-08

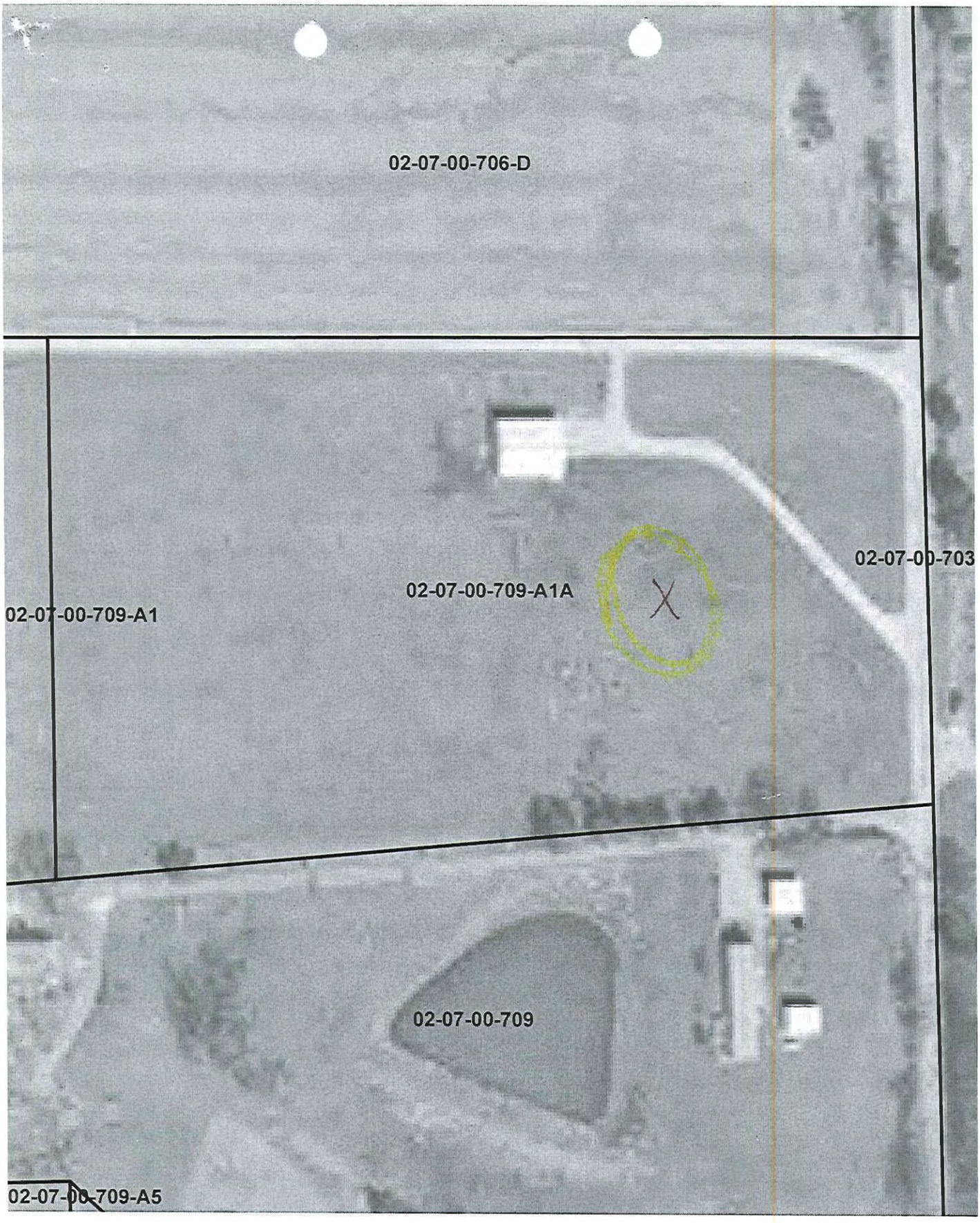
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 96.00	4-23-08	08-23

Payment of $96.00 CK # 8453 received by Union County Treasurer

Date 5-5-08

[signature]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05-24-03-830
05-24-03-830-D
05-24-03-830-C
05-24-03-830-B4
02-19-00-948-D
02-19-00-948-G
05-24-03-830-A
05-24-03-830-A1
05-25-03-837-A1
05-25-03-836-A
05-25-03-837-B
05-25-03-837-A
05-25-03-836-B
02-30-01-157
05-25-03-835
02-30-01-148

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-02-00-614-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 325 Dalton Pond Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: S. 2 T12 R1E PT SW SW 20 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up: 4-16-08
Make Criterion Size 48x24 Yr. Model 1972
Previous MH Owner Main St mobile Homes
Previous MH Location Marion IL
Current MH Owner Ronald & Dorothy Landers
Current MH Location
Current Land Owner Ronald & Dorothy Lander

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dorothy Landers	325 Dalton Pond Rd Dunaomb IL	62912	618-833-5817
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
Dorothy Landers		4-14-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Joe Jackson	$ 22.00	4-14-08	08-22

Payment of $23.00 CK # 1173 received by Union County Treasurer

Date 4/24/08

Barry L. Moore Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-10-01-499

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 4420 Moscow Rd Dongola Il

Subdivision or Addition | Lot | Block | Census track

Legal Description: S10 T13 R1E LAND BUILDING N½ NE SW + PT SE SW

Property # 03 10 01 499

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [x] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [x] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date MARCH 10

Completion construction date June 30

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 142,000
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	$ 142,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [x] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] 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: 3600
- 50. Total land area, sq. ft.: 3600

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: 2
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Terry + Patricia Panici	4700 Moscow Rd Dongola Il 62926	62926	827 4702
2. Contractor or Builder	Panici and Sons	" " "	62926	697 5340
3. Architect	Self			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: [signature] | Address: 4700 Moscow Rd Dongola | Application date: 3-5-08

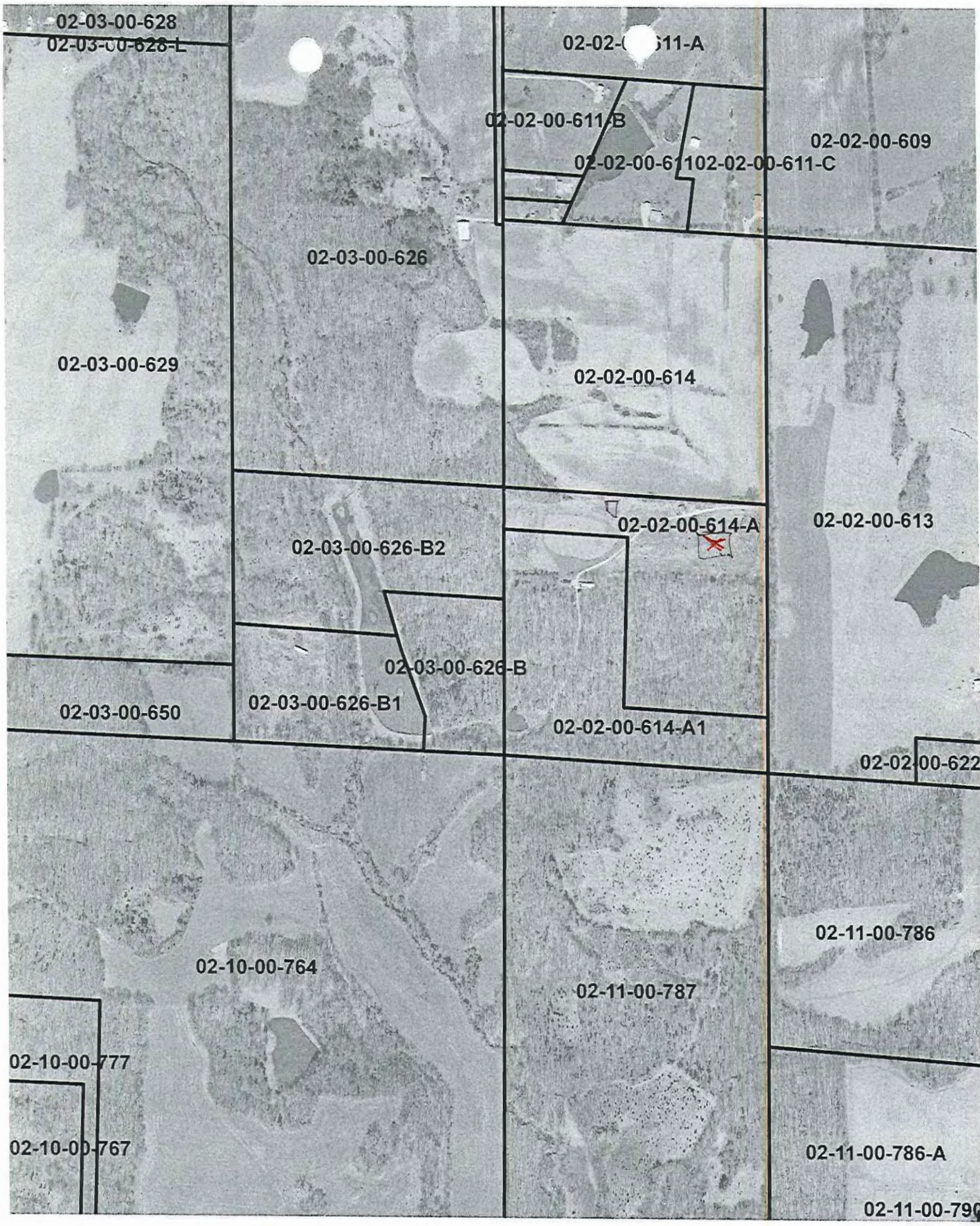
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 294.00	4-10-08	08-21

Payment of 294.00 CK# 7971 received by Union County Treasurer

Date 4/24/08

[signature]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02-02-00-611-C
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02-03-00-629
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02-02-00-613
02-03-00-626-B2
02-03-00-626-B
02-03-00-650
02-03-00-626-B1
02-02-00-614-A1
02-02-00-622
02-11-00-786
02-10-00-764
02-11-00-787
02-10-00-777
02-10-00-767
02-11-00-786-A
02-11-00-790

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-34-04-18

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 434 Friendship School Rd
Subdivision or Addition: House
Lot | Block | Census track

Legal Description: S34 T12 R1W PT NW NW 14.89

N S (E) W from intersection of 57 and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family 36 x 52
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [x] Garage – 26 x 30
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 06-04-07
Completion construction date 06-04-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 77,000.00
To be installed but not included in the above cost	
a. Electrical	5,000.00
b. Plumbing	3,000.00
c. Heating, air conditioning	5,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 90,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [x] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [x] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories: 1½
49. Total square feet of floor area, all floors, based on exterior dimensions: 1872 + 7
50. Total land area, sq. ft.: 2600

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner *	Chris Plott	404 Oak St Anna IL	62906	833 4198
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: Chris Plott
Address: 434 Friendship School Rd
Application date: 4-10-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature]
Permit fee: $ 190.00
Date permit issued: 4-10-08
Permit number: 08-20

Payment of $190.00 CK # 1054 received by Union County Treasurer

Date 4/24/08

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-27-05-594-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 480 Brown Section Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-2W 5-27

PT NE SW, PT W1/2 SE 25.00 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D. 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D. 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Dining Room

Beginning construction date 4-21-08

Completion construction date 12-21-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	25X10 250
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Charlotte Clover	480 Brown Section Rd, Cobden IL	62920	833-8104 893-4602
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
Charlotte Clover	480 Brown Section Rd Cobden	4/9/08

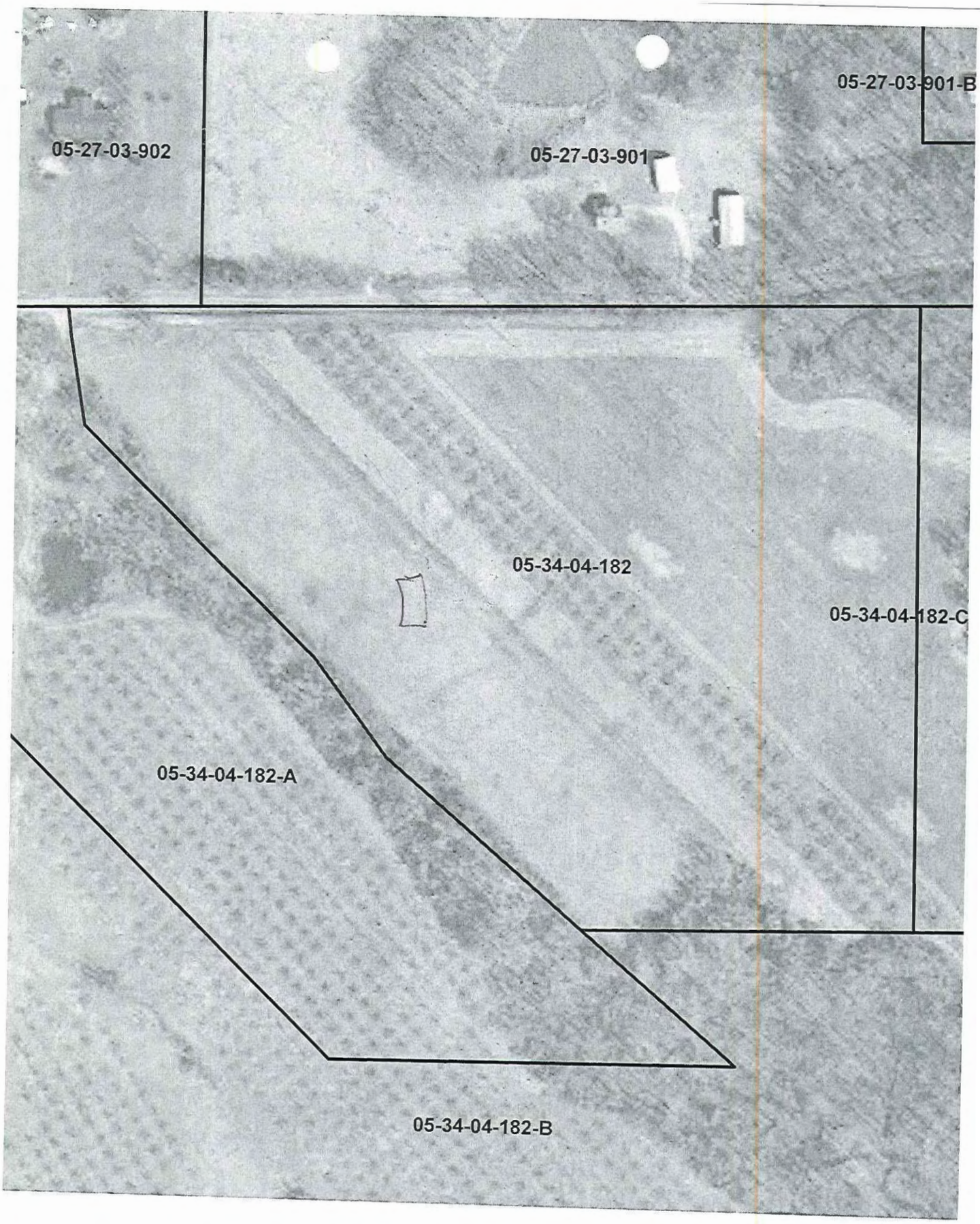
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill [illegible]	$ 50.00	4-9-08	08-19

Payment of $50.00 CK# 2524 received by Union County Treasurer

Date 4/24/08

Barry A. Mayer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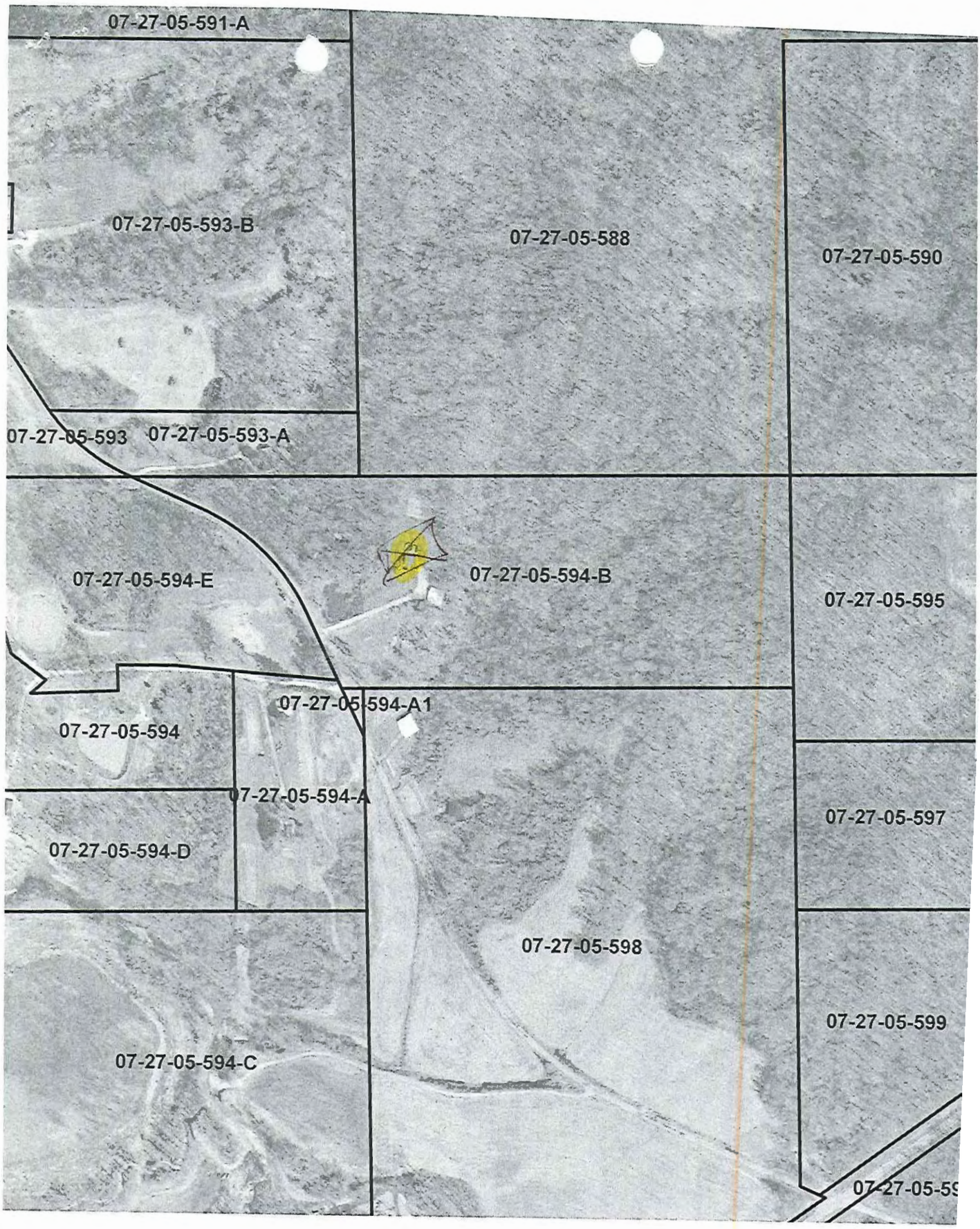
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07-27-05-594
07-27-05-594-A
07-27-05-597
07-27-05-594-D
07-27-05-598
07-27-05-599
07-27-05-594-C

New parcel

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 09-01-04-328-A3

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and Street: Airport Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-20 PT NW 5.01 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ _____

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 16,000

MOBILE HOME INFO:

Date MH was set-up: May 1, 2008
Make Fleetwood Size 16x80 Yr. Model 1997
Previous MH Owner Jeff Harris
Previous MH Location Jeff's Auto Body
Current MH Owner Matthew Penninger
Current MH Location
Current Land Owner Matthew Penninger

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Matthew Penninger	2220 Airport Rd, Jonesboro IL	62952	697-4213
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
		4-8-08

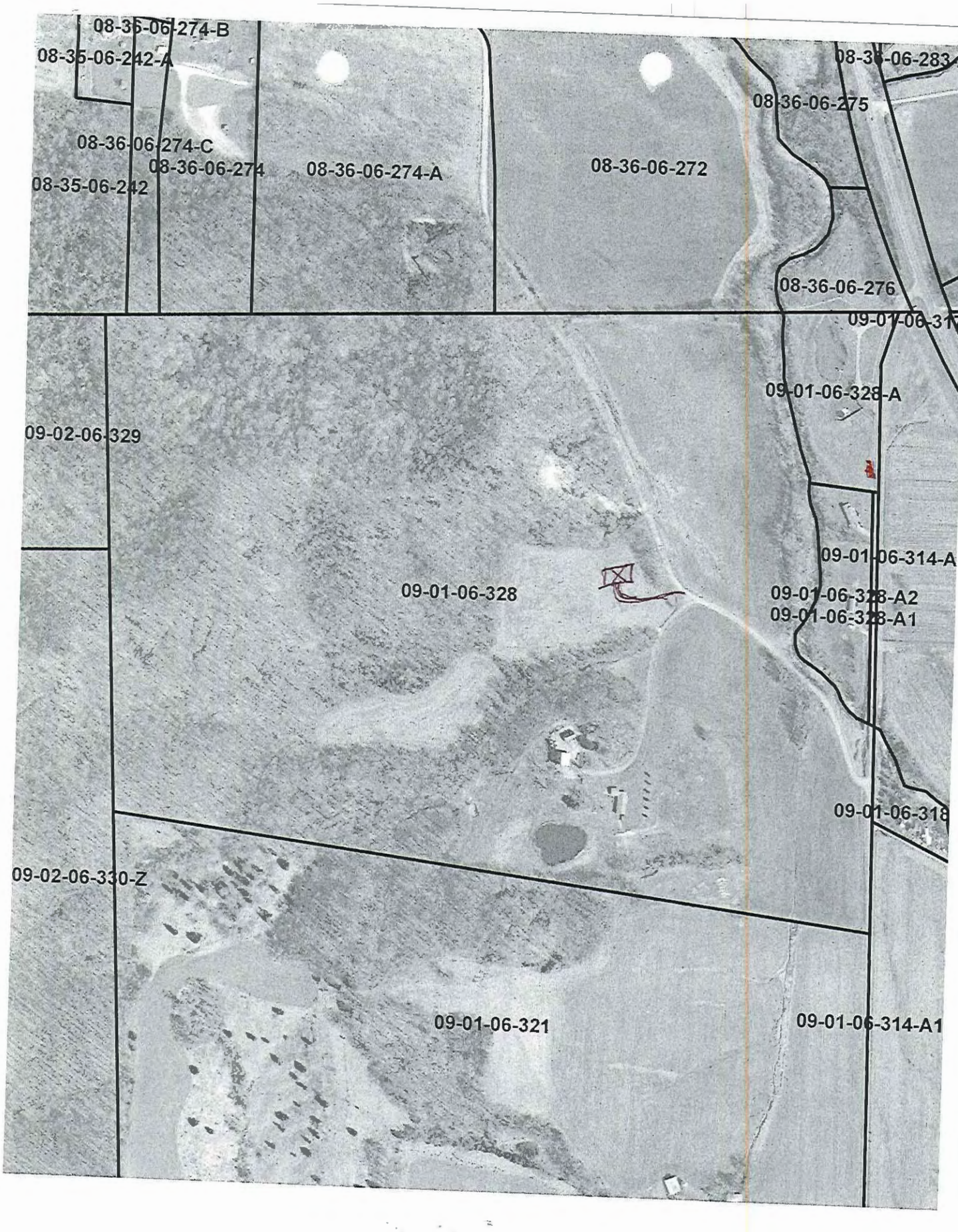
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 42.00	4-8-08	08-18

Payment of $42.00 CK# N/A received by Union County Treasurer.

Date 4/24/08

Barry L. Mayes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09-02-06-330-Z
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09-01-06-314-A1

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-35-02-885-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Quail Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: S35 T11 R1W PT NE NW 4.73 ac

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [■] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [■] Other – *Specify* shed

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 1500-
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	$ 1500.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [■] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: * 12X12
50. Total land area, sq. ft.: *

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed: NA
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms:
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	Brian Jackson	P.O. Box 636 Cobden IL	62920	618(893)-
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
* Brian Jackson	205 Quail Ln Cobden	4-7-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 13.00	4-7-08	08-17

Payment of $13.00 Cash received by Union County Treasurer

Date 4/7/08

[illegible]

04-26-02-526
04-26-02-524
04-35-02-887
04-35-02-885
04-35-02-885-A
04-35-02-885-B
04-35-02-885-D
04-35-02-885-C

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-21-03-740A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 109 SWAN ST

Subdivision or Addition: doesn't pay city taxes | Lot | Block | Census track

Legal Description: S21 T12 R1W PT NW SE (.69) + 11.24' S SD LOT 25 (11.24 x 120') .72 ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* shed

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 3000-
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 3000-

MOBILE HOME INFO

Date MH was set-up:

Make	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 NONE

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 10 x 16
50. Total land area, sq. ft.: 160

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	Bruce + Andrea Anderson	109 Swan St 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
Andrea Anderson	109 Swan Ave Anna, IL 62906	4-4-08

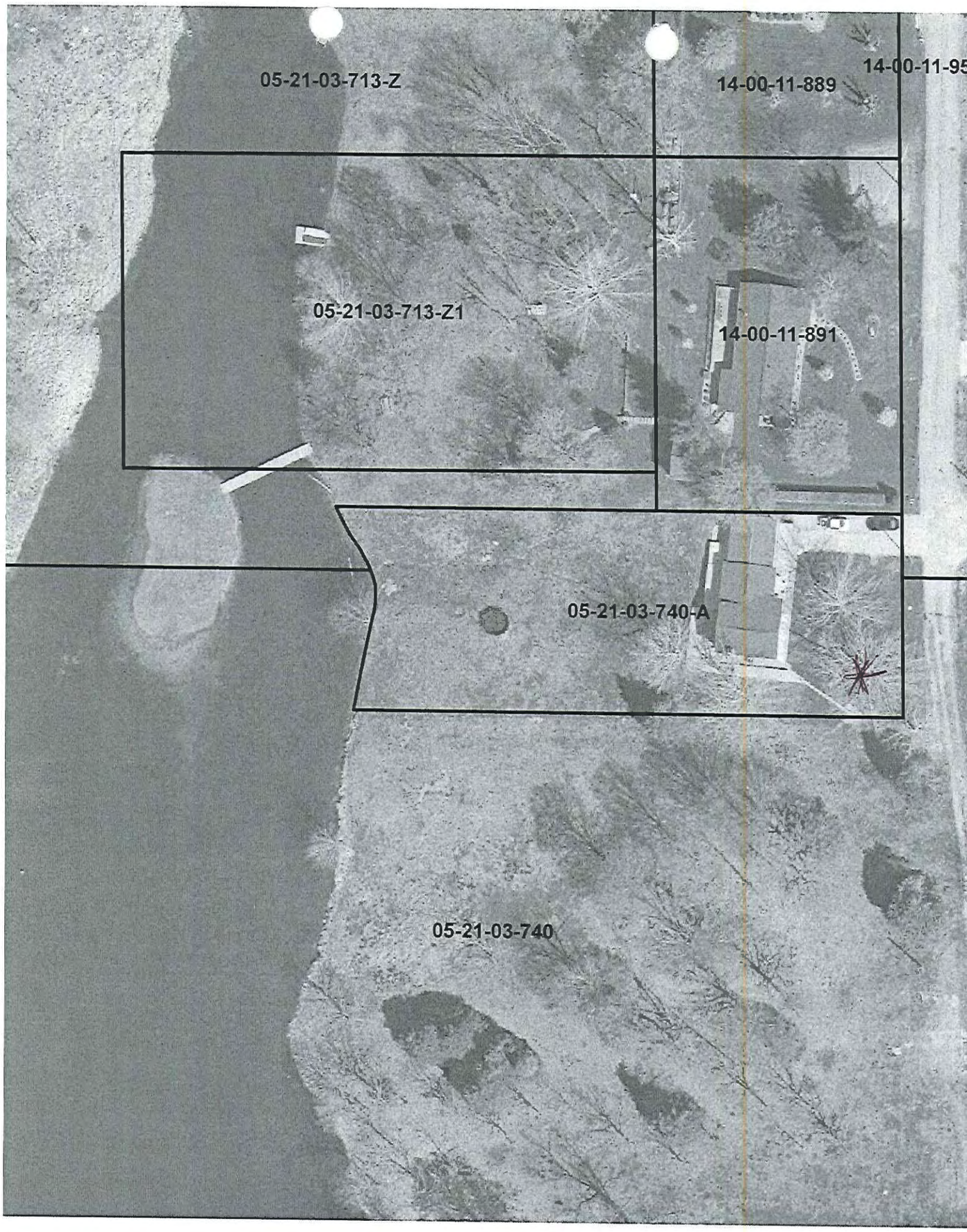
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gan	$ $16.00	4-4-08	08-16

Payment of $16.00 Cash received by Union County Treasurer

Date 4/7/08

Barry L Mayer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14-00-11-889
14-00-11-95
05-21-03-713-Z1
14-00-11-891
05-21-03-740-A
05-21-03-740

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... CH-07-02-106

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 9935 Old Hwy 51 N

Subdivision or Addition | Lot | Block | Census track

Legal Description: S7T11 T1W SE NE NE NE 80 ac.

N S

... 'N from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* cattle shed

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 2000.00

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

...us MH Location

... Owner

...ation

Call before checking. Mr Braden said this shed may not be built.

III. SELECTED CHARAC...

...d additions, complete Parts E - L; ...nly Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAM...

30 [ ] Masonry (wall ...
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concre...
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

...ENSIONS

...mber of stories 1

...square feet of floor area, based on exterior ...s ..... 16 X 30

...l land area, sq. ft. ..... (open shed) 480

...UMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

... No

...or?

46 [ ] 47 [ ] No

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Clifford Braden	9935 Old Hwy 51 N. 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	Address	Application date
Clifford E Braden	9935 Old Hwy 51 N Cobden IL	4-3-08

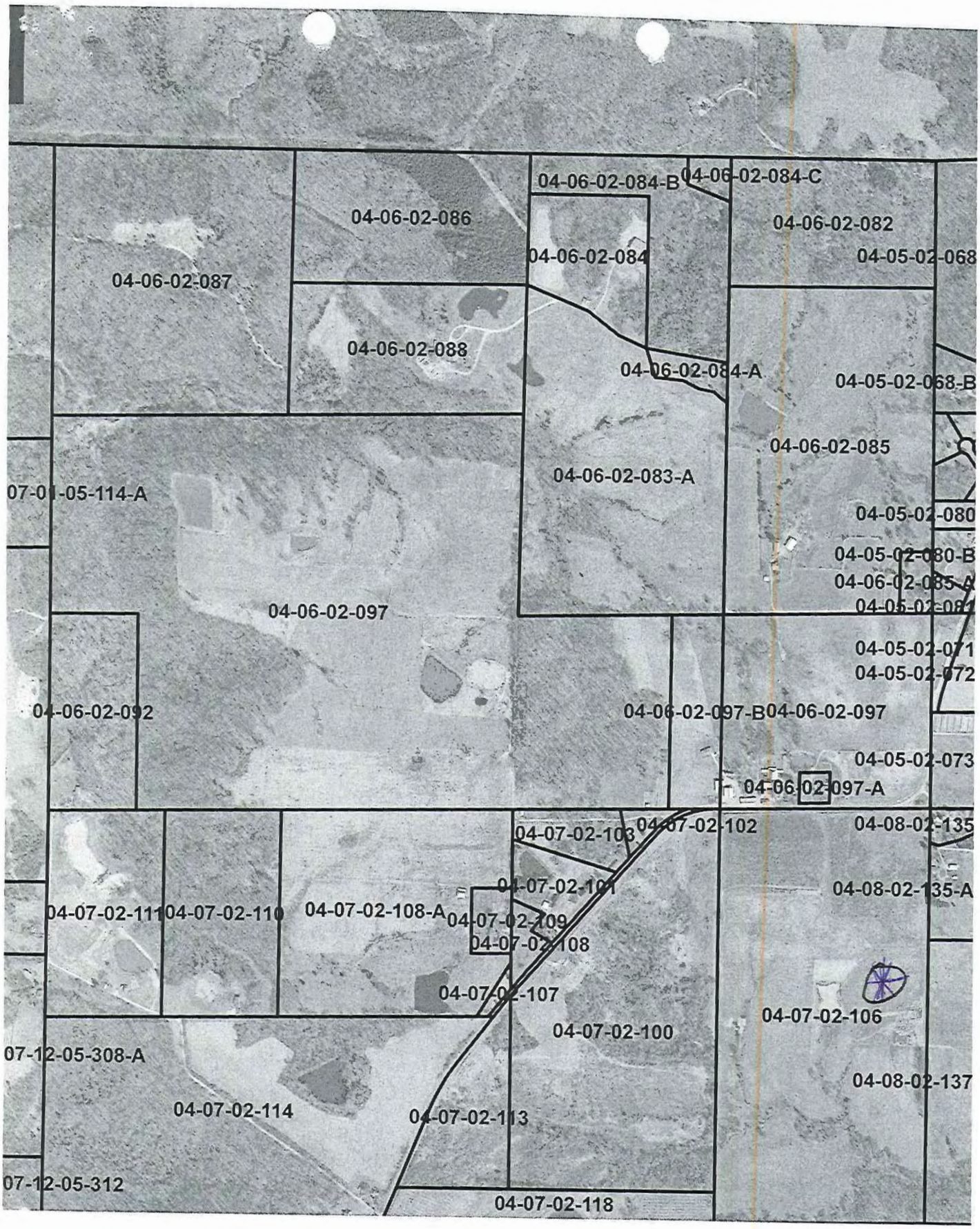
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ $14.00	4-3-08	08-15

Payment of $14.00 Cash received by Union County Treasurer

Date 4/7/08

[signature] mg.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04-06-02-088
04-06-02-084-A
04-05-02-068-B
04-06-02-085
04-06-02-083-A
07-01-05-114-A
04-05-02-080
04-05-02-080-B
04-06-02-085-A
04-05-02-081
04-06-02-097
04-05-02-071
04-05-02-072
04-06-02-092
04-06-02-097-B
04-06-02-097
04-05-02-073
04-06-02-097-A
04-07-02-103
04-07-02-102
04-08-02-135
04-07-02-101
04-08-02-135-A
04-07-02-111
04-07-02-110
04-07-02-108-A
04-07-02-109
04-07-02-108
04-07-02-107
04-07-02-106
04-07-02-100
07-12-05-308-A
04-08-02-137
04-07-02-114
04-07-02-113
07-12-05-312
04-07-02-118

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-11-916

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
	Lyn Wood Addition	3		

Legal Description: lot 3 Lynwood Addition or Dog Walk Rd – S15 T12 – R1W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District: Residential

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [X] Other – *Specify* Shed

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 Hopefully 5/1/08

Completion construction date _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 135,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other ~~(elevator, etc.)~~ Shed	6000.00
11. TOTAL COST OF IMPROVEMENT	$ 135,000

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	

(Shed dimensions 1 story (24x40))

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1746
50. Total land area, sq. ft.	64,800

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	1 Car
52. Outdoors	1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	J.C. Daniels	405 N. Main P.O. Box 146 Jonesboro, IL	62952	833-5777
2. Contractor or Builder	J.C. Daniels	" " " " "	"	
3. Architect	None			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
J.C. Daniels	P.O. Box 146 Jonesboro, IL	3/31/08

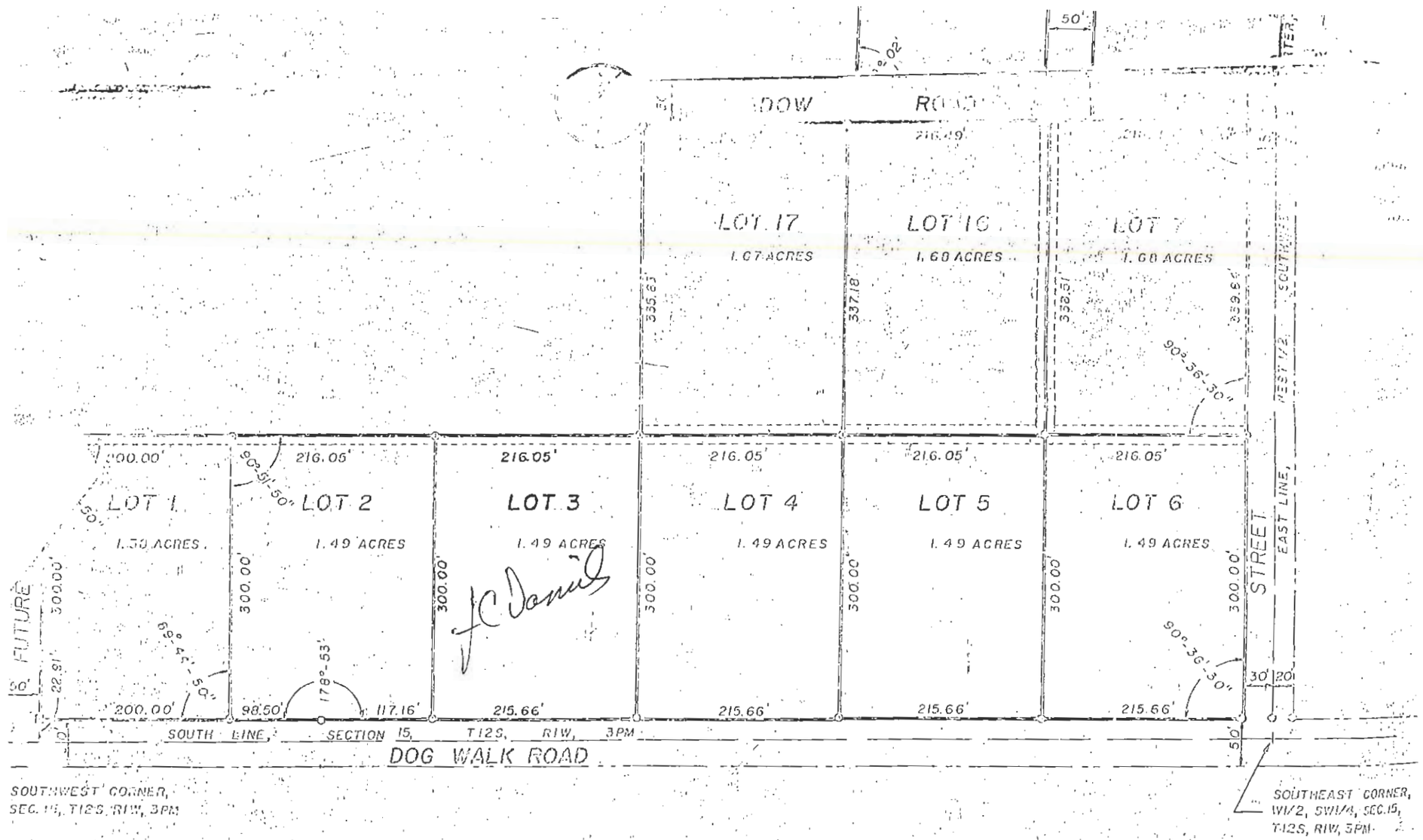
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ $296.00	3-31-08	08-14

Payment of $296.00 CK# 6471 received by Union County Treasurer

Date 4/7/08

Bobby [illegible]


50'
DOW ROAD
216.49'
LOT 17
1.67 ACRES
LOT 18
1.68 ACRES
LOT 7
1.68 ACRES
335.63'
337.18'
338.31'
339.84'
90°-36'-30"
WEST 1/2
SOUTHWEST
200.00'
216.05'
90°-51'-50"
LOT 1
1.50 ACRES
LOT 2
1.49 ACRES
LOT 3
1.49 ACRES
LOT 4
1.49 ACRES
LOT 5
1.49 ACRES
LOT 6
1.49 ACRES
300.00'
FUTURE
STREET
EAST LINE,
68°-47'-50"
178°-53'
22.91'
98.50'
117.16'
215.66'
30'
20'
SOUTH LINE, SECTION 15, T12S, R1W, 3PM
DOG WALK ROAD
SOUTHWEST CORNER,
SEC. 15, T12S, R1W, 3PM
SOUTHEAST CORNER,
W1/2, SW1/4, SEC.15,
T12S, R1W, 3PM

1

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

07-35-05-648

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2400 Mt. Glen Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S35 T11 R2W PT NW NE 3.579 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [✓] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [✓] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 72,000
To be installed but not included in the above cost	
a. Electrical	$ 0
b. Plumbing	$ 0
c. Heating, air conditioning	$ 0
d. Other (elevator, etc.)	$ 0
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make Southern Size 28 X 60 Yr. Model SS6810

Previous MH Owner —

Previous MH Location 2901 Park Av Energy

Current MH Owner Countryside Mobile Center Inc.

Current MH Location 2901 Park Av Energy

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [✓] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [ ] Public
- 43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [✓] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1600
50. Total land area, sq. ft.	.81 acre

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Brian E. Roberts	2400 Mt. Glen Rd. Cobden Il.	62920	(618) 893-1603
	Julie N. Roberts	2400 Mt Glen Rd. Cobden Il		(618) 893-1603
2. Contractor or Builder	Country Side Home center	2901 Countryside Home Center Energy Il.		(618) 942-6213
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
Brian E. Roberts	2400 Mt. Glen. Rd, Cobden Il.	March 27 2008

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Gaghan	$ $154.00	3-27-08	08-12

Payment of #154.00 Cash received by Union County Treasurer

Date 5-5-08

UNION COUNTY Prop. No. 04 35-02-044
BUILDING PERMIT APPLICATION

IMPORTANT ...omplete ALL items. Mark boxes where applicable. ...E BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2204 Spanish Bluff Road | Subdivision or Addition | Lot | Block | Census track

Legal Description: Anna, IL 62906 (See attached deed and survey)

N S E W Iron intersection of HWY 51 and Spanish Bluff Streets

Applicable Zoning District: agricultural

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building (12'x20') and
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 300' tower
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* ____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* ____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* ____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* telecommunications facility

Beginning construction date: 1st quarter of 2009
Completion construction date: two months later

Beginning construction date: next spring
Completion construction date: 2 months later

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$50,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$50,000

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 (see drawings)
30 [X] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify ____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify ____

G. TYPE OF SEWAGE DISPOSAL N/A
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 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions: 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 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	Verizon Wireless	10740 Nall Ave., Suite 400 Overland Park, KS	66211	(913) 344-2892
2. Contractor or Builder	TBD			
3. Architect	Fortune Wireless	6402 Corporate Drive Indianapolis, IN	46278	(317) 532-1374

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: Mike Touchant, Advisors (314) 726-2610
Address: Dohm Realty 7718 Forsyth Blvd. Clayton, MO 63105
Application date: 3/17/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bob Jackson
Permit fee: $ 110.00
Date permit issued: 3-18-08
Permit number: 08-11

Payment of $110.00 Ck # 4474 received by Union County Treasurer
Date 5-19-08
Bailey L. Mayo Mng.

R.E. (GENE) PLOTT
CHIEF COUNTY ASSESSMENT OFFICER
302 W MARKET STREET
JONESBORO, IL 62952
TELEPHONE 618-833-8051
FAX 618-833-7099

APRIL 29, 2009

VERIZON WIRLESS
Attention: ANGELINA

Re: Building Permit Number 08-11
Prop. 05-33-02-849

Dear Building Permit Applicant:

Your Union County Building Permit which has been extended for the spring 2010. Since NO changes are being made on the structure which you applied.

Robert E. Gene Plott

R. E. (Gene) Plott
Chief County Assessment Officer

Enclosure

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-07-02-110

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 360 Spring Hill Ln

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 7 11-1W E1/2 NW NW 24.06

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [✓] Other – *Specify* Shed & pole barn on Deck

Beginning construction date 3-24-08

Completion construction date 3-01-09

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 3600.00
To be installed but not included in the above cost	
a. Electrical	✓
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

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 231 ☑ 12x22
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	William Spray	360 Spring Hill, Cobden	62920	893-4269
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
		3-17-08

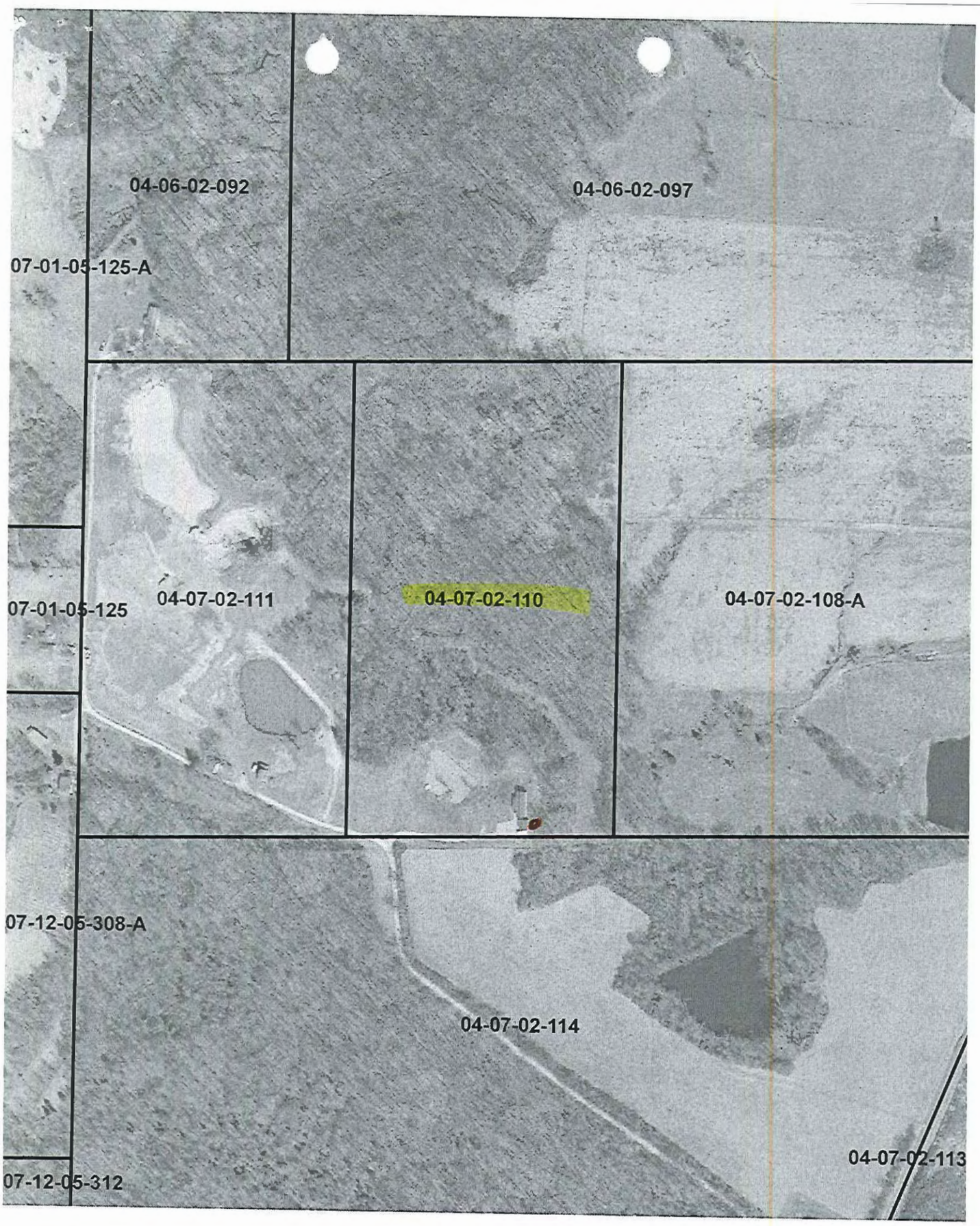
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 16.00	3-17-08	08-09

Payment of $16.00 CK # 2309 received by Union County Treasurer

Date 3/20/08

Becky S. Mayer Mg.


04-06-02-092
04-06-02-097
07-01-05-125-A
04-07-02-111
04-07-02-110
04-07-02-108-A
07-01-05-125
07-12-05-308-A
04-07-02-114
04-07-02-113
07-12-05-312

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 290 Greenwood Lane | Subdivision or Addition | Lot | Block | Census track

Legal Description: Jonesboro, IL 62952 (see attached deed and survey) N S E (W) from Intersection of HWY 146 and Greenwood Lane Streets

Applicable Zoning District

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building (12'x30') and
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 195' tower
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* ____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* ____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* ____

Beginning construction date: 1st quarter of 2009
Completion construction date: two months later

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* telecommunications facility

Beginning construction date: next spring
Completion construction date: 2 months later

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$50,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	N/A
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$50,000

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 (see drawings)
30 [X] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify ____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify ____

G. TYPE OF SEWAGE DISPOSAL 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 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions: 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 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	Verizon Wireless	10740 Nall Ave., Suite 400 Overland Park, KS	66211	(913) 344-2892
2. Contractor or Builder	TBD			
3. Architect	Fortune Wireless	6402 Corporate Drive Indianapolis, IN 46278		(317) 532-1374

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: Mike Douchat, Dolan Realty Advisors (314) 726-2610 | Address: 7718 Forsyth Blvd. Clayton, MO 63105 | Application date: 3/17/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gray	$ 110.00	3-18-08	08-10

Payment of $110.00 CK# 4473 received by Union County Treasurer

Date 4/7/08

Barry L. Moore

UNION COUNTY Prop. No. 08-30-06-227-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 821C STATE RT. 146 W
Subdivision or Addition | Lot | Block | Census track
Legal Description: PLEASE SEE ATTACHED PLATS (2)
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – Enter number of units _____
14 [ ] Transient hotel, motel, or dormitory – Enter number of units _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – Specify _____

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 TBD
Completion construction date TBD
PHASE 1 WITH 2 MONTH CONSTRUCTION.

Beginning construction date TBD
Completion construction date TBD
PHASE 1 WITH 2 MONTH CONSTRUCTION.

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 30K
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	$ 30K

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J; for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify N/A

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public N/A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

	1
48. Number of stories	
49. Total square feet of floor area, all floors, based on exterior dimensions	360 SQ FT.
50. Total land area, sq. ft.	360

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed N/A
52. Outdoors N/A

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	ROBERTS TOWER CO / BOBBY TATE	1409 N KINGSHIGHWAY, ST. LOUIS, MO	63113	314-367-4600
2. Contractor or Builder	TBD			
3. Architect	KDG / REN STREET	15 E WASHINGTON, BELLEVILLE, IL	62220	618-234-5895

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
Mobile Tower	7718 FORSYTH BLVD, ST. LOUIS 63105	2/26/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$70.00	3-14-08	08-~~4~~
	CK #14439	3-26-08	08-8

Payment of $70.00 received by Union County Treasurer
Date 3/4/08 CK# 4441
[signature]

UNION COUNTY Prop. No. 08-30-06-227-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 821C STATE RT. 146 W
Subdivision or Addition:
Lot:
Block:
Census tract:
Legal Description: PLEASE SEE ATTACHED PAGES (2)
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – Specify _____

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 ~~TBD~~
Completion construction date ~~TBD~~ – APPROX 1 MONTH FROM COMMENCEMENT.

Beginning construction date TBD
Completion construction date TBD
APPROX 1 MONTH FROM COMMENCEMENT.

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 30K
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	$ 30K

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J; for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify N/A

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public N/A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories: 1
49. Total square area of floor area, all floors, based on exterior dimensions: 360 SQ. FT.
50. Total land area, sq. ft.: 360

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed: N/A
52. Outdoors: N/A

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	ROBERTS TOWER CO	1408 N KINGSHIGHWAY, ST. LOUIS, MO	63113	314-367-4600
	BOBBY TATE			
2. Contractor or Builder	TBD			
3. Architect	KDL			
	DON STUCKER	15 E. WASHINGTON, BELLEVILLE, IL	62220	618-234-5895

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: Mobile Tower
Address: 7718 FORSYTH BLVD ST. LOUIS MO 63105
Application date: 2/26/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature]
Permit fee: $70.00
Date permit issued: 2-14-08
Permit number: 08-4

Payment of $70.00 Ck# 19939 received by Union County Treasurer
Date 3/4/08
[signature]

SCHEDULE 2

DESCRIPTION OF SITE

to the Site License Agreement dated _____, 200_
by and between **ROBERTS TOWER COMPANY II LLC**, a Missouri limited liability company, as Licensor, and **CELLCO PARTNERSHIP d/b/a Verizon Wireless, a Delaware general partnership**, as Licensee.

The Site is described and/or depicted as follows:

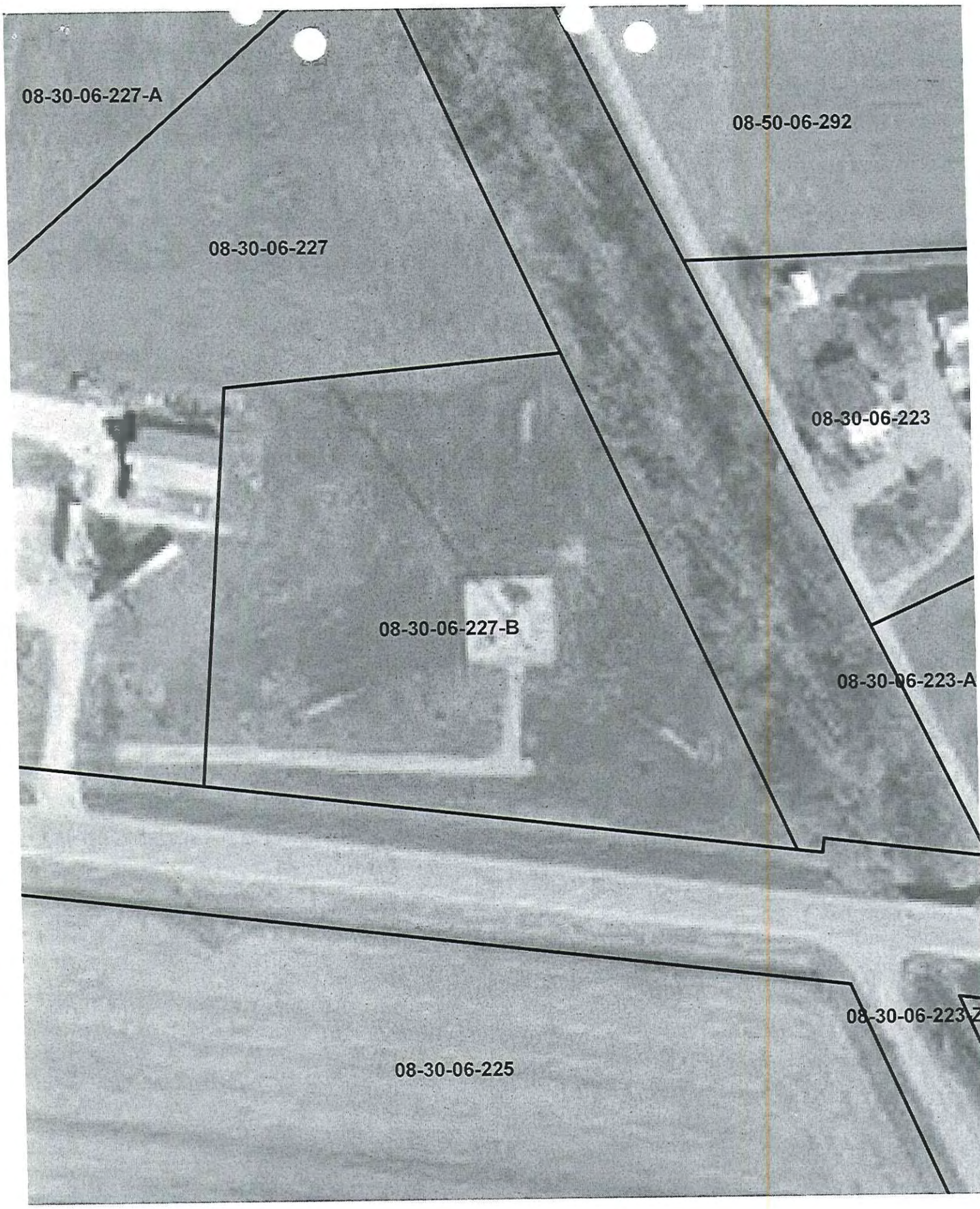
A PARCEL OF LAND BEING A PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 30, TOWNSHIP 12 SOUTH, RANGE 2 WEST OF THE THIRD PRINCIPAL MERIDIAN. SAID PARCEL IS INTENDED TO BE PART OF PROPERTY DESCRIBED AND RECORDED IN BOOK 182, PAGE 623 IN THE UNION COUNTY COURT HOUSE IN THE NAME OF ROBERTS TOWER COMPANY, DATED MAY 31, 2000. SAID PARCEL BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCING AT THE NORTHWEST CORNER OF SAID QUARTER-QUARTER SECTION, SAID CORNER BEING MARKED BY AN IRON ROD SET; THENCE S 86°04'49" E, 748.87 FEET ALONG THE NORTH LINE OF SAID QUARTER-QUARTER SECTION PASSING AN IRON ROD SET AT 624.99 FEET TO AN IRON ROD SET IN THE WEST LINE OF THE CLEAR CREEK DRAINAGE AND LEVEE DISTRICT PROPERTY, SAID PROPERTY BEING 120.00 FEET IN WIDTH, 60.00 FEET EACH SIDE OF THE CENTERLINE OF SAID DITCH AS PHYSICALLY LOCATED; THENCE S 23°01'08" E, 625.31 FEET PASSING AN IRON ROD SET AT 171.89 FEET AND 316.11 FEET TO AN IRON ROD SET AT THE POINT OF BEGINNING; THENCE S 23°01'08" E, 371.48 FEET CONTINUING ALONG SAID WEST LINE TO AN IRON ROD SET IN THE NORTH RIGHT-OF-WAY LINE OF STATE ROUTE 146; THENCE N 82°03'36" W, 424.35 FEET ALONG SAID NORTH RIGHT-OF-WAY LINE TO AN IRON ROD SET; THENCE N 07°59'42" E, 280.55 FEET ALONG A NEW LINE TO AN IRON ROD SET; THENCE N 88°40'32" E, 236.06 FEET ALONG A NEW LINE TO THE POINT OF BEGINNING.
SAID PARCEL TO CONTAIN 2.302 ACRES, MORE OR LESS, PER SURVEY BY MITCHELL R. GARRETT, IL PROFESSIONAL LAND SURVEYOR NO. 3085, DATED 09/13/2001.
SAID PARCEL BEING SUBJECT TO ALL RIGHTS-OF-WAY AND EASEMENTS, RECORDED OR OTHERWISE. ALL SITUATED IN THE COUNTY OF UNION, STATE OF ILLINOIS.

ALSO, AN EASEMENT FOR INGRESS, EGRESS AND UTILITIES MORE PARTICULARLY DESCRIBED AS FOLLOWS:

AN EASEMENT BEING TWENTY (20) FEET IN WIDTH, BEING A PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 30, TOWNSHIP 12 SOUTH, RANGE 2 WEST OF THE THIRD PRINCIPAL MERIDIAN. SAID EASEMENT IS INTENDED TO BE PART OF PROPERTY DESCRIBED AND RECORDED IN BOOK 182, PAGE 623 IN THE UNION COUNTY COURT HOUSE IN THE NAME OF ROBERTS TOWER COMPANY, DATED MAY 31, 2000. SAID EASEMENT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCING AT THE NORTHWEST CORNER OF SAID QUARTER-QUARTER SECTION, SAID CORNER BEING MARKED BY AN IRON ROD SET; THENCE S 86°04'49" E, 748.87 FEET ALONG THE NORTH LINE OF SAID QUARTER-QUARTER SECTION PASSING AN IRON ROD SET AT 624.99 FEET TO AN IRON ROD SET IN THE WEST LINE OF THE CLEAR CREEK DRAINAGE AND LEVEE DISTRICT PROPERTY, SAID PROPERTY BEING 120.00 FEET IN WIDTH, 60.00 FEET EACH SIDE OF THE CENTERLINE OF SAID DITCH AS PHYSICALLY LOCATED; THENCE S 23°01'08" E, 625.31 FEET PASSING AN IRON ROD SET AT 171.89 FEET AND AT 316.11 FEET TO AN IRON ROD SET; THENCE S 88°40'32" W, 236.06 FEET ALONG A NEW LINE TO AN IRON ROD SET; THENCE S 07°59'42" W, 260.55 FEET ALONG A NEW LINE TO THE POINT OF BEGINNING; THENCE S 07°56'24" W, 20.00 FEET ALONG A NEW LINE TO AN IRON ROD SET IN THE NORTH RIGHT-OF-WAY LINE OF STATE ROUTE 146; THENCE N

82°03'36" W, 122.65 FEET ALONG SAID NORTH RIGHT-OF-WAY LINE TO A POINT; THENCE N 07°56'24" E, 20.00 FEET ALONG A NEW LINE TO A POINT; THENCE S 82°03'36" E, 122.65 FEET ALONG A NEW LINE TO THE POINT OF BEGINNING.
SAID EASEMENT TO CONTAIN 2,453 SQUARE FEET, MORE OR LESS, PER SURVEY BY MITCHELL R. GARRETT, IL PROFESSIONAL LAND SURVEYOR NO. 3085, DATED 09/13/2001.
SAID EASEMENT BEING SUBJECT TO ALL RIGHTS-OF-WAY AND EASEMENTS, RECORDED OR OTHERWISE. ALL SITUATED IN THE COUNTY OF UNION, STATE OF ILLINOIS.

ALL IN ACCORDANCE WITH A PLAT OF SURVEY RECORDED OCTOBER 5, 2001 IN RECORD BOOK 201, PAGE 1067, MADE BY MITCHELL R. GARRETT, ILLINOIS LAND SURVEYOR NO. 3085.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08-30-06-225

FedEx Kinko's
Office and Print Services

Fax Cover Sheet

FedexKinkos of Overland Park Phone:913-661-0192 Fax: 913-661-0120

Date 2/28/08 Number of pages 4 (including cover page)

To:

Name GENE PLOTT

Company

Telephone

Fax

From:

Name MICHAEL TASSONE

Company DOLAN REALTY

Telephone 913-660-2671

Comments

HI GENE,

I AM FAXING THE BUILDING PERMIT APPLICATION TO YOU FOR BILL JACKSON'S REQUEST. THIS IS FOR VERIZON'S REQUEST TO COLLOCATE ON THE EXISTING TOWER AT 8210 STATE ROUTE 146 W. PLEASE LET ME KNOW THE COST OF THE BUILDING PERMIT AT YOUR EARLIEST CONVENIENCE OR IF YOU NEED ANY ADDITIONAL INFO.

THANKS,

Michael

Telephone 618-833-8051
Fax 618-833-7099

OFFICE OF

R. E. (Gene) Plott

C I A O
CHIEF COUNTY ASSESSMENT OFFICER

302 West Market
Jonesboro, Illinois 62952

DATE: February 22, 2008

TO: Michael Tassone

RE: Building permit

FROM: Chief County Assessment Officer
R. E. (Gene) Plott

UNION COUNTY Prop. No. 08-30-06 27-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New Building
2 ☐ Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Working (if multifamily residential, enter number of units in building in part D, 13)
6 ☐ Moving (relocation)
7 ☐ Foundation only
8 ☐ Mobile Home

B. OWNERSHIP

8a ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 ☐ One family
13 ☐ Two or more families – *Enter number of units* .....
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed out not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public
41 ☐ Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public
43 ☐ Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner				
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

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$		

Payment of _____ received by Union County Treasurer

Date _____ _____

LOT PLAN

INSTRUCTIONS

1. Show Lot dimensions (all sides)
2. Show adjoining lot numbers and Streets or Alleys
3. Draw existing Structures with dotted lines
4. Draw proposed Structures with solid lines
5. Give Distances from Structures to Street, Alley or side Lot lines
6. In Rural areas give location of structure to township, section, and quarter section.

Date

Name

Number & Street

Lot Number

Subdivision or Addition

Zoning District

Permit Number

(LOT FRONT)

STREET NAME

I have examined the above Lot Plan and to the best of my knowledge it is accurate and complete.

Applicant

Address

Phone Number

"Michael Tassone" <michael.tassone@dolanrealtyadvisors.com>
FW: IL08 Ware - CDs
February 20, 2008 9:02:39 AM CST
<ucpress@ajinternet.net>
1 Attachment, 1.1 MB Save

Hi Bill, just checking to see if you received my email last week w/ the drawings.

Thanks,

Michael E. Tassone
Dolan Realty Advisors, LLC
Site Acquisition Agent
Cell 913-660-2671
Office 314-726-2610
www.dolanrealtyadvisors.com
Fax 314-726-1821

From: Michael Tassone
Sent: Thursday, February 14, 2008 3:35 PM
To: 'ucpress@ajinternet.net'
Subject: FW: IL08 Ware - CDs

Michael E. Tassone
Dolan Realty Advisors, LLC
Site Acquisition Agent
Cell 913-660-2671
Office 314-726-2610
www.dolanrealtyadvisors.com

From: Doug Dolan
Sent: Wednesday, January 23, 2008 5:17 PM
To: ucpress@ajinternet.net
Cc: Michael Tassone
Subject: IL08 Ware - CDs

Bill:

As discussed today, attached are the requested drawings for your approval.

"Michael Tassone" <michael.tassone@dolanrealtyadvisors.com>
FW: IL08 Ware - CDs
February 20, 2008 9:02:39 AM CST
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1 Attachment, 1.1 MB Save

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From: Doug Dolan
Sent: Wednesday, January 23, 2008 5:17 PM
To: ucpress@ajinternet.net
Cc: Michael Tassone
Subject: IL08 Ware - CDs

Bill:

As discussed today, attached are the requested drawings for your approval.

We need to obtain authorizatior from the County that we may commence construction.

Thank you.

Doug

Douglas K. Dolan
Dolan Realty Advisors, LLC
7718 Forsyth Blvd.
St. Louis, MO 63105
314-726-2610 (Office)
314-799-2375 (Cell)
www.dolanrealtyadvisors.com

003155 1108...PDF (1.1 MB)

See Page 2

ABBREVIATIONS

AGL	ABOVE GRADE LINE	HT	HEIGHT
AMP	AMPERE	KDG	KUHLMANN DESIGN GROUP
ARCH	ARCHITECT		
BLDG	BUILDING	LF	LINEAR FEET
CL	CENTER LINE	MIN	MINIMUM
CONC	CONCRETE	MISC	MISCELLANEOUS
CONST	CONSTRUCTION	NTS	NOT TO SCALE
CONTR	CONTRACTOR	OC	ON CENTER
DET	DETAIL	PL	PLATE
DIA	DIAMETER	PP	POWER POLE
DIAG	DIAGONAL	REQ'D	REQUIRED
DIM	DIMENSION	SF	SQUARE FEET
DN	DOWN	SHT	SHEET
DWG	DRAWING	SIM	SIMILAR
EA	EACH	SPECS	SPECIFICATIONS
ELEC	ELECTRICAL	STD	STANDARD
ELEV	ELEVATION	STL	STEEL
EQ	EQUAL	STRUCT	STRUCTURAL
EQUIP	EQUIPMENT	TC	TOP OF CURB
EXIST	EXISTING	TOC	TOP OF CONCRETE
FND	FOUNDATION	TOP	TOP OF PAVING
FTG	FOOTING	TOS	TOP OF STEEL
GA	GAUGE	TYP	TYPICAL
GALV	GALVANIZED	UNO	UNLESS NOTED OTHERWISE
GND	GROUND		

GENERAL NOTES

E CONTRACTOR SHALL SUPERVISE AND DIRECT ALL WORK USING HIS BEST SKILL ATTENTION. THE CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR ALL ONSTRUCTION MEANS, METHODS, TECHNIQUES, PROCEDURES AND SEQUENCES FOR COORDINATING ALL PORTIONS OF THE WORK UNDER THE CONTRACT.

2. THE CONTRACTOR SHALL VISIT THE JOB SITE TO REVIEW THE SCOPE OF WORK AND EXISTING CONDITIONS INCLUDING, BUT NOT LIMITED TO ELECTRICAL SERVICE AND OVERALL COORDINATION.

3. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS PRIOR TO SUBMITTING HIS BID. ANY DISCREPANCIES, CONFLICTS OR OMISSIONS, ETC. SHALL BE REPORTED TO VERIZON WIRELESS BEFORE PROCEEDING WITH THE WORK.

4. THE CONTRACTOR SHALL PROTECT ALL AREAS FROM DAMAGE, WHICH MAY OCCUR DURING CONSTRUCTION. ANY DAMAGE TO NEW AND EXISTING CONSTRUCTION, STRUCTURE, OR EQUIPMENT SHALL BE IMMEDIATELY REPAIRED OR REPLACED TO THE SATISFACTION OF VERIZON WIRELESS AT THE EXPENSE OF THE CONTRACTOR.

5. THE CONTRACTOR SHALL SAFEGUARD THE OWNER'S PROPERTY DURING CONSTRUCTION AND SHALL REPLACE ANY DAMAGED PROPERTY OF THE OWNER TO ORIGINAL CONDITION.

6. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO LOCATE ALL EXISTING UTILITIES WHETHER SHOWN HEREON OR NOT, AND TO PROTECT THEM FROM DAMAGE. THE CONTRACTOR SHALL BEAR ALL EXPENSES FOR REPAIR OR REPLACEMENT OF UTILITIES OR OTHER PROPERTY DAMAGED IN CONJUNCTION WITH THE EXECUTION OF WORK.

7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE COMPLETE SECURITY OF THE SITE WHILE THE JOB IS IN PROGRESS AND UNTIL THE JOB IS COMPLETE.

8. ALL CONSTRUCTION WORK SHALL CONFORM TO THE U.B.C. I.B.C. OR B.O.C.A. AND ALL APPLICABLE LOCAL REGULATIONS, ORDINANCES, STATUTES & CODES.

9. VERIZON WIRELESS SHALL OBTAIN THE CONSTRUCTION PERMIT. THE CONTRACTOR SHALL OBTAIN AND PAY FOR ADDITIONAL PERMITS, LICENSES AND INSPECTIONS NECESSARY FOR PERFORMANCE OF THE WORK AND INCLUDE THOSE IN THE COST OF THE WORK TO THE OWNER.

10. CITY APPROVED PLANS SHALL BE KEPT IN A PLAN BOX AND SHALL NOT BE USED BY WORKMEN. ALL CONSTRUCTION SETS SHALL REFLECT SAME INFORMATION. THE CONTRACTOR SHALL ALSO MAINTAIN IN GOOD CONDITION ONE COMPLETE SET OF PLANS WITH ALL REVISIONS, ADDENDA AND CHANGE ORDERS ON THE PREMISES AT ALL TIMES. THESE ARE TO BE UNDER THE CARE OF JOB SUPERINTENDENT.

11. THE CONTRACTOR SHALL PROVIDE A PORTABLE FIRE EXTINGUISHER WITH A RATING OF NOT LESS THAN 2-A OR 2-A10-B:C WITHIN 75 FEET OF TRAVEL DISTANCE TO ALL PORTIONS OF THE BUILD OUT AREA DURING CONSTRUCTION.

12. ANY CONNECTION FEES FOR ELECTRICAL SERVICE SHALL BE PAID BY THE ''''TRACTOR.

E GENERAL CONTRACTOR SHALL PROVIDE ALL NECESSARY TEMPORARY POWER. ICTOR SHALL NOT USE THE VERIZON WIRELESS GENERATOR ON SITE.

14. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR THE INITIAL FUEL FILL OF THE SITE GENERATOR.

DIRECTIONS

(FROM VERIZON WIRELESS – ST LOUIS CITY, MO)

GO SOUTH FROM ST LOUIS CITY ON I-55 (114.5 MI), KEEP RIGHT AT FORK TO GO ON MO-74 EAST INTO ILLINOIS (3.4 MI), MO-74 EAST BECOMES IL-146 EAST (3.7 MI), TURN LEFT ONTO IL-146/IL-3 (11.7 MI), TURN RIGHT ONTO IL-146/IL-146 WEST (1.1 MI), TURN LEFT ONTO STONE ROAD, LEFT ONTO EXISTING TOWER SITE ACCESS ROAD.

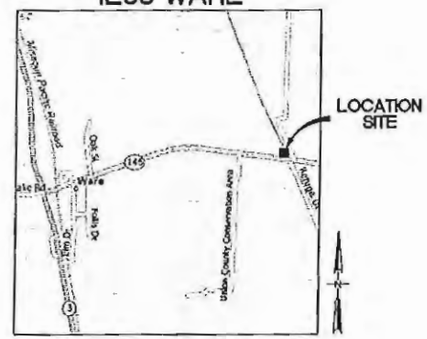
REV	DATE	REVISION DESCRIPTION
A	10/16/07	ISSUED FOR REVIEW

verizon wireless.

Site Engineering Plans for co-location at

ROBERTS SITE - ST03RW601

IL08 WARE



8210 STATE ROUTE 146 WEST
JONESBORO, IL 62952

DISCLAIMER OF RESPONSIBILITY
I HEREBY SPECIFY THAT THE DOCUMENTS INTENDED TO BE AUTHENTICATED BY MY SEAL ARE LIMITED TO THIS SHEET, AND I HEREBY DISCLAIM ANY RESPONSIBILITY FOR ALL OTHER DRAWINGS, SPECIFICATIONS, ESTIMATES, REPORTS OR OTHER DOCUMENTS OR INSTRUMENTS RELATING TO OR INTENDED TO BE USED FOR ANY PART OR PARTS OF THE ARCHITECTURAL OR ENGINEERING PROJECT OR SURVEY.

PROJECT INFORMATION

TOWER OWNER: ROBERTS TOWER ROCK POWELL (314) 805-1764

TOWER INFORMATION

LATITUDE:	37° 27' 0.9"N
LONGITUDE:	89° 22' 38.3"W
GROUND ELEV:	344' AMSL
TOWER HEIGHT:	195' AGL
ANTENNA CENTERLINE:	180' AGL

VERIZON WIRELESS APPROVALS

	INITIALS	DATE
RF ENGINEER		
OPERATIONS MANAGER		
SR. CONST. ENGINEER		
IMPLEMENTATION MANAGER		
REAL ESTATE MANAGER		
LANDLORD		

ENGINEERS SEAL FOR CIVIL-SITE ONLY

SYMBOLS

SECTION NUMBER
DRAWING NUMBER ON WHICH SECTION OR DETAIL APPEARS.
(–) INDICATES REFERENCED FROM SAME DRAWING.

DETAIL NUMBER
DRAWING NUMBER ON WHICH SECTION OR DETAIL APPEARS.
(–) INDICATES REFERENCED FROM SAME DRAWING.

CONTACTS:

SITE ACQUISITION:
DOLAN REALTY ADVISORS
MICHAEL TASSONE
7710 FORSYTH BLVD.
ST LOUIS, MO 63105
(314) 726-2810

UTILITIES:

POWER:
SOUTHER ILLINOIS CO-OP
(800) 782-1400

TELCO:
VERIZON
(800) 483-5000

verizon wireless.
10740 NALL AVE. SUITE 400
OVERLAND PARK, KS 66211
PHONE: (913) 344-2800

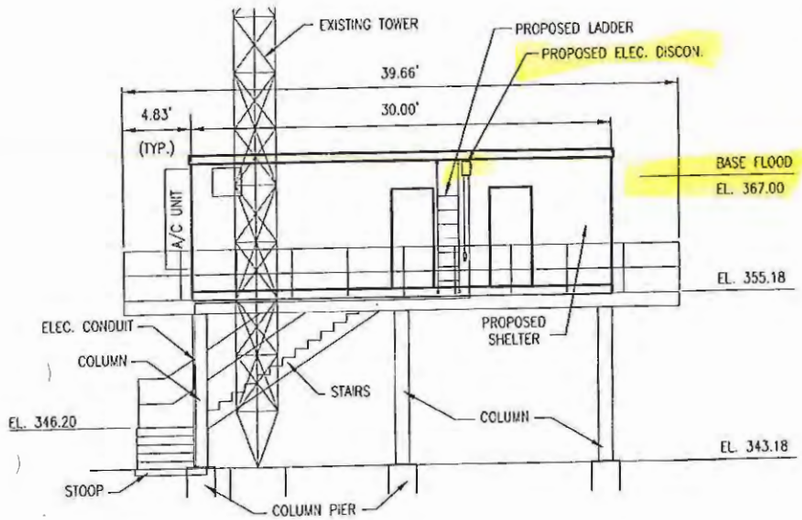
Index of Sheets

T-1 Title Sheet
C-1 Site Plan
C-2 Tower/Antenna Details
A-1 Equipment Enclosure Plan and Section
A-2 Equipment Enclosure Elevations
S-1 Equipment Enclosure Foundation Plan and Details
G-1 Grounding Plan
E-1 Installation Details
E-2 Utility and H-Frame Detail
SP-1 TO SP-7 Specifications

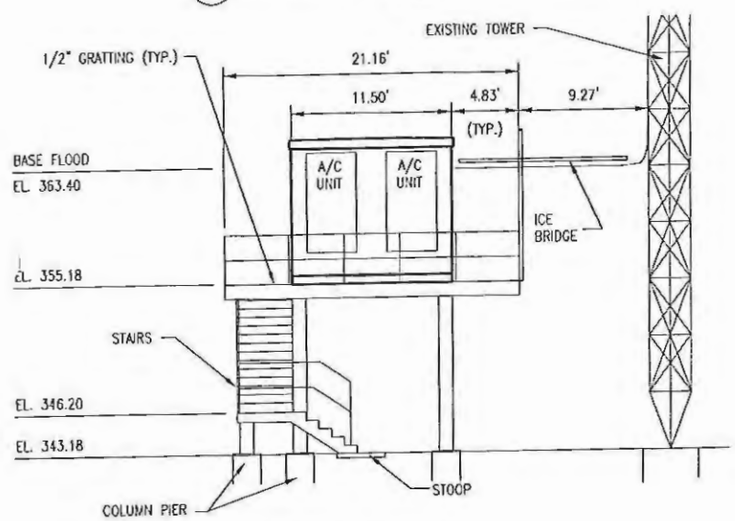
VERIZON WIRELESS
Market IL08 WARE

Prepared By:
KdG
Kuhlmann Design Group, Inc.
13 E. WASHINGTON
BELLEVILLE, IL 62220
Tel. (618) 234-8818
St. Louis Street
Kansas, Illinois
Copyright © 2006 Kuhlmann Design Group, Inc. All rights reserved

Date:	05/16/07	Designed By:	R.T.S.
KdG Project No:	060003-0156	Checked By:	G.R.A.
		Sheet:	T-1



1 EQUIPMENT SHELTER
No Scale

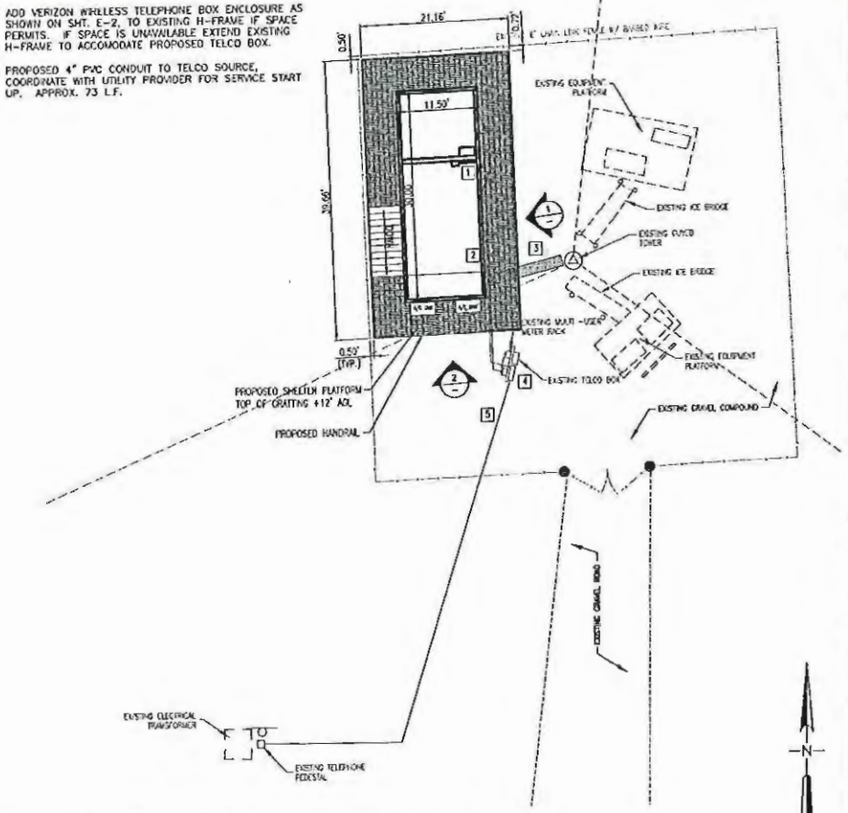


2 EQUIPMENT SHELTER
No Scale

KEYED NOTES

1. PROPOSED ROUTE FOR 4" ELECTRICAL SERVICE CONDUIT. RUN FROM SERVICE PORT DOWN TO SERVICE PANEL AT GROUND LEVEL. ALL CONDUIT CONNECTIONS SHALL BE WATER TIGHT. APPROX. 58 L.F.
2. PROPOSED ROUTE FOR 4" TELEPHONE SERVICE CONDUIT AND CABLE. RUN FROM SERVICE PORT DOWN TO SERVICE PANEL AT GROUND LEVEL. ALL CONDUIT CONNECTIONS SHALL BE WATER TIGHT. APPROX. 47 L.F.
3. PROPOSED ICE BRIDGE TO BE INSTALLED PER DETAIL-X ON SHEET C-4. CONTRACTOR SHALL MOUNT ONE GPS ANTENNA TO PROPOSED WAVE GUIDE.
4. ADD VERIZON WIRELESS TELEPHONE BOX ENCLOSURE AS SHOWN ON SHT. E-2, TO EXISTING H-FRAME IF SPACE PERMITS. IF SPACE IS UNAVAILABLE EXTEND EXISTING H-FRAME TO ACCOMODATE PROPOSED TELCO BOX.
5. PROPOSED 4" PVC CONDUIT TO TELCO SOURCE, COORDINATE WITH UTILITY PROVIDER FOR SERVICE START UP. APPROX. 73 L.F.

A BOUNDARY OR LEASE AREA SURVEY WAS NOT ORDERED BY VERIZON WIRELESS AND WAS NOT PERFORMED ON THIS SITE. THE OWNING TOWER COMPANY'S LEASE AREA MAY OR MAY NOT BE INDICATED BY THE FENCED COMPOUND SHOWN ON THESE DRAWINGS. KdG ASSUMES NO LIABILITY WITH REGARDS TO THE PLACEMENT OF VERIZON WIRELESS EQUIPMENT WITHIN THIS COMPOUND AND THE EQUIPMENTS LOCATION IN RELATIONSHIP TO THE RECORDED LEASE AREA.



SITE PLAN

CONTRACTOR SHALL INCLUDE WITHIN HIS BID ALL COSTS TO HAVE THE NECESSARY ELECTRIC AND TELEPHONE SERVICES RUN TO THE SITE BY UTILITY COMPANIES. CONTRACTOR TO PAY ALL UP-FRONT FEES FOR OBTAINING SERVICE.

HOLD IT! CALL BEFORE YOU DIG!
Phone J.U.L.I.E.

Toll Free 800/892-0123

verizon wireless
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2892

Kahlmann Design Group, Inc
15 East Washington Street
Danville, Illinois 61832-2148
Tel: (618) 334-6808
Ro Kahlmann, President
Dan Kahlmann, Vice President
Ro Kahlmann, Treasurer

KdG

DISCLAIMER OF RESPONSIBILITY

NO.	DATE

PROJECT NO.	CONTRACT NO.
060003	0156
DRAWN DOH	CHECKED RTS
DATE MAY 16, 2007	

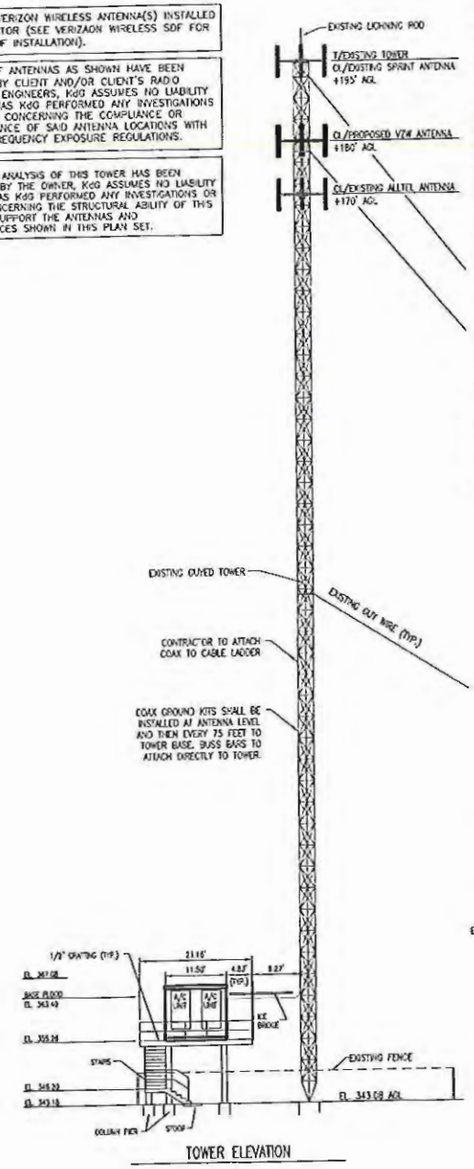
C-1

ILOS WARE

PROPOSED VERIZON WIRELESS ANTENNA(S) INSTALLED BY CONTRACTOR (SEE VERIZAON WIRELESS SDF FOR ELEVATION OF INSTALLATION).

LOCATION OF ANTENNAS AS SHOWN HAVE BEEN APPROVED BY CLIENT AND/OR CLIENT'S RADIO FREQUENCY ENGINEERS, KdG ASSUMES NO LIABILITY FOR, NOR HAS KdG PERFORMED ANY INVESTIGATIONS OR STUDIES CONCERNING THE COMPLIANCE OR NONCOMPLIANCE OF SAID ANTENNA LOCATIONS WITH ANY FCC FREQUENCY EXPOSURE REGULATIONS.

STRUCTURAL ANALYSIS OF THIS TOWER HAS BEEN CONDUCTED BY THE OWNER, KdG ASSUMES NO LIABILITY FOR, NOR HAS KdG PERFORMED ANY INVESTIGATIONS OR STUDIES CONCERNING THE STRUCTURAL ABILITY OF THIS TOWER TO SUPPORT THE ANTENNAS AND APPURTENANCES SHOWN IN THIS PLAN SET.



TOWER ELEVATION

ANTENNA KEY NOTES:

1. ANTENNAS SHALL BE DESIGNATED FROM LEFT TO RIGHT, FACING THE ASSEMBLY FROM THE GROUND.

2. THE OUTER MOST ANTENNAS ON EACH FACE SHALL BE DESIGNATED AS THE RECEIVE & Tx/Rx ANTENNAS. THE INNER ANTENNAS ALL BE DESIGNATED AS THE SPARE ANTENNAS OR Tx ANTENNAS.

3. EACH TRANSMISSION LINE SHALL BE LABELED WITH BRASS "TOE TAGS", GRAINGER PART NUMBER 1F035-8, STAMPED WITH ¼" LETTERS/NUMBER STAMPS, GRAINGER PART NUMBER 3W639. THE LABELS SHALL BE ATTACHED WITH A SEMI-PERMANENT METHOD (I.E. BLACK UV RESISTANT CABLE TIES). THE TAGS SHALL BE PLACED SO AS NOT TO COME IN CONTACT WITH THE CONNECTOR ON THE LINE AND THE METAL OF THE TOWER. LINES SHALL BE LABELLED AT THE TOP AND BOTTOM OF THE TOWER AND IN THE INTERIOR OF THE EQUIPMENT SHELTER.

4. EACH LINE SHALL ALSO BE LABELLED AT THE LIGHTNING/SURGE PROTECTOR MOUNTING PLATE WITH A PRINTABLE LABEL MAKER TO INDICATE LINE NUMBER AND FUNCTION, THE SAME AS THE TOE TAG.

5. THE TAG LABELING EQUIPMENT SHALL BE AS DESIGNATED IN THE ANTENNA KEY. FOR LUCENT USE A-ALPHA, B-BETA, G-GAMMA.

6. IN TWO ANTENNA EQUIPMENT CONFIGURATION WHERE ONE ANTENNA WILL BE DUPLEXED, THE DUPLEXED ANTENNA SHALL BE LABELED AS RECEIVE.

7. COAXIAL LINE LENGTHS INDICATED IN THE ANTENNA KEY ARE APPROXIMATE. CONTRACTOR WILL VERIFY ACTUAL LENGTH BEFORE ORDERING.

8. CONTRACTOR SHALL INSTALL DOWN TILT BRACKETS AND ALL HARDWARE FOR ALL ANTENNAS AND SHALL BE PER THE TOWER MANUFACTURER'S STANDARD DETAILS.

9. CONTRACTOR SHALL FIELD VERIFY THE EXACT TMA'S TO BE INSTALLED (IF NEEDED) PER THE RF ENGINEER

ANTENNA MOUNT NOTES:

1. ALL CONNECTIONS FOR HANGARS, SUPPORTS, BRACING, ETC., SHALL BE AS PER TOWER MANUFACTURER'S STANDARD DETAILS.

ANTENNA KEY (CONFIGURATION SUBJECT TO CHANGE)

Antenna #	Coax Label Code (Note 3)	Antenna Model #	Antenna Vendor	Azimuth	Down Tilt W/E	Antenna Centerline	Coax Size	Coax Length	Coax w Jumper

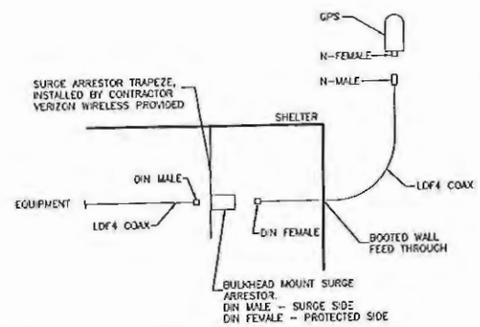
CONTRACTOR SHALL OBTAIN A COPY OF VERIZON WIRELESS ENGINEERING SITE DATA FORM FOR ANTENNA INFORMATION.

MATERIALS LIST

DESCRIPTION	FURNISHED BY:	INSTALLED BY:
TOWER	N/A	N/A
ANTENNA MNTS.	CONTRACTOR	CONTRACTOR
CABLE LADDER	CONTRACTOR	CONTRACTOR
LIGHT KIT	N/A	N/A
ANTENNAS	VERIZON WIRELESS	CONTRACTOR
COAX CABLE	VERIZON WIRELESS	CONTRACTOR
HANGER KITS	CONTRACTOR	CONTRACTOR
GROUND KITS	CONTRACTOR	CONTRACTOR
CONNECTORS	CONTRACTOR	CONTRACTOR
HOIST GRIPS	CONTRACTOR	CONTRACTOR
WAVEGUIDE	CONTRACTOR	CONTRACTOR
GPS ANTENNA	VERIZON WIRELESS	CONTRACTOR
GPS ANTENNA MOUNT	CONTRACTOR	CONTRACTOR
ICE BRIDGE	CONTRACTOR	CONTRACTOR
ENTRY PORT BOOT	CONTRACTOR	CONTRACTOR

GENERAL REQUIREMENTS:
CONTRACTOR TO FURNISH MATERIAL PER THE MATERIALS LIST ON THIS SHEET. ALL MATERIALS PROVIDED BY THE CONTRACTOR SHALL MEET TOWER MANUFACTURER'S REQUIREMENTS AND VERIZON WIRELESS APPROVAL PRIOR TO INSTALLATION.

CONTRACTOR TO CONTACT VERIZON WIRELESS CONSTRUCTION ENGINEER 48 HOURS PRIOR TO NEEDING ANTENNAS AND LINES SWEPT.



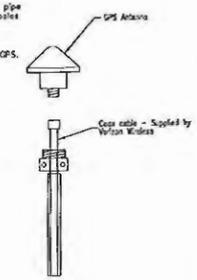
MOUNT GPS ON SHELTER OR FIRST ICE BRIDGE POST CLOSEST TO SHELTER.

1 LUCENT GPS ANTENNA MOUNTING DETAIL
No Scale

1) GPS antenna, cable, connectors, and mounting pipe shipped with shelter by Fibrabond.

2) Contractor to install antenna pipe onto one of the ice bridge poles closest to the shelter.

3) Contractor to provide mounts/means of attaching GPS.

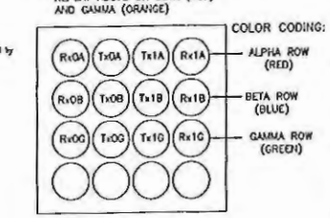


2 GPS ANTENNA DETAIL
No Scale

COLOR CODING:

RxOA – (1) BAND BROWN
RxIA – (2) BANDS BROWN
TxOA – (1) BAND BLUE
(1) BAND BROWN
TxIA – (1) BAND BLUE
(2) BANDS BROWN

REPEAT ABOVE ON BETA (RED) AND GAMMA (ORANGE)



ENTRY PANEL LAYOUT AS VIEWED FROM INSIDE THE SHELTER. VERIFY LAYOUT WITH VZW CONSTRUCTION ENGINEER.

3 FEEDLINE COLOR IDENTIFICATION
No Scale

verizon wireless.
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2892

Kuhlmann Design Group, Inc.
15 East Washington Street
Danville, Illinois 61832-5145
Tel: (815) 234-8086
Ric Kuhlmann, President
Jim Kuhlmann, Vice President
Mr. Charles Wentworth

KdG

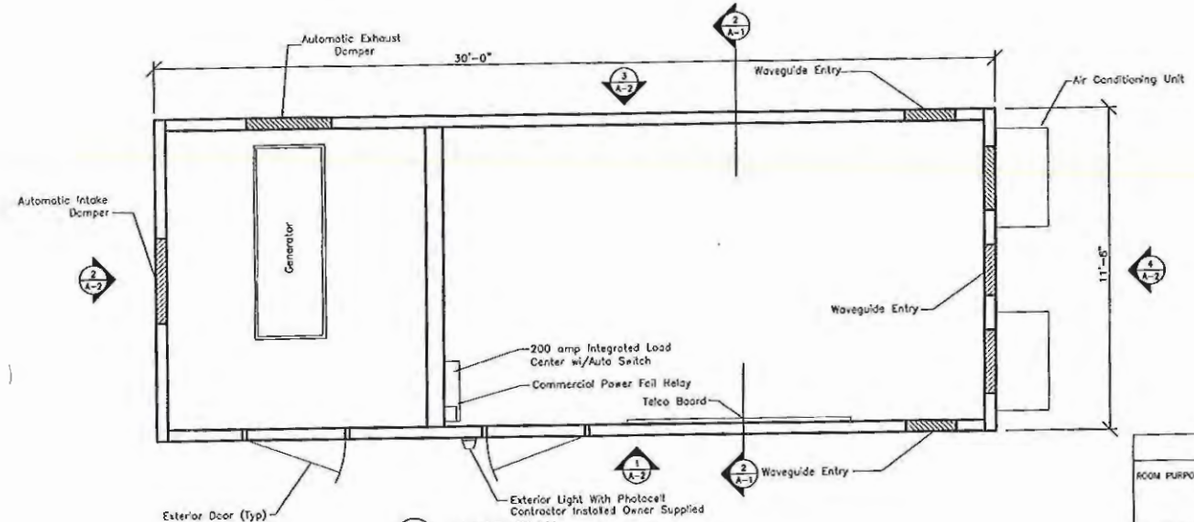
DISCLAIMER OF RESPONSIBILITY

NO.	DATE

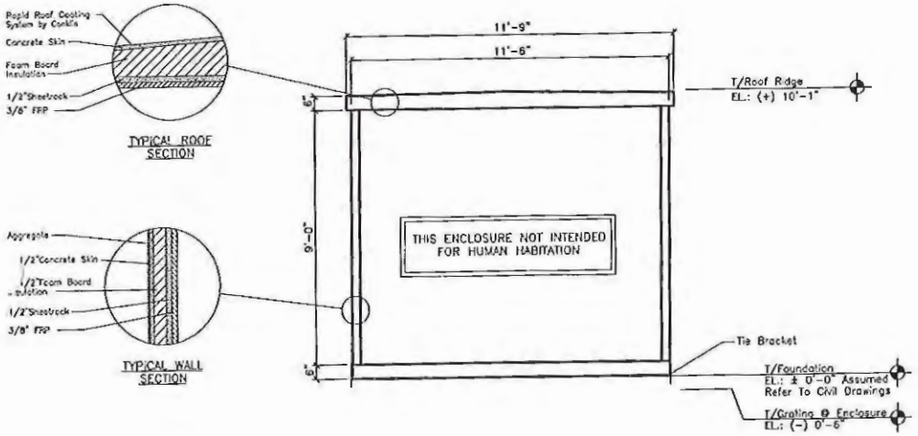
PROJECT NO.	CONTRACT NO.
060003	0156
DRAWN	CHECKED
DCH	RIS
DATE	
MAY 16, 2007	

C-2

ILOS WARE



1 FLOOR PLAN – EQUIPMENT ENCLOSURE
SCALE: 1/2" = 1'-0"



2 TRANSVERSE SECTION
SCALE: 1/2" = 1'-0"

BUILDING CONSTRUCTION PARAMETERS

1. EPS FOAM INSULATION BOARD IS LISTED TO HAVE A FLAME SPREAD CLASSIFICATION OF 40 AND SMOKE DEVELOPED CLASSIFICATION OF 450 WITH A MAXIMUM THICKNESS OF 2 INCHES AT 1 PCF DENSITY. POLYISOCYANURATE FOAM INSULATION IS LISTED TO HAVE A FLAME SPREAD CLASSIFICATION OF 20 AND SMOKED DEVELOPED CLASSIFICATION OF 50 WITH A MAXIMUM THICKNESS OF 3 INCHES AT 1.9 PCF DENSITY.
2. INTERIOR PANELING IS LISTED/CLASSIFIED TO HAVE A FLAME SPREAD OF 200 OR LESS.
3. THIS SHELTER IS CLASSIFIED AS USE GROUP B (BUSINESS) (TELECOMMUNICATIONS EQUIPMENT BUILDING) AS SPECIFICALLY DEFINED PER 1996 BOCA SECTION 304.2
4. DESIGN CRITERIA:
   ROOF LIVE LOAD = 105 PSF
   FLOOR PAL LIVE LOAD = 150 PSF
   WIND VELOCITY = 135 MPH
   SEISMIC ZONE = 4
5. BUILDING WILL BE PLACED ON A GRADE BEAM FOUNDATION.
6. BUILDING NOT DESIGNED FOR INSTALLATION IN FEMA FLOOD PRONE AREA.

VENTILATION NOTES

1. AIR CONDITIONING IS PROVIDED BY A BARD WALL MOUNTED SELF-CONTAINED ENERGY EFFICIENT COOLING SYSTEM, MODEL NO. WA602-A05, 230/208 VOLT, 30 AMP, SINGLE PHASE, 21,000 BTUH COOLING CAPACITY, 10.20 SEER, 24" DIA. FAN, 2600 CFM WITH FILTER
2. ELECTRIC HEAT IS PROVIDED BY 5 KW, 18,840 BTUH, 240 VOLT, SINGLE PHASE HEAT STRIP, WITH BARD UNIT LISTED ABOVE.

VENTILATION SCHEDULE

ROOM PURPOSE	AREA	VENTILATION				REMARKS
		NATURAL		MECHANICAL		
		ACTUAL	REQUIRED	ACTUAL	REQUIRED	
TELEPHONE EXCHANGE EQUIPMENT ENCLOSURE (NON-INHABITED)	342.5 S.F.	0 CFM	0 CFM	1100 CFM	0 CFM	SEE NOTE 1

THIS SHEET FOR REFERENCE ONLY: SEE CELLXION DRAWINGS FOR FULL DETAILS.

verizon wireless
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
OFFICE: (913) 344-2892

Kuhlmann Design Group, Inc.
15 East Washington Street
Danville, Illinois 61832-5149
Tel: (910) 554-0555
Pa. Certificate Number
Pa. Certificate Number

KdG

DISCLAIMER OF RESPONSIBILITY

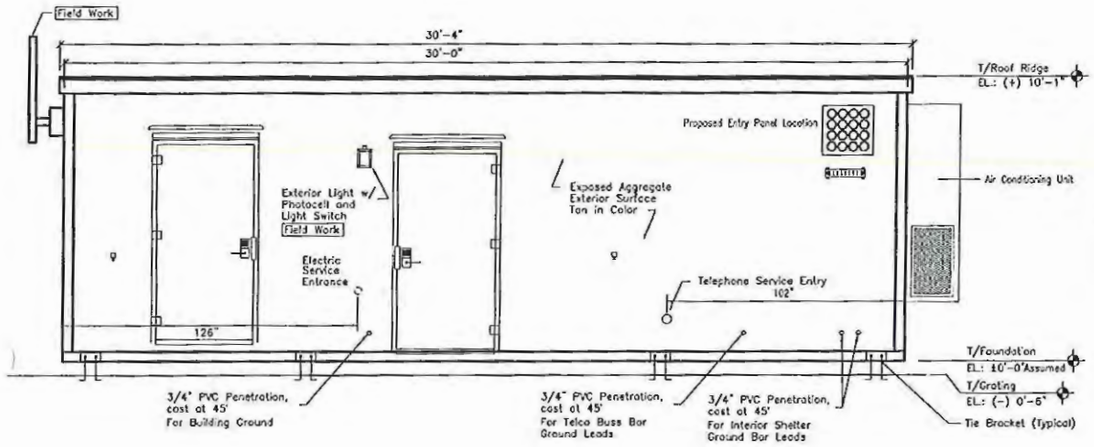
NO.	DATE	

PROJECT NO.	CONTRACT NO.
060003	0156
DRAWN	DESIGNED
DDH	RTS

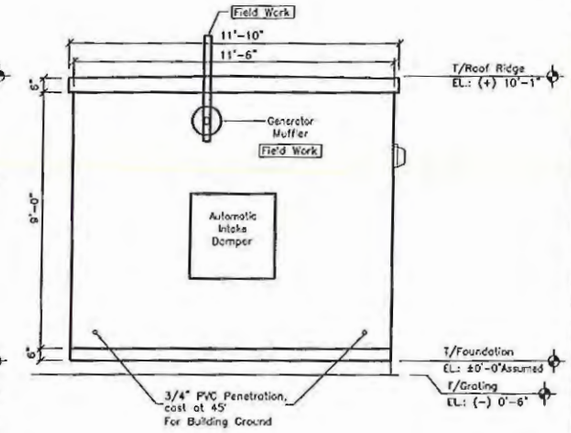
DATE
MAY 16, 2007

A-1

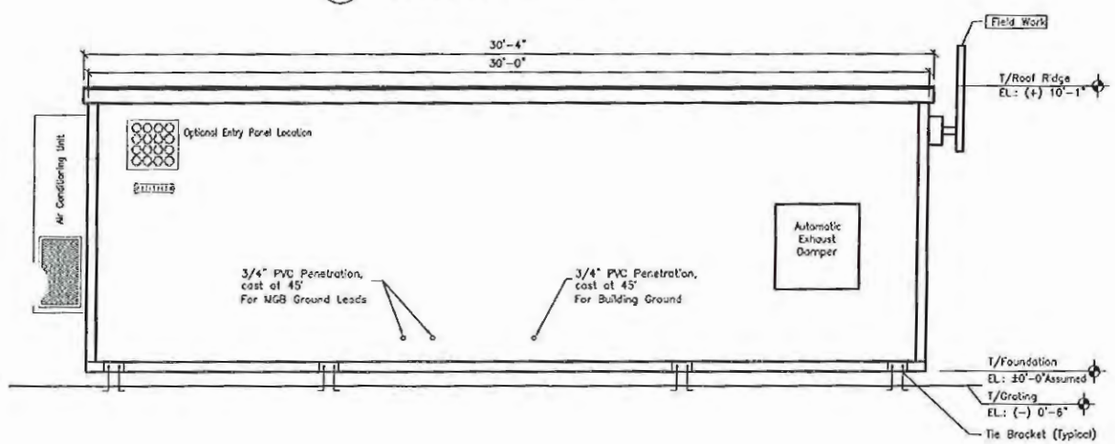
ILOB WARE



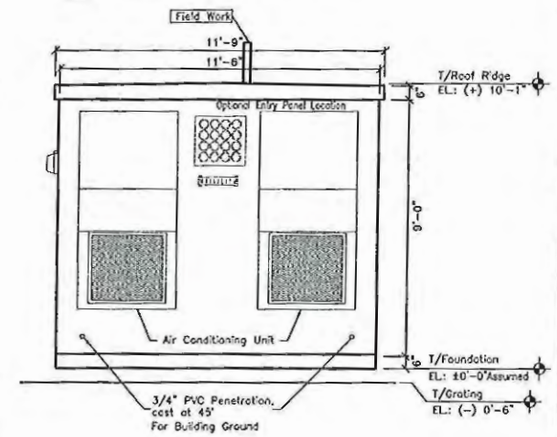
1 ELEVATION – EQUIPMENT ENCLOSURE
SCALE: 1/2" = 1'-0"



2 ELEVATION – EQUIPMENT ENCLOSURE
SCALE: 1/2" = 1'-0"



3 ELEVATION – EQUIPMENT ENCLOSURE
SCALE: 1/2" = 1'-0"



4 ELEVATION – EQUIPMENT ENCLOSURE
SCALE: 1/2" = 1'-0"

THIS SHEET FOR REFERENCE ONLY:
SEE CELLXION DRAWINGS FOR FULL DETAILS.

verizon wireless
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2892

Kuhlmann Design Group, Inc
15 East Washington Street
Joliet, Illinois 60220-2143
Tel: (815) 724-9888
KdG

DISCLAIMER OF RESPONSIBILITY

NO.	DATE

PROJECT NO. 060003	CONTRACT NO. 0156
DRAWN DDH	CHECKED RTS
DATE MAY 16, 2007	

A-2

ILOG WARE

GROUNDING NOTES:

All cadweld connections on galvanized surfaces shall be cleaned thoroughly and covered w/(2) two coats Sherwin Williams cold galvite paint B35GW3 (or equal).

All electrical & mechanical ground connections will have an antioxidant compound applied to connection.

The grounding system shall be tested as specified in the general notes.

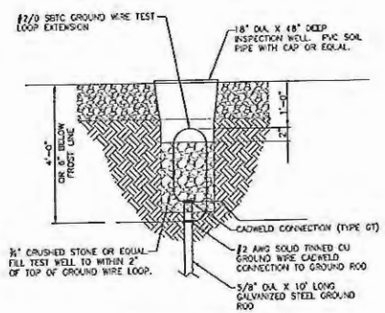
All grounding materials and cadwelds furnished and installed by contractor unless otherwise noted.

GROUNDING LEGEND:

- GROUNDING CONDUCTOR
- MECHANICAL CONNECTION
- CADWELD
- GROUND ROD – 5/8" DIA. X 10' LONG GALVANIZED GROUND ROD
- GROUND INSPECTION / TESTWELL

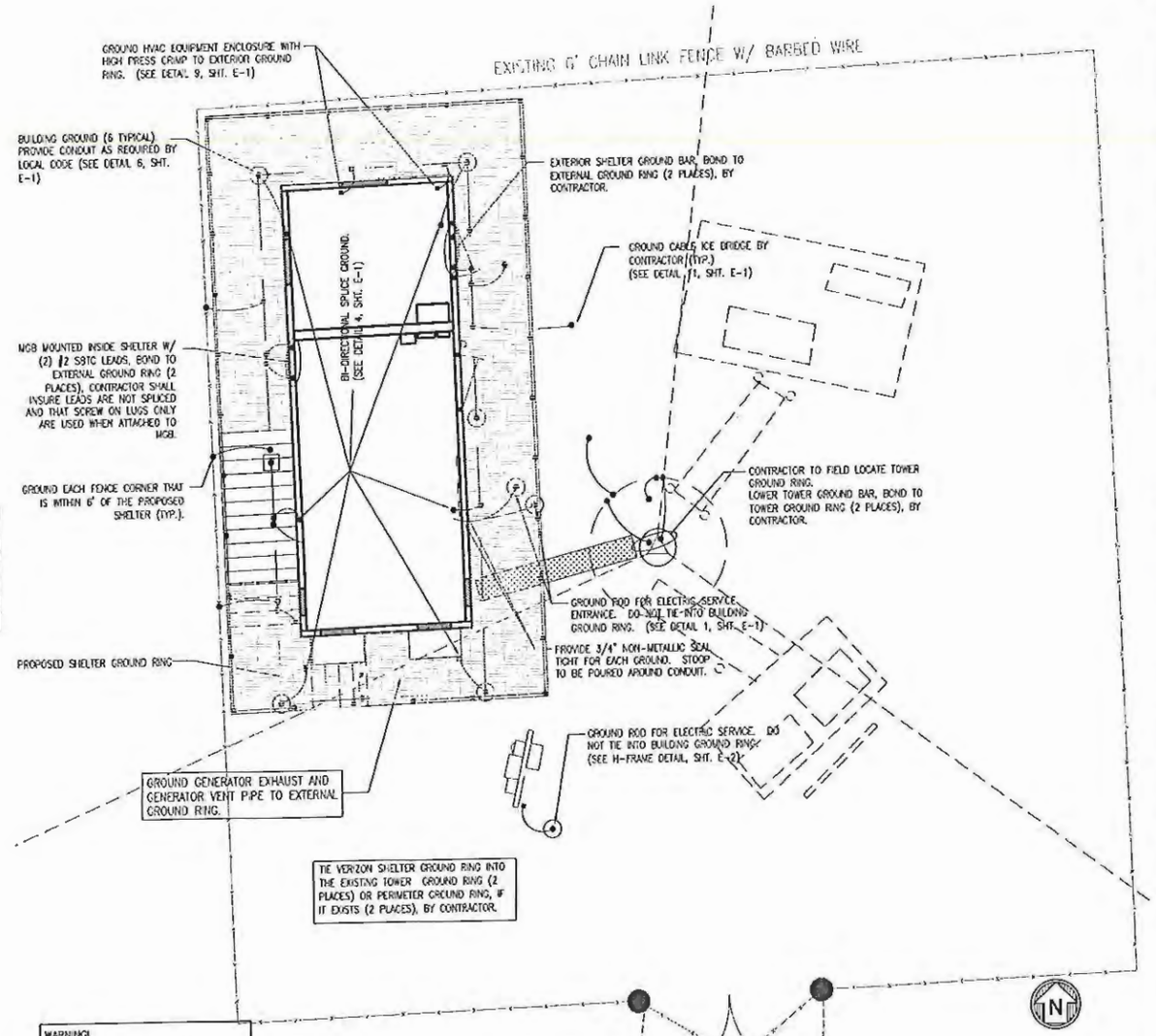
MATERIALS LIST

DESCRIPTION	CONDUCTOR (L.F.)	NO. GROUND RODS	NO. TEST WELLS
SHELTER GROUND RING	99 L.F.	8	1
TOWER GROUND RING	N/A	N/A	N/A
PERIMETER GROUND RING	N/A	N/A	N/A
MISC. GROUNDING	--	3	--



INSPECTION WELL

N.T.S.



WARNING!

EXISTING UTILITIES AND GROUNDING IN THE AREA. USE EXTREME CAUTION. ANY EXISTING GROUNDING DAMAGED DURING CONSTRUCTION SHALL BE REPAIRED TO EXISTING OR BETTER CONDITION.

CONCEPTUAL GROUNDING PLAN

N.T.S.

CONTRACTOR TO VERIFY CONDUIT LOCATIONS WITH FIBREBOND DRAWINGS.

verizon wireless.
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2892

Kuhlmann Design Group, Inc.
15 East Washington Street
Bellevilla, Illinois 62220-2149
Tel: (618) 234-8288
Fax: (618) 234-8289
Ph. Kuhlmann, President
Ph. Kuhlmann, Engineer
M. Kuhlmann, Engineer

KdG

DISCLAIMER OF RESPONSIBILITY

NO.	DATE

PROJECT NO. 060003	CONTRACT NO. 0156
DRAWN DOH	CHECKED NTD
DATE MAY 16, 2007	

G-1

ILOS WARE

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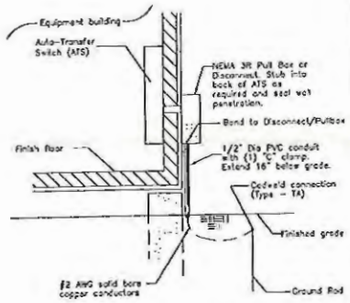
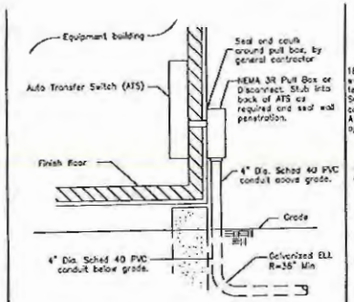
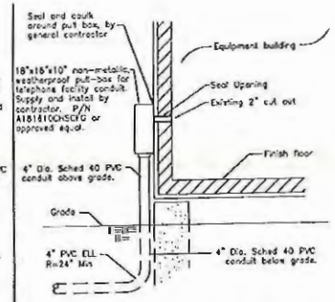


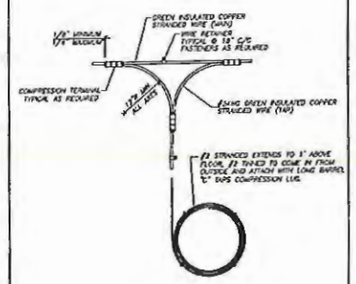
1 ELECTRIC SERVICE GROUNDING DETAIL
No Scale



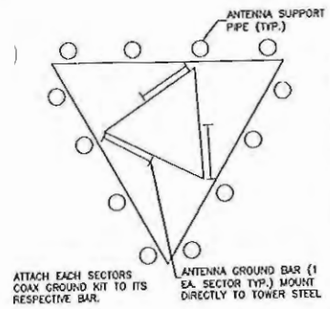
2 ELECTRICAL SERVICE ENTRANCE
No Scale Route conduit with pull rope as directed by local power utility company.



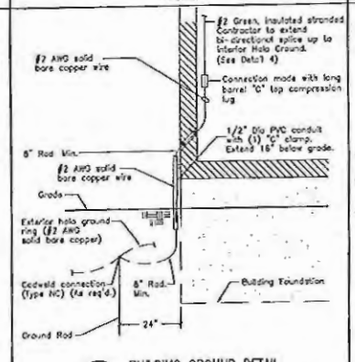
3 TELEPHONE SERVICE ENTRANCE
No Scale Route conduit with pull rope as directed by local telephone utility company.



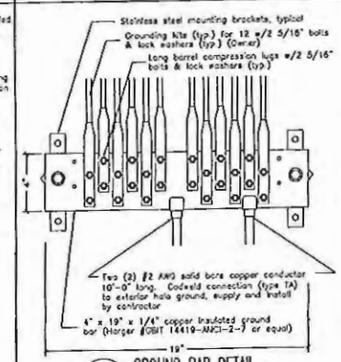
4 INTERIOR HALO SPLICE GROUND



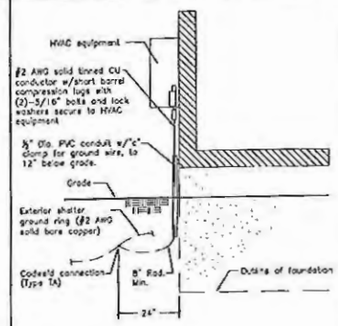
5 ANTENNA GROUNDING PLAN
No Scale



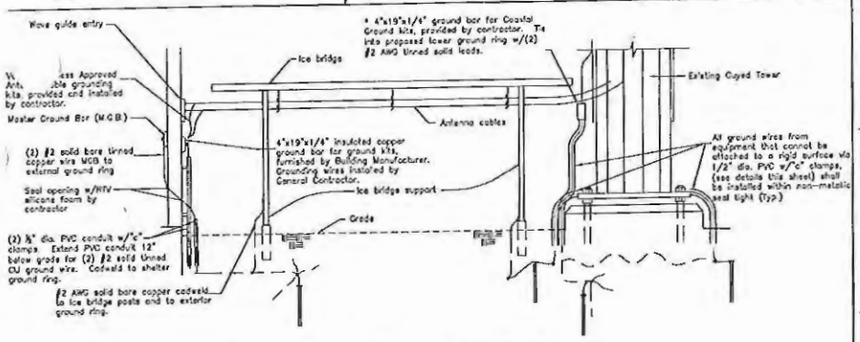
6 BUILDING GROUND DETAIL
No Scale



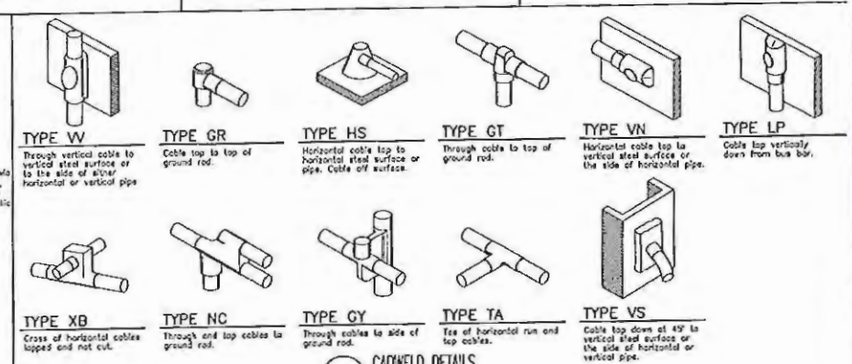
8 GROUND BAR DETAIL
No Scale



9 H.V.A.C. GROUNDING DETAIL
No Scale



11 ANTENNA CABLE AND ICE BRIDGE GROUNDING DIAGRAM
No Scale



12 CADWELD DETAILS
No Scale

verizon wireless.
10740 NALL AVE., SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2092

Kuhlmann Design Group, Inc.
15 East Washington Street
Joliet, Illinois 60220-2143
Tel: (815) 254-8088
Rt. Larkin, Manager
Rick Kuhlmann, Principal

KdG

DISCLAIMER OF RESPONSIBILITY
[illegible]

NO.	DATE

PROJECT NO. 060003	CONTRACT NO. 0156
DRAWN DOH	CHECKED NTD
DATE MAY 16, 2007	

E-1

ILCB WARE
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GENERAL NOTES - ELECTRICAL WORK:

WORK INCLUDES

The work shall include all labor, materials and equipment required to install the electrical work complete in connection with the Verizon Wireless Site, but not be limited to the following:

1. The provisions, installation and connection of a grounding electrode system complete with building and secondary grounding, cellular telephone communications tower and connections to the incoming electrical distribution equipment.
2. The provision and installation of an electrical service and all associated wire and conduit as required and/or indicated on plans.
3. The provision, installation of conduit and connections for local telephone service.
4. Four inch (4") diameter pvc conduits shall be schedule 40.
5. All P.V.C. Conduits should be left with pull cord and capped for future use.
6. The contractor shall furnish and install the electrical service entrance conductors, conduit and meter socket and make the connection to the service equipment within the building.

CODES PERMITS AND FEES

1. All required permits, licenses, inspections and approvals shall be secured and all fees paid by contractor. Building permit has been secured by Owner.
2. The installation shall comply with all applicable codes: state, local and national, and the design, performance characteristics and methods of construction of all items and equipment shall be in accordance with the latest issue of the various applicable standard specifications of the following recognized authorities:

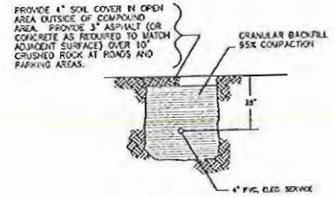
N.E.C.	National Electric Code
A.N.S.I.	American National Standards Institute
I.E.E.E.	Institute of Electrical and Electronic Engineers
A.S.T.M.	American Society for Testing Materials
N.E.M.A.	National Electrical Manufacturers Association
U.L.	Underwriters Laboratories, Inc.

RACEWAYS AND WIRING

1. Wiring of every kind must be installed in conduit, unless noted otherwise, or as approved by the engineer.
2. Unless otherwise specified, all wiring shall be copper (CU) type THWN, sized in accordance with the national electrical code.
3. Raceways shall be galvanized steel, sized in accordance with the national electrical code, unless otherwise noted. All raceways shall be approved for the installation.
4. Pull or junction boxes shall be provided as required to facilitate installation of raceways and wiring.
5. Provide a complete raceway and wiring installation, permanently and effectively grounded in accordance with article 250 of the national electrical code and local codes.

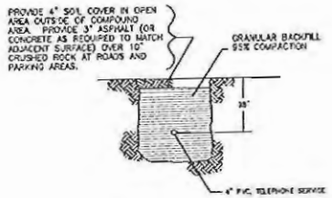
ELECTRICAL ABBREVIATIONS:

C	Conduit	MTD	Mounted
CTW	Close To Wall	NEC	National Electric Code
FSO	Furnished By Others	PH	Phase (#)
GFI	Ground Fault Interrupter	PNL	Panel
HP	Horsepower	TTC	Telephone Terminal Cabinets
JB	Junction box	V	Volts
KW	Kilowatts	W	Wire
MAX	Maximum	WP	Weather Proof
MFG	Manufacturer		
MIN	Minimum		



TRENCH DETAIL (ELECT.)

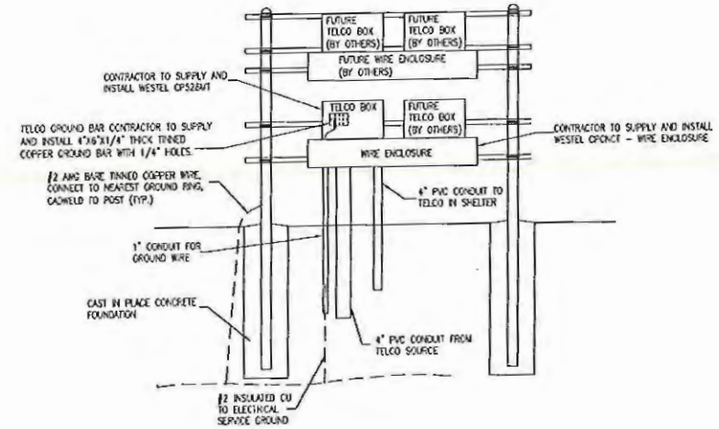
NOT TO SCALE



TRENCH DETAIL (TELE.)

NOT TO SCALE

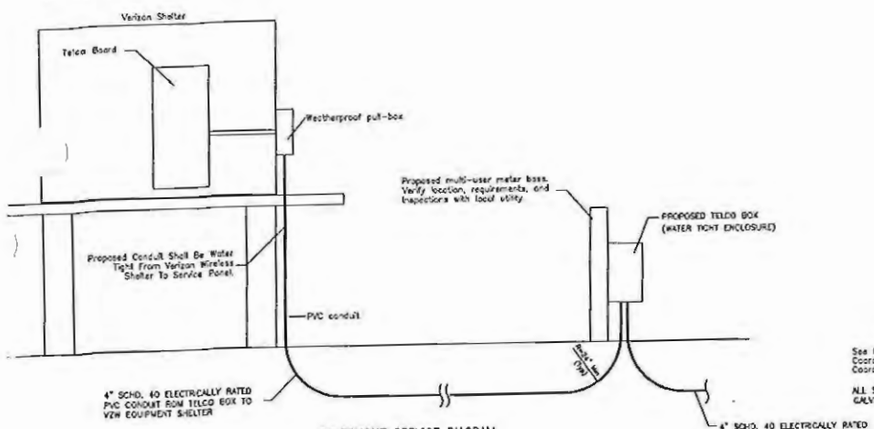
Note:
Maintain a minimum of 24" separation between electric and telephone conduits.



TELCO SIDE

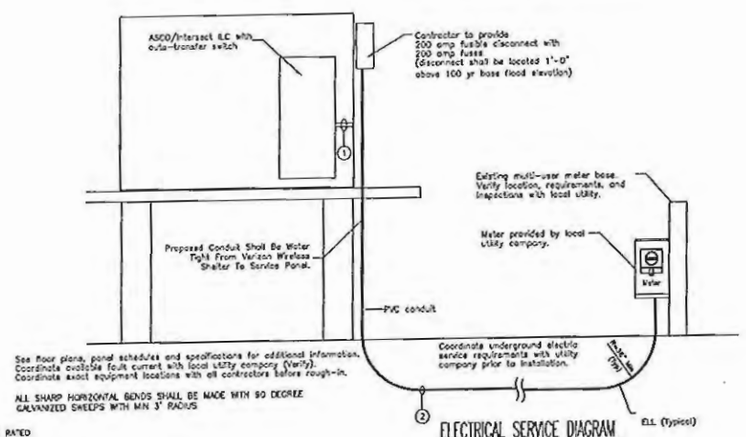
FEEDER SCHEDULE

1. (3)#3/0 THWN, (1)#4 ground in 2" conduit.
2. (3)#3/0 THWN, (1)#4 ground in 4" conduit.



TELEPHONE SERVICE DIAGRAM

No Scale



See floor plans, panel schedules and specifications for additional information.
Coordinate available fault current with local utility company (Verify).
Coordinate exact equipment locations with all contractors before rough-in.

ALL SHARP HORIZONTAL BENDS SHALL BE MADE WITH 90 DEGREE GALVANIZED SWEEPS WITH MIN 3' RADIUS

ELECTRICAL SERVICE DIAGRAM

No Scale

verizon wireless.
10740 NALL AVE. SUITE 400
OVERLAND PARK, KS 66211
Office: (913) 344-2602

Kuhlmann Design Group, Inc.
15 East Washington Street
Gelsenkirk, Illinois 60206-2149
Tel: (815) 234-8209

KdG

DISCLAIMER OF RESPONSIBILITY
I hereby notify that the documents intended to be delivered by my seal are limited to the work, and I hereby disclaim any responsibility for all other drawings, specifications, calculations, reports or other documents or instruments relating to or intended to be used for any part or parts of the architectural or engineering project or survey.

NO.	DATE

PROJECT NO. 060003	CONTRACT NO. 0156
DRAWN DDH	CHECKED NTD
DATE MAY 16, 2007	

E-2

ILOB WARE

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 05-15-03-223-A1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 750 OLD SARATOGA RD

Subdivision or Addition | Lot | Block | Census track

Legal Description: S15 T12 R1W PT 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 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Pole Barn

Beginning construction date 3-1-08

Completion construction date 4-1-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, Institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 11000 00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 11000 00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [x] Other – Specify Pole Barn

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	30X50 1500
50. Total land area, sq. ft.	1500

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	Kevin Clover MARTHA CLOVER	750 Old Saratoga Rd. Anna IL.	62906	833-7548
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
Kevin Clover	750 Old Saratoga Rd. Anna IL 62906	2-25-08

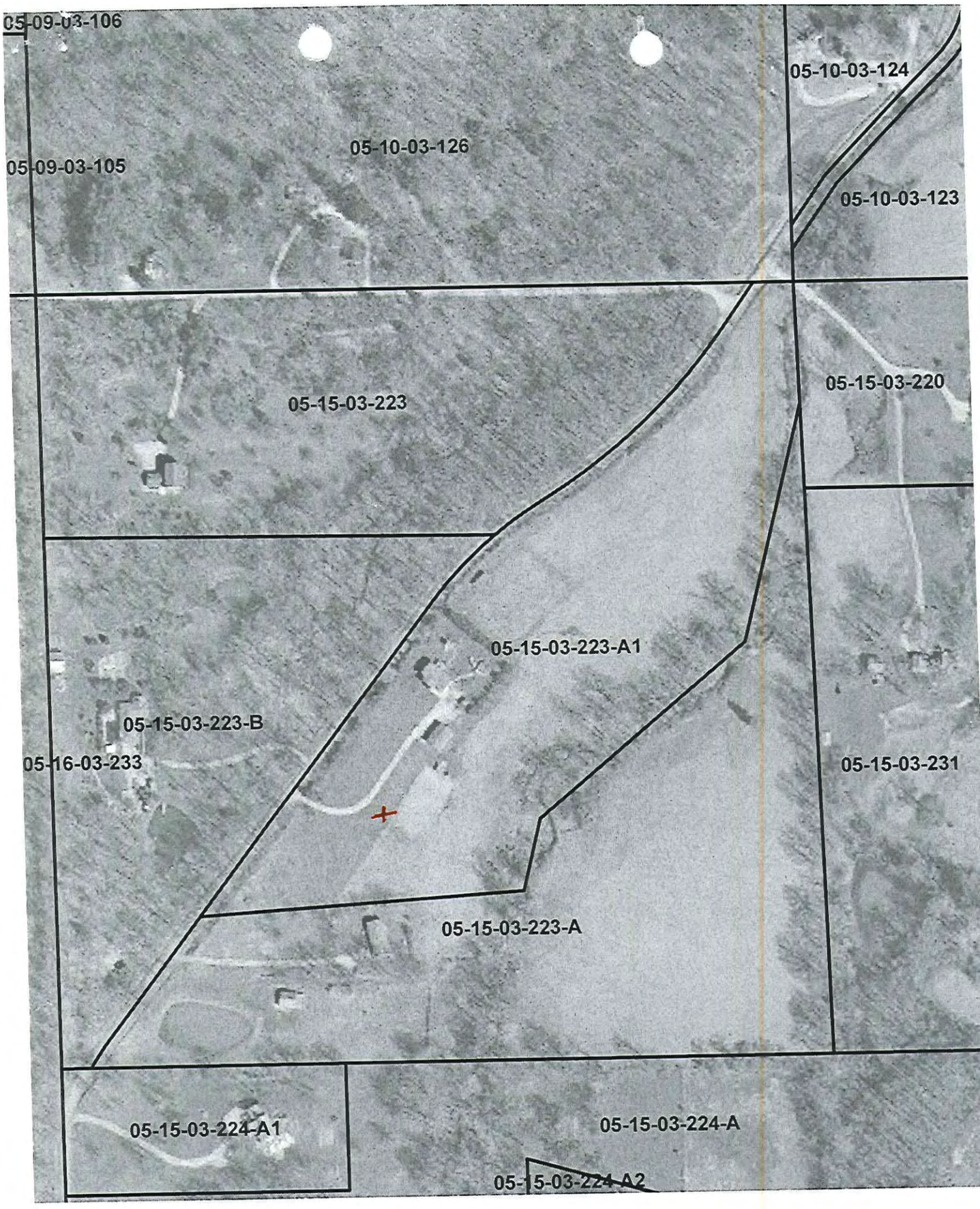
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Jill Jackson	$ 32 00	2-26-08	08-7

Payment of $32.00 CK #7931 received by Union County Treasurer

Date 3/4/08

Bailey L. Myers Mg.


05-09-03-106
05-10-03-124
05-10-03-126
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05-15-03-223
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05-15-03-223-A1
05-15-03-223-B
05-16-03-233
05-15-03-231
05-15-03-223-A
05-15-03-224-A1
05-15-03-224-A
05-15-03-224-A2

UNION COUNTY Prop. N.
BUILDING PERMIT APPLICATION

01-16-00-159

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 410 Thorn Ln

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: Section 16 Township 12 Range 1 part NE + 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

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential

- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [X] Other – *Specify* winery tasting room

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	3000
c. Heating, air conditioning	4000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 80,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify Heat Pump

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	976
50. Total land area, sq. ft.	24X40

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	20

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gary Orlandini Noella Orlandini	410 Thorn Ln Makanda Ill 62958		618 995-2307
2. Contractor or Builder	Self			
3. Architect	None			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gary Orlandini	410 Thorn Ln Makanda Ill	2-26-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 170.00	2-26-08	08-06

Payment of $170.00 CK #1730 received by Union County Treasurer

Date 3/4/08

[illegible]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-34-00-488

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 180 United Missionary Lane Buncombe

Subdivision or Addition | Lot | Block | Census track

Legal Description: PT W1/2 SW NE PT NW SE S34 T11 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ -0-

MOBILE HOME INFO:

Date MH was set-up: Feb 26, 2008

Make Skyline Size 14X60 Yr. Model 82

Previous MH Owner Steve & Sandra Crist

Previous MH Location Bartlett IL

Current MH Owner David & Sara Gerardi

Current MH Location 180 United Missionary Lane Buncombe IL

Current Land Owner David & Sara Gerardi

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	David Gerardi Sara Gerardi	180 United Missionary Ln Buncombe IL	62912	618 833 6265
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
Sara Gerardi		2-25-08

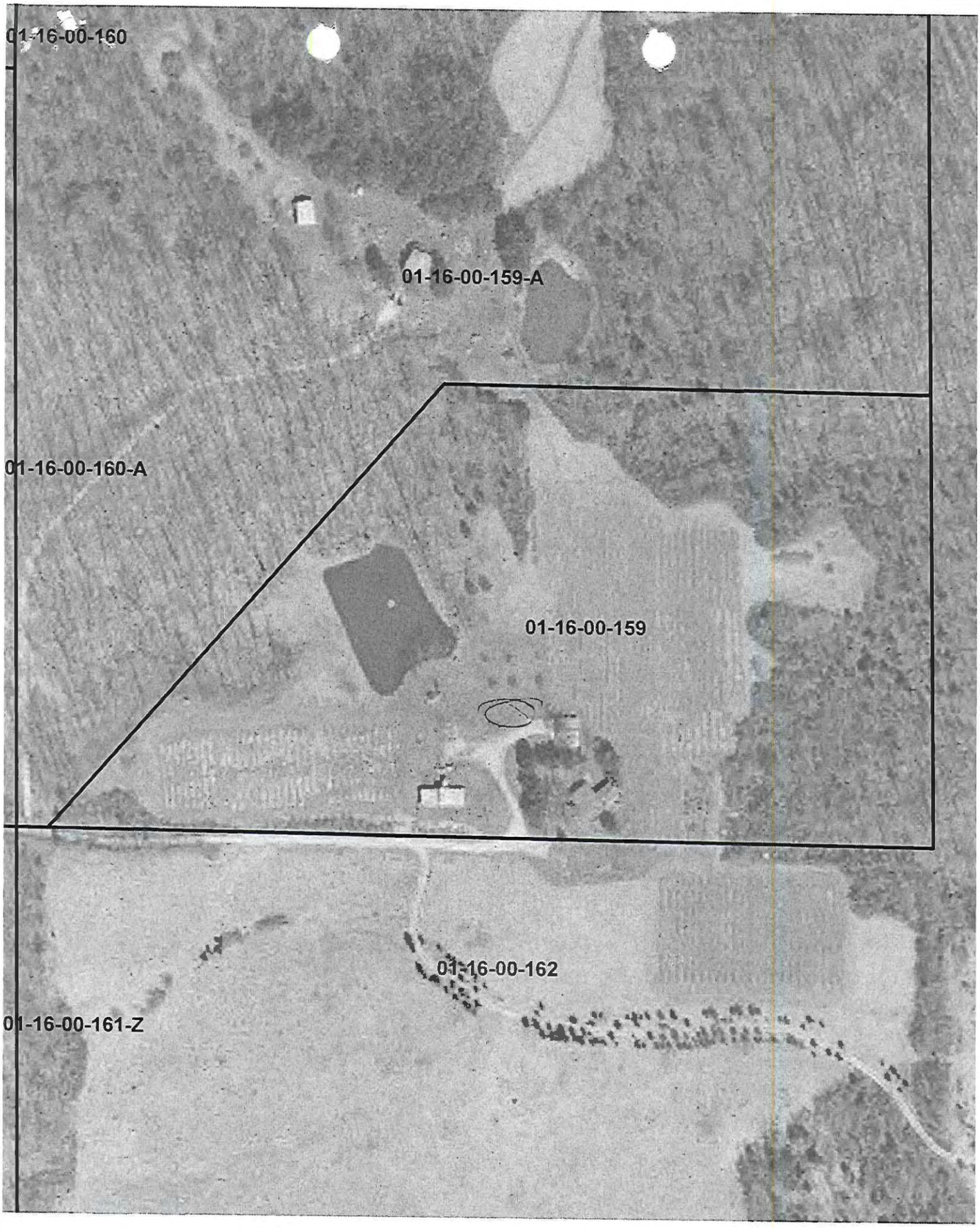
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 10.00	Feb 25, 2008	# 08-5

Payment of $10.00 CK# 61111 received by Union County Treasurer

Date 3/4/08

[signature]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01-16-00-159
01-16-00-162
01-16-00-161-Z

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-11-421

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
34 Jacob ST	Rendleman	1	D	

Legal Description: 34 Jacob ST. Wolf Lake, Ill. 62998

N S E W from Intersection of Rt. 3 and Jacob Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [X] Two or more families – *Enter number of units* 2
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [X] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 2-4-08
Completion construction date 2-4-08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 595.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 595.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [X] Other – Specify Metal

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public N. A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public N. A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning? N. A.
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: N A
49. Total square feet of floor area, all floors, based on exterior dimensions:
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 1
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	Ron Shepard	585 McMahon Lane Wolf Lake, Ill.	62998	833-5584
2. Contractor or Builder	Carolina Carports,	Bronaugh, Mo. 64728	5800	905-2721
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
Ronald W. Shepard	585 McMahon Ln. Wolf Lake Ill.	1-30-08

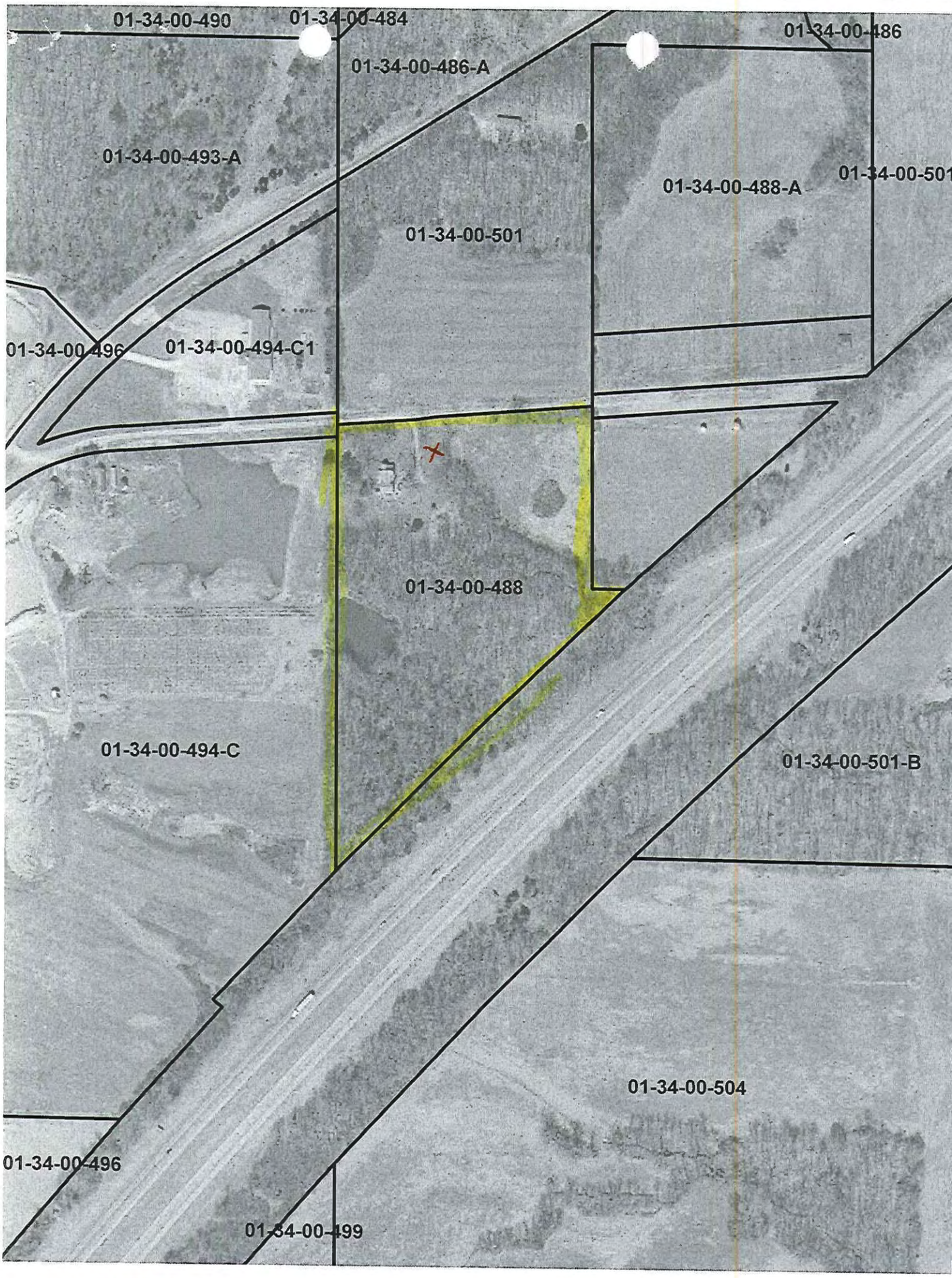
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 21.90	1-31-08	08-3

Payment of $21.90 CK # 0987 received by Union County Treasurer

Date 3/4/08

[signature]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01-34-00-496
01-34-00-499

UNION COUNTY Prop. No. 05-18-03-292

B ING 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
Behind 1406 old Hwy 51 North	James Ellis			

Legal Description: SW1/4-NE1/4 Sec 18-12-1 W

See attached

(N) S E W from intersection of old 51N and Hwy 146 Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] 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* CATV Site

Beginning construction date 2-20-08

Completion construction date 3-10-08

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 25,000
To be installed but not included in the above cost	
a. Electrical	1500
b. Plumbing	0
c. Heating, air conditioning	3500
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000

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

42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 400
50. Total land area, sq. ft. 26,836

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 0
52. Outdoors 1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 0
54. Number of bathrooms: Full 0; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Tele Communications Management, LLC	1 Montgomery Plaza, 4th Floor, Sikeston MO FAX 618-283-4483	63801	618-283-9630 573-472-9500
2. Contractor or Builder	Strange Construction	PO Box 74, Clinton, KY.	42031	270-653-3450
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
Bill Flowers, General Manager	318 N 4th St. Vandalia, IL 62471	2-4-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ $70.00	2-14-08	08-4

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-18-03-292 ← 05-18-03-292

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Behind 1406 Old Hwy 51 North
Subdivision or Addition: James Ellis
Lot:
Block:
Census track:

Legal Description: SW 1/4 - NE 1/4 Sec 18-12-1 W
See attached

(N) S
E W from intersection of Old 51 N and Hwy 14 Streets

Applicable Zoning District

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] 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* CATV Site

Beginning construction date 2-20-08
Completion construction date 3-10-08

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 25,000
To be installed but not included in the above cost	
a. Electrical	1500
b. Plumbing	0
c. Heating, air conditioning	3500
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000

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

42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 400
50. Total land area, sq. ft. 26,836

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 0
52. Outdoors 1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 0
54. Number of bathrooms { Full ..... 0 / Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Tele Communications Management, LLC	1 Montgomery Plaza, 4th Floor, Sikeston, MO	63801	618-283-9130 573-472-9500
2. Contractor or Builder	Strange Construction	PO Box 74, Clinton, KY.	42031	270-653-3450
3. Architect	–			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

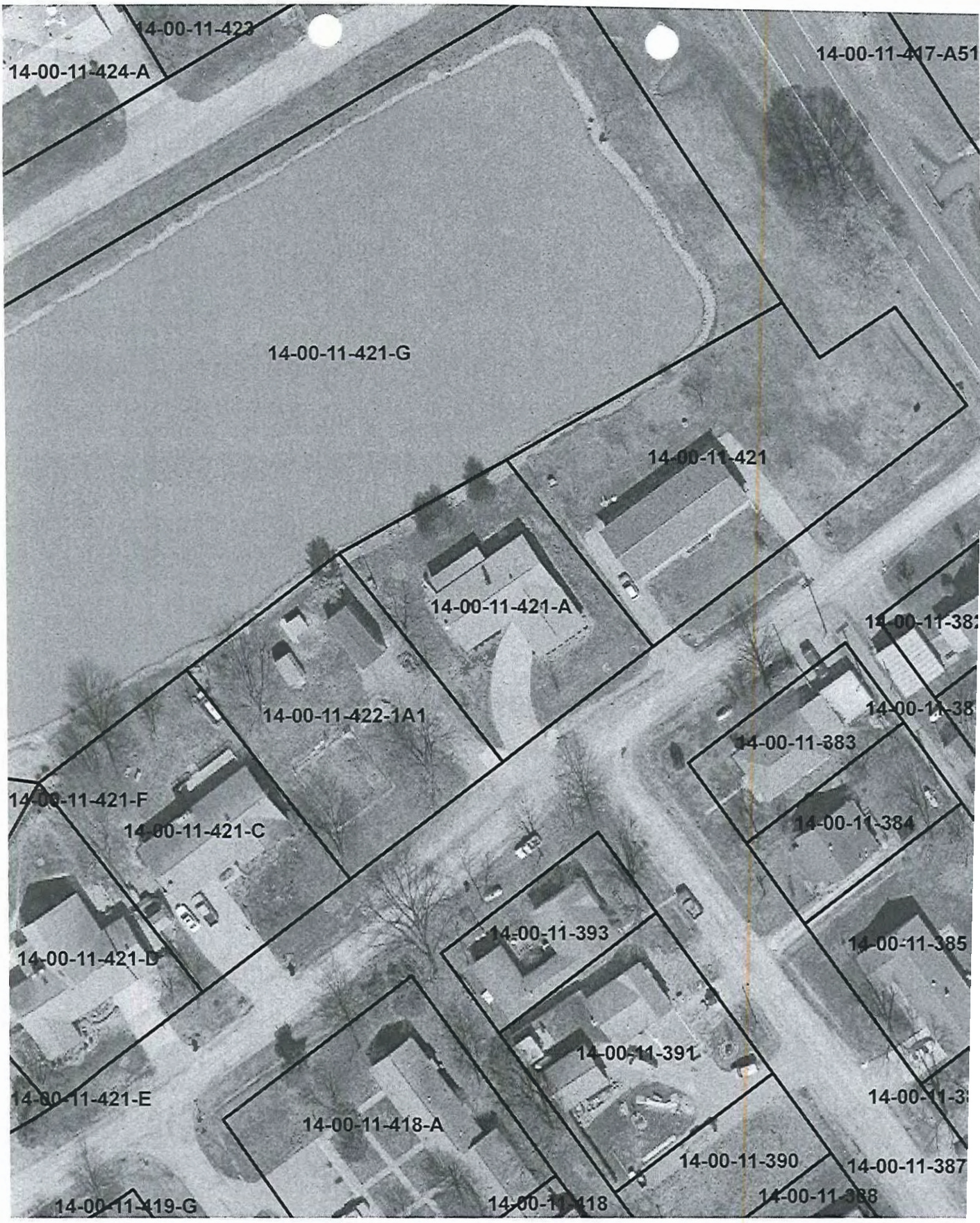
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Bill Flowers, General Manager	318 N 4th St. Vandalia, IL 62471	2-4-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$70.00	2-14-08	08-4

Paid 19929 2-17-08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14-00-11-387
14-00-11-419-G
14-00-11-418
14-00-11-388

UNION COUNTY Prop. .
BUILDING PERMIT APPLICATION

04-10-02-170-A1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Nance lane	~~Subdivision~~			

Legal Description: Sec 10 T 11 R1W

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [x] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [x] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, Institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 6,500.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	Jan 23, 2008
Make	Clayton Homes
Size	16 x 60
Yr. Model	1980
Previous MH Owner	Alice Connor
Previous MH Location	Steger IL
Current MH Owner	Samantha Nance
Current MH Location	Nance lane Cobden IL
Current Land Owner	Daniel Nance

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 [ ] Reinforcad concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [x] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories _____
- 49. Total square feet of floor area, all floors, based on exterior dimensions _____
- 50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed _____
- 52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms _____
- 54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Samantha Nance	110 Nance lane Cobden IL	62920	618 713 7530
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
Samantha Clayton		1-28-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 23.00	1-28-08	08-2

Payment of $23.00 Cash received by Union County Treasurer

Date 3/4/08

Billy J. Mayer Treas.

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	MODEL	BODY STYLE	TITLE NO.
29427 29427	1980	CLAYTON HOMES		MOBILE HM	X5040758004

DATE ISSUED	ODOMETER	CCM	PURCHASED	PURCHASE DATE
02/09/05			USED	01/25/05

MOBILE HOME SQ. FT.
812

TYPE OF TITLE
ORIGINAL

MAILING ADDRESS

ALICE F CONNOR
22830 SHERMAN RD
STEGER IL 60475-5593

LEGEND(S)

MILEAGE NOT REQUIRED

OWNER(S) NAME AND ADDRESS
~~ALICE F CONNOR~~
~~22830 SHERMAN RD~~
~~STEGER~~ IL 60475-5593

Samantha Nance
Nance lane
Cobden IL 62920

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.

Firm Name _____ By _____ Signature of Authorized Agent _____ Date _____

Firm Name _____ By _____ Signature of Authorized Agent _____ Date _____

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:

☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage."
WARNING-ODOMETER DISCREPANCY

"If this vehicle is one of more than 5 commercial vehicles owned by me, I certify also that the vehicle is not damaged in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

NO TENTHS
ODOMETER READING

Signature(s) of Seller(s) Alice F. Connor

Printed Name(s) of Seller(s) ALICE F. CONNOR DATE OF SALE _____

"I am aware of the above odometer certification made by seller."

Signature(s) of Buyer(s) _____ **Printed Name** _____

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.

D35984692
CONTROL NO.

Jesse White
JESSE WHITE, Secretary of State

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

04-10-02-170-A
04-10-02-166
04-10-02-170-A2
04-10-02-170-A1
04-10-02-170
04-10-02-170-B1
04-10-02-168

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-05-02-992

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 95 WIEDLOCHER

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S5 T12 R1W
E1/2 NE, SW NE & PT SW NW

N S
E (W) from intersection of SPANISH BLUFF and WIEDLOCHER RD. Street

Applicable Zoning District: _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [■] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 300 000
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	$ 300 000

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [■] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [■] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [■] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [■] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [■] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [■] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [■] No

J. DIMENSIONS

48. Number of stories: 1 + WALK
49. Total square feet of floor area, all floors, based on exterior dimensions: 2705
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: N.A
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 2
54. Number of bathrooms: Full: 3 / Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No
1. Owner	JANE & MICHAEL PAINTER	95 WIEDLOCHER ANNA ILL	62906	618 893-4
2. Contractor or Builder	CRUSE CONSTRUCTION GAYLON CRUSE	610 CRUSE LANE ANNA ILL.	62906	618 827-4
3. Architect	WHITE & BORGOGNONI GAIL WHITE	212 N. ILLINOIS CARBONDALE ILL	62901	618 529-3

The owner of this building and the undersigned agree to conform to all applicable laws of Union Cou

I do hereby verify that the above-described building or mobile home will be constructed in a non-flo prone area.

Signature of applicant	Address	Application date
Jane Pauline Painter	95 WIEDLOCHER	1-1-200

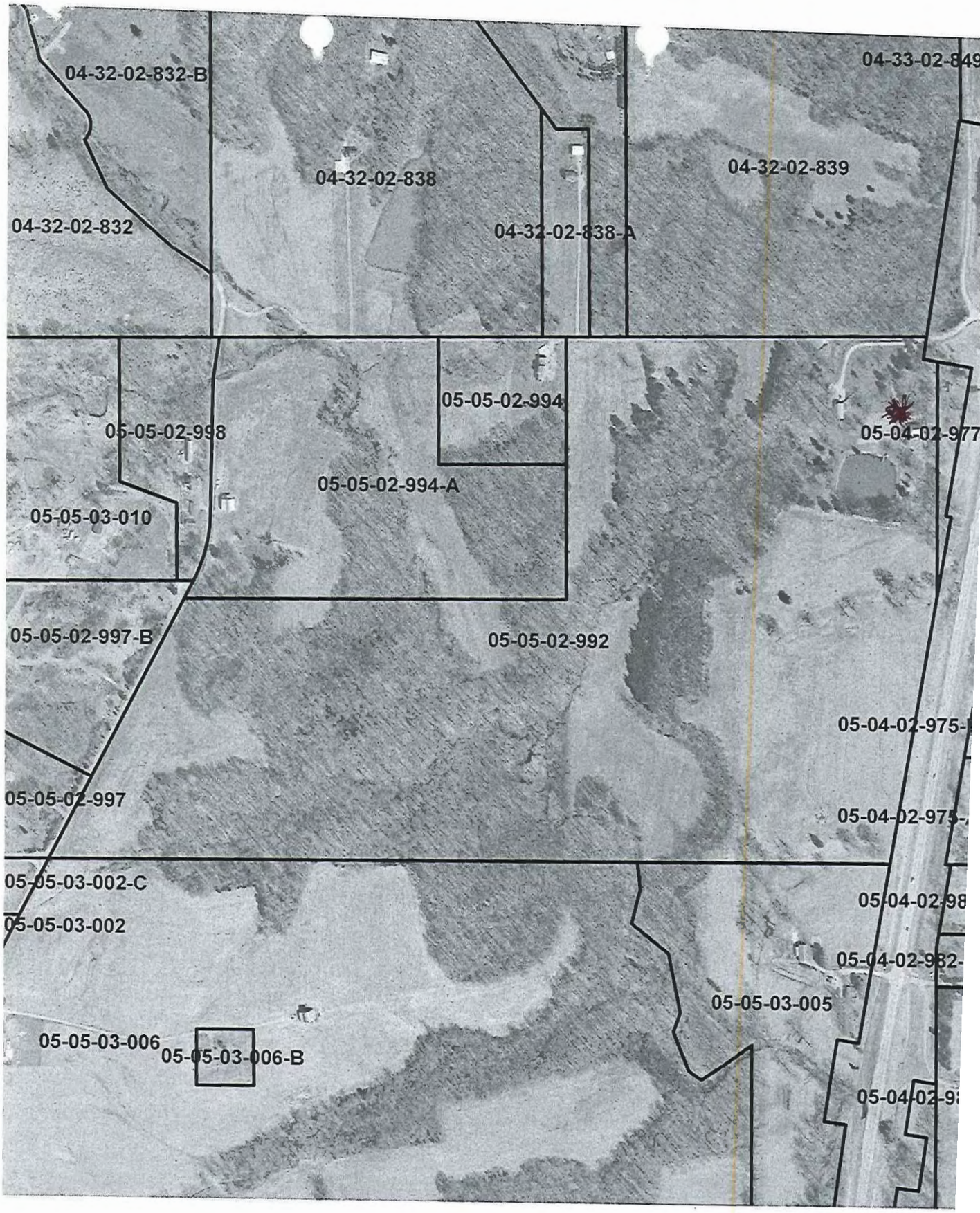
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Gaston	$ 810 –	1-4-08	# 08-01

Payment of CK# 5033 $610.00 received by Union County Treasurer

Date 1-08-08

Bailey A. Myers


04-32-02-832-B
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04-32-02-838
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04-32-02-838-A
05-05-02-994
05-05-02-998
05-04-02-977
05-05-02-994-A
05-05-03-010
05-05-02-997-B
05-05-02-992
05-04-02-975-
05-05-02-997
05-04-02-975-
05-05-03-002-C
05-04-02-98
05-05-03-002
05-04-02-982-
05-05-03-005
05-05-03-006
05-05-03-006-B
05-04-02-9