2009

permit #	Name & Date	type of building	Amount	property #
✓ 09-01	Luke McMahan 1-8-09	pole barn	28.50	10-32-06-783-[illegible]
09-02	Deor. Worden 1-14-09	mobile home	60.00	08-21-06-046-[illegible]
✓ 09-03	Terry Foster 1-16-09	living room addition	$40.00	09-10-06-345
✓ 09-04	Lonnie Graham 1-20-09	house	$170.00	05-15-03-231
✓ 09-05	James + Joseph Pitts 1-22-09	chicken house	$14.00	01-28-00-369
✓ 09-06	Bill Davis 2-4-09	Machine shed	$40.00	12-11-07-111
✓ 09-07	URY RONALD	Pole Barn	30.00	06-06-04-374
✓ 09-08	Jamie Lacy 2-17-09	mobile home	24.00	08-26-06-187-B
✓ 09-09	Francis Holly 3-5-09	house	170.00	New parcel 07-12-05-321-A
09-10	Sandra Miller 3-6-09	house	66.00	06-35-05-089-A
✓ 09-11	Clarence Blattel 3-11-09	pole barn	44.00	14-00-12-269
✓ 09-12	Jeff Reynolds 3-11-09	mobile home	10.00	08-13-05-834
✓ 09-13	Davis Farms 3-13-09	pole barn	50.00	12-26-07-168
✓ 09-14	Collin Cain 3-10-09	machine shed	54.00	08-30-06-225
✓ 09-15	Leon & Edlein Dillow 3/20/09	addition 3-20-09 to barn	28.00	05-14-03-205
✓ 09-16	Kenneth Pind 3-30-09	pole barn	46.00	04-17-02-291
✓ 09-17 3/30	Jeff Emrick 3-30-09	pole barn	64.00	08-14-05-858-A
✓ 09-18	Collin Cain 3-31-09	pole barn	$91.00	11-25-07-042
09-19	Edwin R Eddleman 4-3-09	Pole barn	$32.00	06-18-04-579
✓ 09-20	Michael Goodman 4-3-09	shed	62.00	06-16-04-555-[illegible]
09-21 ✓	John Clark Jr 4-10-09	pole barn	20.00	04-35-02-885-[illegible]
09-22 ✓	Jim Moreland 4-14-09	pole barn	52.00	02-23-01-015
09-23 ✓	Ron Ellis 4-16-09	pole barn	34.00	06-19-04-592
09-24 ✓	Darrell Dillow 4-17-09	pole barn	$17.00	01-18-00-187
09-25 ✓	Dale Moreland 4-20-09	pole barn	$60.00	05-27-03-910
09-26 ✓	David Christ 4-20-09	pole barn	34.00	04-32-02-818
09-27 ✓	Randy Lambdin 4-20-09	grain bin	60.00	11-05-06-851-[illegible]
09-28 ✓	Dennis Connolly 4-21-09	addition	28.00	07-24-05-522
09-29 ✓	Joe Smith 4-27-09	mobile Home	13.00	08-23-06-007-A
09-30 ✓	Xiaoxin Beardsley 4-27-09	pole barn	60.00	05-25-03-845-[illegible]
09-31 ✓	Jimmie Courtright 4-30-09	mobile Home	86.00	08-25-06-170
09-32 ✓	Glenn & Emily Beanland 5-1-09	shed & carport	27.00	05-32-04-149
09-33 ✓	Judith Smith 5-4-09	mobile Home	39.00	09-16-06-412
09-34 ✓	Robert Siegelman 5-12-09	Home	290.00	14-00-12-220
09-35 ✓	ALLTEL Communications 5-13-09	addition to cell tower	20.00	01-33-00-466-L
	5-12-09		20.00	02-21 [illegible]

2009

permit #	Name & date	Type of building	cost	property #
09-37 ✓	Bryan Basler 5/13/09	Mobile Home	24.00	05-1530-224
09-38 ✓	Dale Mills 5-13-09	house	210.00	04-34-02-875-A
09-39 ✓	Terry Reynold 5-15-09	Mobile Home	172.00	08-25-06-158 B4
09-40 ✓	Doug Simmons 6-1-09	addition to shed	$10.00	05-10-03-133-A1
09-41 ✓	Jimmy Cowsert 6-1-09	Mobile home	78.00	11-12-06-947
09-42 ✓	Jerry Duckworth 6-3-09	garage	$20.00	06-13-04-493-A
09-43 ✓	David Dillow 6-9-09	pole barn	13.00	01-18-00 187
09-44 ✓	Carl woods 6-9-09	mobile Home	$24.00	05-12-03-152
09-45 ✓	Justin & Christine Cross 6-11-09	Mobile Home	26.00	pt of 04-16-02-271
09-46 ✓	Ron Mayo 6-16-09	pole barn MH + addition	40.00	06-24-04-881-C2
09-47 ✓	Herman Ralls 6-18-09	mobile Home	$94.00	08-10-05-763
09-48 ✓	Terry Shadowens 6-19-09	pole barn	37.00	05-36-04-216-A
09-49 ✓	Scott Rice 6-22-09	house/garage	710.00	04-22-02-441
09-50 ✓	Brian Goins 6-25-09	addition & alteration	50.00	07-23-05-483
09-51 ✓	Lawrance Uehle 7-6-09	pole barn & carport	$12.00	03-30-01-925
09-52 ✓	David Fombelle 7-7-09	restaurant	370.00	05-18-03-295
09-53 ✓	Michael Smith 7-8-09	Mobile Home	29.00	08-14-05-860
09-54 ✓	Steven Guined 7-6-09	house	218.00	02-19-00-048-F1
09-55 ✓	Jack Thornton 7-9-09	pole barn	28.00	14-00-11-309
09-56 ✓	Gordon Chenoie 7-20-09	house	510.00	14-00-12-246
09-57 ✓	Tim & Kendra Denny 7-28-09	house	546.00	02-08-00-721-H
09-58 ✓	Brandy Nance 8-13-09	Mobile Home	88.00	04-10-02-172-H1
09-59 ✓	Alltel 8-20-09	generator add	20.00	01-33-00-466-L
09-60 ✓	Mitchel McLane 8-21-09	grain bin	90.00	11-12-06-947
09-61 ✓	Michael Dietz 8-26-09	pole barn	$54.00	14-00-11-272
09-62 ✓	Tim Guthery 8-28-09	Mobile Home	$19.00	05-07-03-043
09-63 ✓	Steve & Stacey Busby 8-31-09	garage	$28.00	08-25-06-155-D
09-64 ✓	Jennifer Gurley 8-31-09	Mobile Home	$130.00	04-26-02-523-D
09-65 ✓	Tim Guthrie 9-2-09	Mobile Home	$16	05-07-03-043
09-66 ✓	Ruth KARNES 9-9-09	pole barn	44.00	05-28-03-925
09-67 ✓	Terry Riley 9-9-09	Mobile Home	188.00	05-33-04-160-C
09-68 ✓	Jeff Rhodes 9-9-09	pole barn	28.00	08-12-05-802-B
09-69 ✓	Justin Needling 9-11-09	house	330.00	05-31-04-104-B
09-70 ✓	Tim Szymcek	house	210.00	04-04-02-058
09-71 ✓	Roger Jingle 9-21-09	pole barn lean to	50.00	03-22-01-757

2009

Permit #	Name & Date	Type of Improvemet	Cost	property #
09-72 ✓	Steven Claridy 9-24-09	addition	$40.00	09-28-06-550
09-73 ✓	Southern FS 9-29-09	pole barn	124.00	11-14-06-839-21
09-74 ✓	Robert Livesay 9-29-09	garage	$41.00	11-04-06-841-B
09-75 ✓	Tim Glaser 9-30-09	pole barn	170.00	01-31-00-440-A
09-76	James Watkins 10-8-09	demolish (house burnt)	—	08-28-06-216-B1
09-77 ✓	Gary Gibb 10-14-09	addition	$14.00	09-17-06-414
09-78 ✓	Christopher Campbell 10-14-09	mobile Home	160.00	08-27-06-210-D
09-79 ✓	Kathy Wills 10-19-09	garage	22.00	07-34-05-642-D2
09-80 ✓	Kim Bird 10-26-09	Mobile home	$272.00	05-11-03-142
09-81 ✓	John Ramsey 11-3-09	garage	$160.00	04-08-02-143-A
09-82 ✓	David Karraker 11-10-09	Greenhouse	16.40	02-27-01-107-A1
09-83 ✓	Kim Keene 11-18-09	MH	180.00	06-11-04-458-A
09-84 ✓	Mark Clark 11-24-09	chicken house	$16.00	04-35-02-885-D
09-85 ✓	Lotus - Mr Blane 11-24-09	Carport	$20.00	11-25-07-048-A1
09-86 ✓	Gail Brown 11-25-09	pole barn	$38.00	08-23-05-8
09-87 ✓	Earnest Newton 12-2-09	pole barn	$19.00	04-17-02-283-A
09-88 ✓	Todd Mowery 12-3-09	2 sided pole barn	13.00	08-23-25-212-A
09-89 ✓	James Watkins 12/3/09	house w/ garage	$260.00	08-28-06-216-B1
09-90	Ralph Stroehlein 12/3/09	Mobile Home	$12.00	14-00-11-488
09-91 ✓	Sam & Nadine Rider 12-3-09	pole barn	$24.00	03-19-01-695
09-92 ✓	Billie Wilson Tammy Clarke John Clarke 12-10-09	CD garage	$28.00	04-25-02-503
09-93 ✓	Jason Miller 12-15-09	Addition	$310.00	02-18-00-909
09-94 ✓	Verizon Wireless Tower Calvert, Paul	Tower	$110.00	06-31-05-003
09-95 ✓	Steve Boyd 12-28-09	pole barn	30.00	05-07-03-051
09-96 ✓	Jonathan Lintz 12-30-09	double wide	36.00	04-32-02-822-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-32-02-822-A

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

I. LOCATION OF BUILDING

Number and street: 2672 Casper Church Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: PT SE NW & PT NE SW 11-1W 5.52 14.28 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 12-28-09

Completion construction date 1-28-09

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	$ 13,000

MOBILE HOME INFO:

Date MH was set-up:	Dec 28, 09
Make	Mansion
Size	28 X 70
Yr. Model	1995
Previous MH Owner	John Baugher
Previous MH Location	Tamms
Current MH Owner	Jonathan Robert Lintz
Current MH Location	2672 Casper Church Rd.
Current Land Owner	Robert V Lintz

III. SELECTED 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

- No Floodplain
- No Subdivision
- Rec. for approval

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	Jonathan Lintz	2672 Casper Church Rd Cobden, IL	62920	618-697-6655
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Jonathan Lintz	2672 Casper Church Rd. Cobden IL	12/28/09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 36.00	12-30-09	09-96

Payment of $36.00 CK #790 received by Union County Treasurer

Date 1-6-2010

[illegible]

04-31-02-784
04-31-02-793
04-32-02-826
32-02-820
04-32-02-817
-011
7.00
04-32-02-821-A1
04-32-02-821-A3
04-32-02-818-A
-003
20.0
04-31-02-793
-006
04-32-02-829
-002
04-32-02-821-A2
-010
-012
19.73
04-32-02-821-A
04-32-02-818-B
04-32-02-818-C
-004
6.86
-009
4.41
-007
-005
04-32-02-827-A
04-32-02-818
04-32-02-818-B1
-013
1.00
04-32-02-821
32
04-32-02-821-A4
04-32-02-822
-006
04-31-02-792
04-32-02-822-A
-005
14.28
04-32-02-822-C
-001
04-32-02-839-A
-005
31.96
04-32-02-831
-002
40.00
04-32-02-832-A
-004
04-32-02-832-D
04-32-02-832-A
-010
3.60
-008
11.00
04-32-02-832-B
04-31-02-813
04-32-02-832-C
-003
37.84
04-32-02-832
-009
27.87
04-32-02-838
-006
33.07
05-05-02-999
05-05-03-010
05-05-02-998
05-05-02-994-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-07-03-051

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

I. LOCATION OF BUILDING

Number and street: 1104 51 N, Colbert

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-16 S 7 PT 20 NE 73.84 N/S E/W from Intersection of _____ and _____ Streets

PT E PT 20, W PT 21/25E, PT 25E NW

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 gravel

Beginning construction date Jan 1, 09
Completion construction date End 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	$ 12,000

MOBILE HOME INFO:

Date MH was set-up:	
Make	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

∴ No floodplain
∴ No subdivision
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and 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 48 1440 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	Steve Byd	100 Twin Springs Loop, Anna	62906	634-4057 833-5478
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
Steve Byd		12-28-09

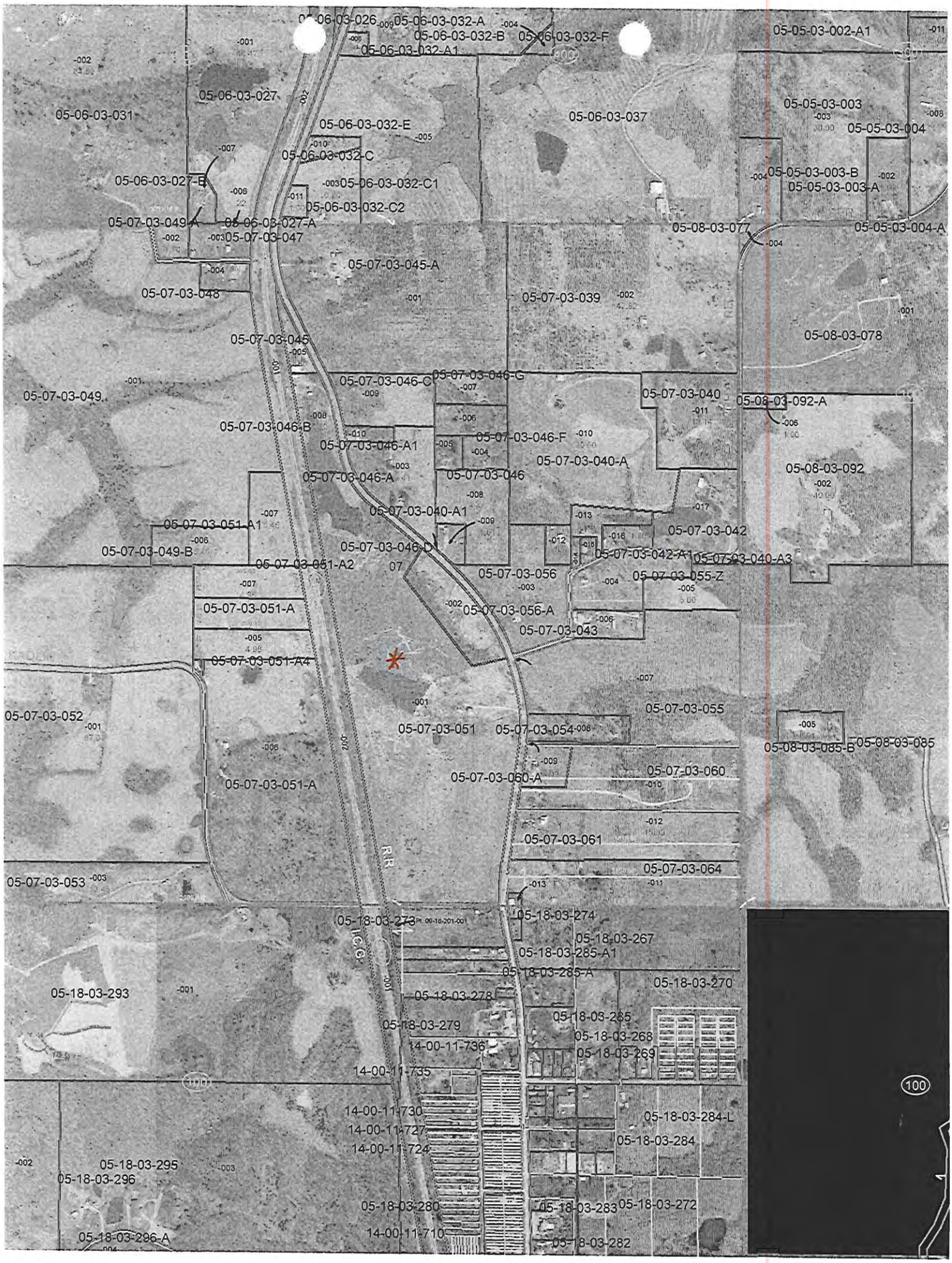
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rund	$ 50.00	12-28-09	09-95

Payment of $30.00 CK # 5224 received by Union County Treasurer

Date 1-4-2010

Betty A. Mayer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05-06-03-032-A
05-06-03-032-B
05-06-03-032-F
05-06-03-032-A1
05-05-03-002-A1
05-06-03-027
05-06-03-031
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05-06-03-037
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05-05-03-004
05-06-03-032-C
05-06-03-027-B
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05-07-03-047
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05-07-03-051-A2
05-07-03-056
05-07-03-055-Z
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05-07-03-052
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RR
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05-07-03-053
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05-18-03-274
I.C.G.
05-18-03-267
05-18-03-285-A1
05-18-03-285-A
05-18-03-270
05-18-03-293
05-18-03-278
05-18-03-265
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05-18-03-269
14-00-11-735
100
14-00-11-730
05-18-03-284-L
14-00-11-727
05-18-03-284
14-00-11-724
05-18-03-295
05-18-03-296
05-18-03-280
05-18-03-283
05-18-03-272
14-00-11-710
05-18-03-296-A
05-18-03-282

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 06-31-003

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

I. LOCATION OF BUILDING

Number and street: 340 BRIDGE 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

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

TELECOMMUNICATIONS TOWER

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, merchantile
28 [X] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date: 1ST QTR. OF ~~2010~~ 2011
Completion construction date: TWO MONTH LATER
request extension for 2011 1/11/11 Angelina from Verizon

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 50,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 50,000

MOBILE HOME INFO: N/A
Date MH was set-up:
Make _____ Size _____
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

- No floodplain
- No subdivision
- Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts for wrecking, complete only Part J, for all others sl*

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 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 N/A

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

J. DIMENSIONS N/A

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 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, STE 400 OVERLAND PARK, KS	66211	913 344-3892
2. Contractor or Builder	TBD			
3. Architect	KUHLMANN DESIGN GROUP	15 E. Washington BELLEVILLE, IL	62220	618 234-8898

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

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

Signature of applicant: A. Boyd - agent for VERIZON WIRELESS
Address: 11 E. LOCKWOOD AVE. #200 WEBSTER GROVES, MO 63119
Application date: 12/18/09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 110.00	12-21-09	09-94

Payment of $110.00 CK# 5486 received by Union County Treasurer
Date 1/4/10
[signature] Mag.

COPY

LOT PLAN

PARCEL I.D. #: 06-31-05-003

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: DECEMBER 18, 2009

Name: PAUL CALVERT

Number & Street: 340 BRIDGE STREET

Lot Number: MILL CREEK, IL 62961

Subdivision or Addition:

Zoning District:

Permit Number:

" SEE ATTACHED DRAWINGS "

(LOT FRONT)

BRIDGE STREET

STREET NAME

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

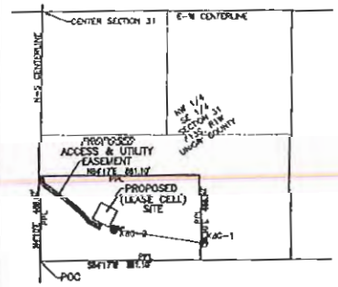
Applicant: DOLAN REALTY ADVISORS, LLC - AGENT for VERIZON WIRELESS

Address: 11 E. LOCKWOOD AVE., #200 WEBSTER GROVES, MO 63119

Phone Number: 314-963-7700

Angela R. Adams
Supervisor of Assessments
302 W. Market
Jonesboro, IL 62952

A TRACT OF LAND PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 13 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN UNION COUNTY, ILLINOIS.



PARENT PARCEL
SCALE 1" = 300'

LEGEND

- IRON PIPE FOUND
- IRON MARKER TO
- CUT CROSS
- (R) RECORD OR GIVEN DISTANCE
- (C) CALCULATED DISTANCE
- (M) MEASURED DISTANCE
- POWER POLE
- TREE
- R/W RIGHT OF WAY
- P.P.L. PARENT PARCEL LINE

VICINITY SITE LOCATION MAP
SCALE 1" = 2000'

DESCRIPTION (PARENT PARCEL)

LAND SURVEYED AND DESCRIBED AS FOLLOWS: BEGINNING AT A STONE WEST CORNER OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 13 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN; THENCE NORTH 4 DEGREES 10 MINUTES WEST, 7.57 CHAINS (498.42 FEET); THENCE NORTH 84 DEGREES 17 MINUTES EAST, 18.37 CHAINS (1214.13 FEET); THENCE SOUTH 4 DEGREES 10 MINUTES EAST, 7.57 CHAINS (498.42 FEET); THENCE SOUTH 84 DEGREES 17 MINUTES WEST, 13.36 CHAINS (883.19 FEET) TO THE POINT OF BEGINNING, SITUATED IN UNION COUNTY, ILLINOIS.

LEGAL DESCRIPTION LEASE (CELL) SITE

A TRACT OF LAND IN THE NORTHWEST QUARTER, SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 13 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF MILL CREEK, UNION COUNTY, ILLINOIS AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE SOUTHWEST QUARTER, OF THE SOUTHEAST QUARTER OF SECTION 31; THENCE NORTH 4 DEGREES 10 MINUTES WEST, 454.30 FEET TO THE CENTERLINE OF BRIDGE STREET; THENCE NORTH 83 DEGREES 30 MINUTES 34 SECONDS EAST, 18.81 FEET; THENCE SOUTH 11 DEGREES 33 MINUTES 49 SECONDS EAST, 37.18 FEET; THENCE SOUTH 33 DEGREES 06 MINUTES 37 SECONDS, 98.83 FEET; THENCE SOUTH 30 DEGREES 15 MINUTES 35 SECONDS EAST, 105.34 FEET; THENCE SOUTH 48 DEGREES 44 MINUTES 32 SECONDS EAST, 68.79 FEET; THENCE SOUTH 43 DEGREES 24 MINUTES 06 SECONDS EAST, 61.26 FEET; THENCE SOUTH 60 DEGREES 14 MINUTES 13 SECONDS EAST, 54.78 FEET; THENCE NORTH 27 DEGREES 22 MINUTES 43 SECONDS EAST, 23.11 FEET TO THE POINT OF BEGINNING OF THE LEASE (CELL) SITE DESCRIBED IN THIS PARAGRAPH; THENCE NORTH 62 DEGREES 37 MINUTES 17 SECONDS WEST, 50.00 FEET; THENCE NORTH 27 DEGREES 22 MINUTES 43 SECONDS EAST, 100.00 FEET; THENCE SOUTH 62 DEGREES 37 MINUTES 17 SECONDS EAST, 100.00 FEET; THENCE SOUTH 27 DEGREES 22 MINUTES 43 SECONDS WEST, 100.00 FEET; THENCE NORTH 62 DEGREES 37 MINUTES 17 SECONDS WEST, 50.00 FEET TO THE POINT OF BEGINNING.

SAID LEASE CELL SITE BEING SITUATED IN UNION COUNTY, ILLINOIS AND CONTAINING 10000 SQUARE FEET OR 0.230 ACRES, MORE OR LESS.

LEGAL DESCRIPTION (ACCESS AND UTILITY EASEMENT)

A 20 FOOT WIDE ACCESS AND UTILITY EASEMENT THROUGH PART OF THE NORTHWEST QUARTER, OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 13 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF MILL CREEK, UNION COUNTY, ILLINOIS AND LYING 10 FEET ON EACH SIDE OF THE FOLLOWING DESCRIBED CENTERLINE:

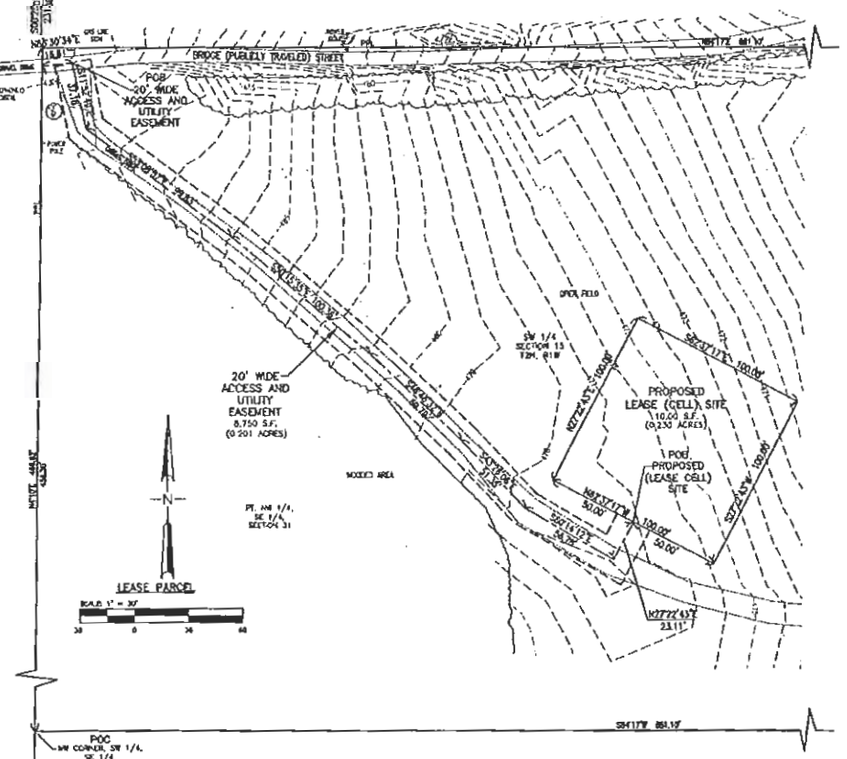
COMMENCING AT THE NORTHWEST CORNER OF SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 31; THENCE NORTH 4 DEGREES 10 WEST, 454.30 FEET TO THE CENTERLINE OF BRIDGE STREET; THENCE NORTH 83 DEGREES 30 SECONDS EAST, 18.81 FEET TO THE POINT OF BEGINNING OF THE THE 20 FOOT WIDE ACCESS AND UTILITY EASEMENT DESCRIBED HEREIN; THENCE SOUTH 11 DEGREES 33 MINUTES 49 SECONDS EAST, THENCE SOUTH 53 DEGREES 06 MINUTES 37 SECONDS, THENCE SOUTH 30 DEGREES 15 MINUTES 35 SECONDS EAST, THENCE SOUTH 48 DEGREES 44 MINUTES 32 SECONDS EAST, THENCE SOUTH 43 DEGREES 24 MINUTES 06 SECONDS EAST, 51.33 FEET, SOUTH 60 DEGREES 14 MINUTES 13 SECONDS EAST, 54.78 FEET, THENCE SOUTH 27 DEGREES 22 MINUTES 43 SECONDS EAST, 23.11 FEET TO THE POINT OF TERMINUS OF SAID CENTERLINE.

SAID EASEMENT BEING SITUATED IN UNION COUNTY, ILLINOIS AND CONTAINING 8750 SQUARE FEET OR 0.201 ACRES, MORE OR LESS.

FLOOD PLAIN AND FEMA INFORMATION:

BY GRAPHIC PLOTTING ONLY, THE LEASE AND EASEMENT SITES ARE WITHIN ZONE "C" (AREAS DETERMINED OUTSIDE 500-YEAR FLOODPLAIN) OF FLOOD INSURANCE RATE MAP NUMBER 170446B, EFFECTIVE DATE: 10/05/1984 ACCORDING TO FEMA. "ZONES B, C, AND X ARE THE FLOOD INSURANCE RATE ZONES THAT CORRESPOND TO AREAS OUTSIDE THE 1-PERCENT ANNUAL CHANCE FLOODPLAIN, AREAS OF 1-PERCENT ANNUAL CHANCE SHOW FLOODING WHERE AVERAGE DEPTHS ARE LESS CHAN 1 FOOT, AREAS OF 1-PERCENT ANNUAL CHANCE STREAM FLOODING WHERE THE CONTRIBUTING DRAINAGE AREA IS LESS THAN 1 SQUARE MILE, OR AREAS PROTECTED FROM THE 1-PERCENT ANNUAL CHANCE FLOOD BY LEVEES. NO BASE FLOOD ELEVATIONS OR DEPTHS ARE SHOWN WITHIN THIS ZONE. INSURANCE PURCHASE IS NOT REQUIRED IN THESE ZONES."

THIS NOTE IS FOR THE PURPOSE OF PROVIDING INFORMATION AS INDICATED ON THE CURRENT FLOOD INSURANCE RATE MAP FOR THIS AREA, AND SHOULD NOT BE CONSTRUED AS AN INDICATION AS TO WHETHER FLOOD INSURANCE SHOULD, OR SHOULD NOT BE PURCHASED.



GENERAL NOTES:

1. THIS IS NOT A ILLINOIS MINIMUM STANDARD DETAIL PROPERTY BOUNDARY SURVEY.
2. ALTHOUGH MONUMENTATION WAS FOUND WITH TOLERANCES SUPPORTING THE LOT LINES AS PLOTTED HEREON, IT IS RECOMMENDED THAT A BOUNDARY SURVEY BE PERFORMED TO FULLY RECONCILE ANY DISCREPANCIES SHOWN HEREON BEFORE ANY IMPROVEMENTS, CONSTRUCTION OR EXCAVATION TAKE PLACE. NO PROPERTY LINES OR CORNERS SHOWN HEREON HAVE BEEN DETERMINED OR SET DEPICTING THE BOUNDARY OR TITLE LINES AS SHOWN.
3. THIS PLAT OR MAP REFLECTS INFORMATION FOUND IN TITLE PROFESSIONALS INC., DBA ANNA-JONESBORO TITLE, TITLE COMMITMENT NUMBER A71172, DATED SEPTEMBER 26, 2007.
4. UTILITIES AND RIGHTS-OF-WAY ARE LOCATED FROM FIELD OBSERVATIONS, MUNICIPAL OR PRIVATE MAPS OR OTHER AVAILABLE INFORMATION.
5. ILLINOIS STATE PLANE COORDINATE INFORMATION (NAD 83) WEST ZONE CONVERTED FROM METERS TO FEET;

-POINT ID. KJG-1
-GRID FACTOR: 0.00001215
-NORTH: 2463134.41
-EAST: 359147.32
-ELEVATION: 454.70

-POINT ID. KJG-2
-GRID FACTOR: 1.00001103
-NORTH: 2462962.50
-EAST: 358971
-ELEVATION: 474.28

6. BENCHMARK INFORMATION (NAVD 88).
KDG-1 (SET NAIL W/ CAP)
KDG-2 (SET NAIL W/ CAP)

ZONING INFORMATION:

ZONED AGRICULTURAL. SETBACKS AND HEIGHT RESTRICTIONS APPLY. (PER SCIP PROVIDED BY CLIENT)

NOTES CORRESPONDING TO SCHEDULE "B":

NONE OF RECORD

UTILITY NOTE:

EXISTING UTILITIES SHOWN HEREON ARE LOCATED ACCORDING TO AVAILABLE PUBLIC AND PRIVATE MAPS AND A SURVEY. EXCEPT FOR LINES WITH SURVEY COORDINATES SHOWN, LOCATIONS ARE ASSUMED TO BE APPROXIMATE AND SHOULD BE FIELD VERIFIED BEFORE EXCAVATION BEGINS. SURFACE EXPRESSIONS (GRADE, POLES, VALVES, MANHOLES) HAVE BEEN FIELD LOCATED.

CALL BEFORE YOU DIG: 800-892-0123
ILLINOIS LAW REQUIRES ANYONE DIGGING, REGARDLESS OF THE DEPTH OF THE PROJECT, TO CALL JULIE AT 1-800-892-0123. THIS NOTICE MUST BE AT LEAST 48 HOURS/TWO WORKING DAYS PRIOR TO THE START OF EXCAVATION AND THE PROJECT MUST BEGIN WITHIN 14 CALENDAR DAYS FROM THE CALL.
CALL BEFORE YOU DIG: 800-892-0123

SURVEYOR'S STATEMENT:

THIS IS TO CERTIFY TO VERIZON WIRELESS AND TITLE PROFESSIONALS INC., DBA ANNA-JONESBORO TITLE, THAT KUHLMANN DESIGN GROUP, INC. DURING THE MONTH OF OCTOBER, 2007, PERFORMED A TOPOGRAPHIC SURVEY OF A PARCEL OF LAND BEING PART OF THE NW 1/4 OF THE SE 1/4 OF SECTION 13, TOWNSHIP 13 SOUTH, RANGE 1 WEST, UNION COUNTY, ILLINOIS. THIS SURVEY OF THE LEASE PARCEL AND LEASE ACCESS AND UTILITY EASEMENT AS SHOWN IS FROM RECORD INFORMATION AND AN ACTUAL FIELD SURVEY.

PRELIMINARY

DATE

WERNER S. HUBER, IL PLS NO. 035-0037822 EXPIRES: 11/30/2008
KDG IL. CORPORATE SURVEY LIC# 184-000501 Expires 12/31/2008

Date	Revisions	Rev.

Date: 10/26/2007
Designed By: RTS
Drawn By: SRH
Checked By: MSH

verizon wireless.
10740 Nall Ave., Suite 400
Overland Park, KS 66211
Office: (913) 344-2800

Kuhlmann Design Group, Inc.
KdG

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DISCLAIMER OF RESPONSIBILITY

I hereby certify that the documents attached to this report, and all other documents related to this report, which were prepared by me, or under my direct supervision, were prepared in accordance with the provisions of the Illinois Professional Land Surveyor Act of 1989 and the rules promulgated and adopted pursuant thereto to the best of my knowledge and belief. I further state that the errors or omissions, if any, in the documents referred to above, if detected, will be corrected if the work is performed in the future and that to the best of my knowledge and belief, no other errors or omissions exist in the documents referred to above, or in any part or parts of the documents referred to above, that would affect the overall outcome of the survey.

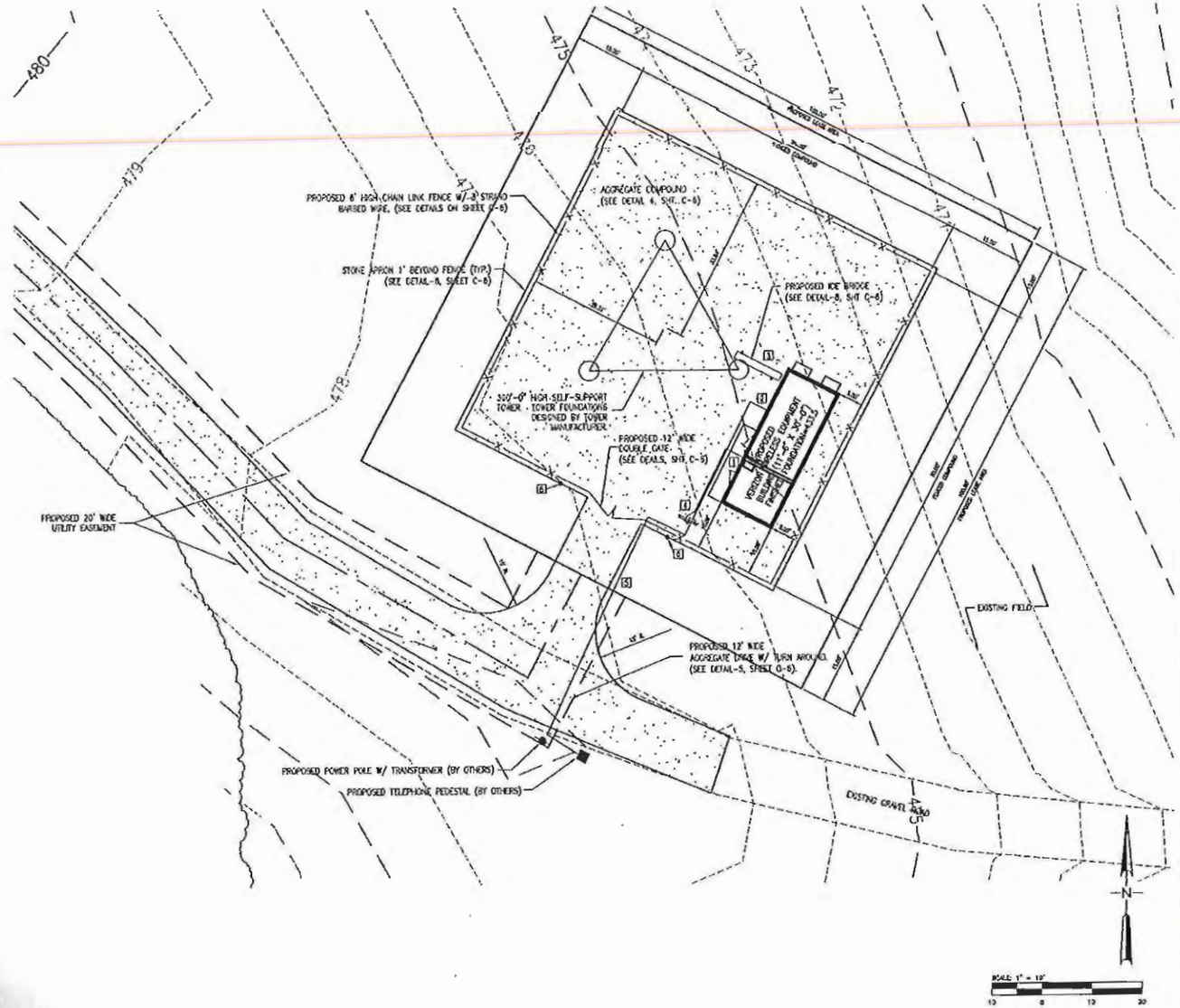
Job No. 070003-0050

Sheet
C-1

IL-08 MILL CREEK

KEYED NOTES

1. PROPOSED ROUTE FOR 4" ELECTRICAL SERVICE CONDUIT.
2. PROPOSED ROUTE FOR 4" TELEPHONE SERVICE CONDUIT FOR (10) 4 PAIR CAT 5 CABLES.
3. PROPOSED ICE BRIDGE TO BE INSTALLED APPROX. 8' ABOVE GRADE. CONTRACTOR SHALL MOUNT ONE GPS ANTENNA TO PROPOSED WAVE GUIDE.
4. UTILITY H-FRAME AS SHOWN ON SHT. E-2. CONTRACTOR TO COORDINAT WITH UTILITY PROVIDER FOR SERVICE START UP ONCE H-FRAME HAS BEEN SET.
5. 4" CONDUIT TO TELEPHONE SERVICE SOURCE, COORDINATE WITH UTILITY FOR SERVICE STARTUP. STUB CONDUIT 5' OUTSIDE OF COMPOUND.
6. GATE HOLD BACKS TO HOLD GATE IN FULLY OPEN POSITION. (SEE DETAIL-5 SHT. C-6)



HOLD IT! CALL BEFORE YOU DIG!
Phone J.U.L.I.E.

Toll Free 800/892-0123

verizon wireless.
10740 NALL AVE., SUITE 450
OVERLAND PARK, KS 66211
OFFICE: (913) 345-2882

Kuhlmann Design Group, Inc.
15 East Washington Street
Joliette, Illinois 60220-2148
Tel. (815) 723-4808

KdG

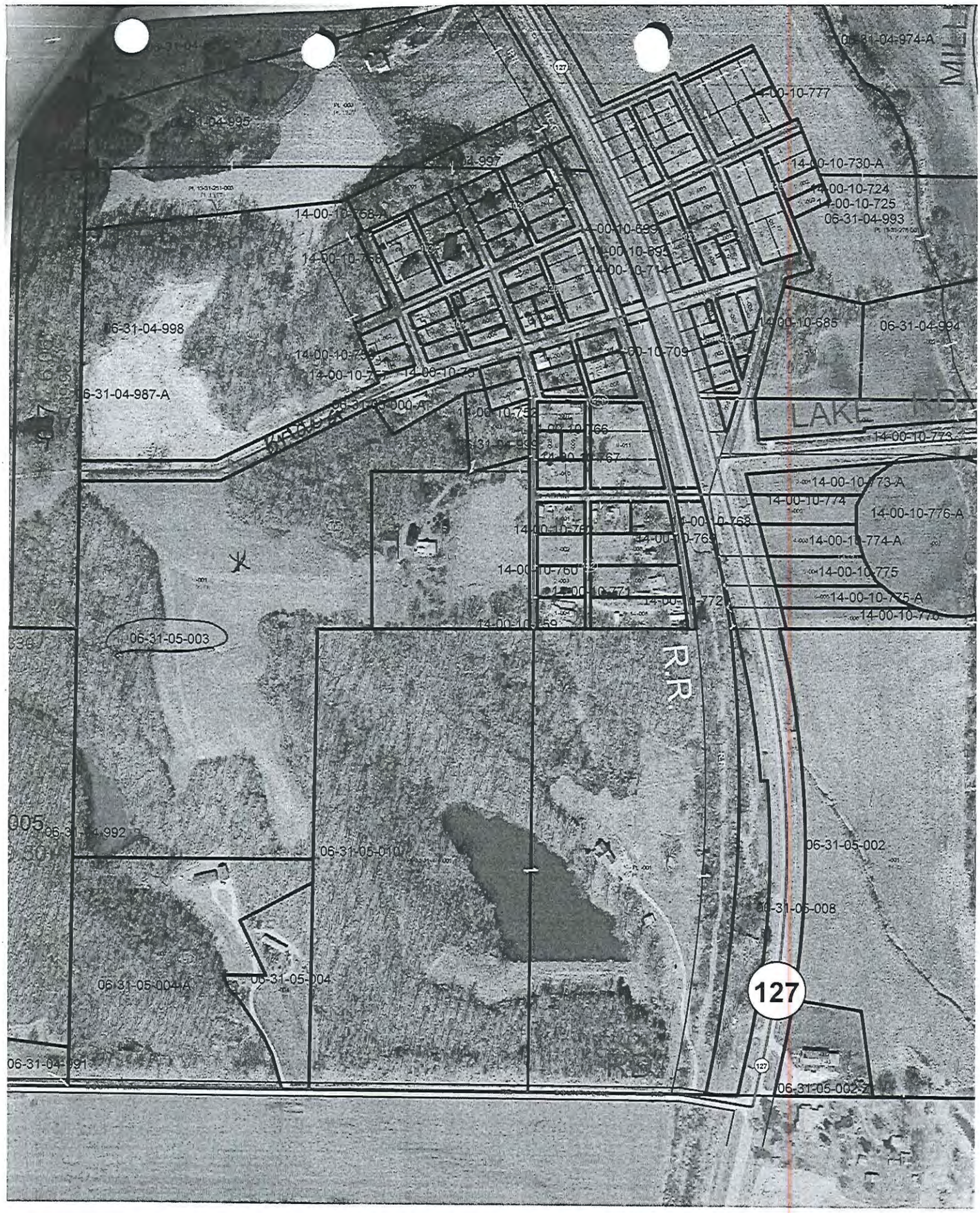
DISCLAIMER OF RESPONSIBILITY

NO	DATE

PROJECT NO.	CONTRACT NO.
070003	0050
DRAWN JEH	CHECKED RTS
DATE OCT 31, 2007	

C-3

1108 NORTH MILL CREEK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LAKE
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14-00-10-773-A
14-00-10-774
14-00-10-776-A
14-00-10-774-A
14-00-10-775
14-00-10-775-A
06-31-05-003
R R
06-31-05-002
06-31-05-008
06-31-05-004-A
06-31-05-004
127
06-31-05-002-2

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-18-00-909

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

I. LOCATION OF BUILDING

Number and street: 440 Casey Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: S18 T12 R1E 19.50 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 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date 12-1-09

Completion construction date 03-01-10

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	$ 150,000.00
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	$ 150,000

MOBILE HOME INFO:

Date MH wa
Make
Previous MH
Previous MH
Current MH
Current MH
Current Lan

Home addition
∴ No floodplain
∴ No subdivision
∴ Rec. for approval

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories: 2
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 2100
- 50. Total land area, sq. ft.:

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full: 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 Miller J.J. Miller	440 Casey Ln Anna, IL 62906	62906	(618) 833-4916
2. Contractor or Builder	Eddie Pearl	Jonesboro, IL	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
Jason Miller	440 Casey Ln Anna IL 62906	12-14-09

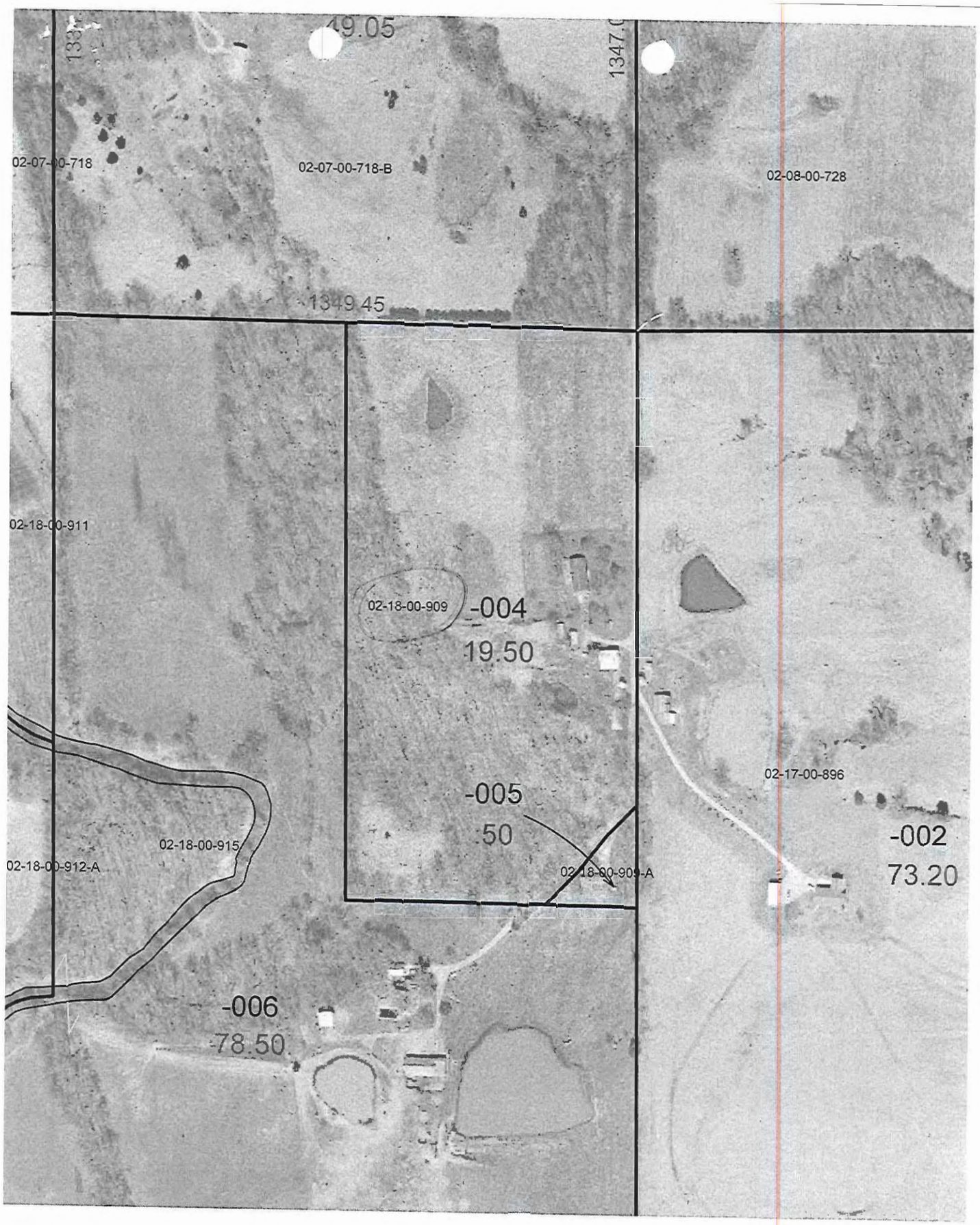
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Kelle	$ 310.00	12-15-09	09-93

Payment of $310.00 CK # 8167 received by Union County Treasurer

Date 12-21-09

Bruce L. Mayer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-004
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-005
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02-17-00-896
-002
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02-18-00-915
02-18-00-912-A
02-18-00-909-A
-006
78.50

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No.- 04-25-02-503

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

I. LOCATION OF BUILDING

Number and street: 9350 Wing hill Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 25 T11 R1W S1/2 SE N PT SE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

- 1 [/] 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	$ 9,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 9,000

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

- New Building
- No Floodplain
- No subdivision
- Rec. for approval

III. SELECTED 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
- 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.: 2208

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 0
- 54. Number of bathrooms: Full _____ Partial _____

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Clark	PO Box 284 Cobden Il.	62920	618-893-2195
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 Clark	PO Box 284 Cobden Il. 62920	12-10-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Kurth	$ 28.00	12-10-09	09-92

Payment of $28.00 Cash received by Union County Treasurer

Date 12-21-09

Randy T. Magnus
Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-19-01-695

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

I. LOCATION OF BUILDING

Number and street: 190 Rider Lane, Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1E 5.19 PT NE SW 25.01 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 [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* 3 sided pole barn/ dirt floor

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	$ 7000

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

Pole barn
- No flood plain
- No subdivision
- Rec. for approval

III. SELECTED 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. _____ 24 X 24 576 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	Samuel P. Rider	P.O. Box 301 Rider Lane 190	62926	827-4179
	Nadine Rider			
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
Samuel P. Rider		12-3-09

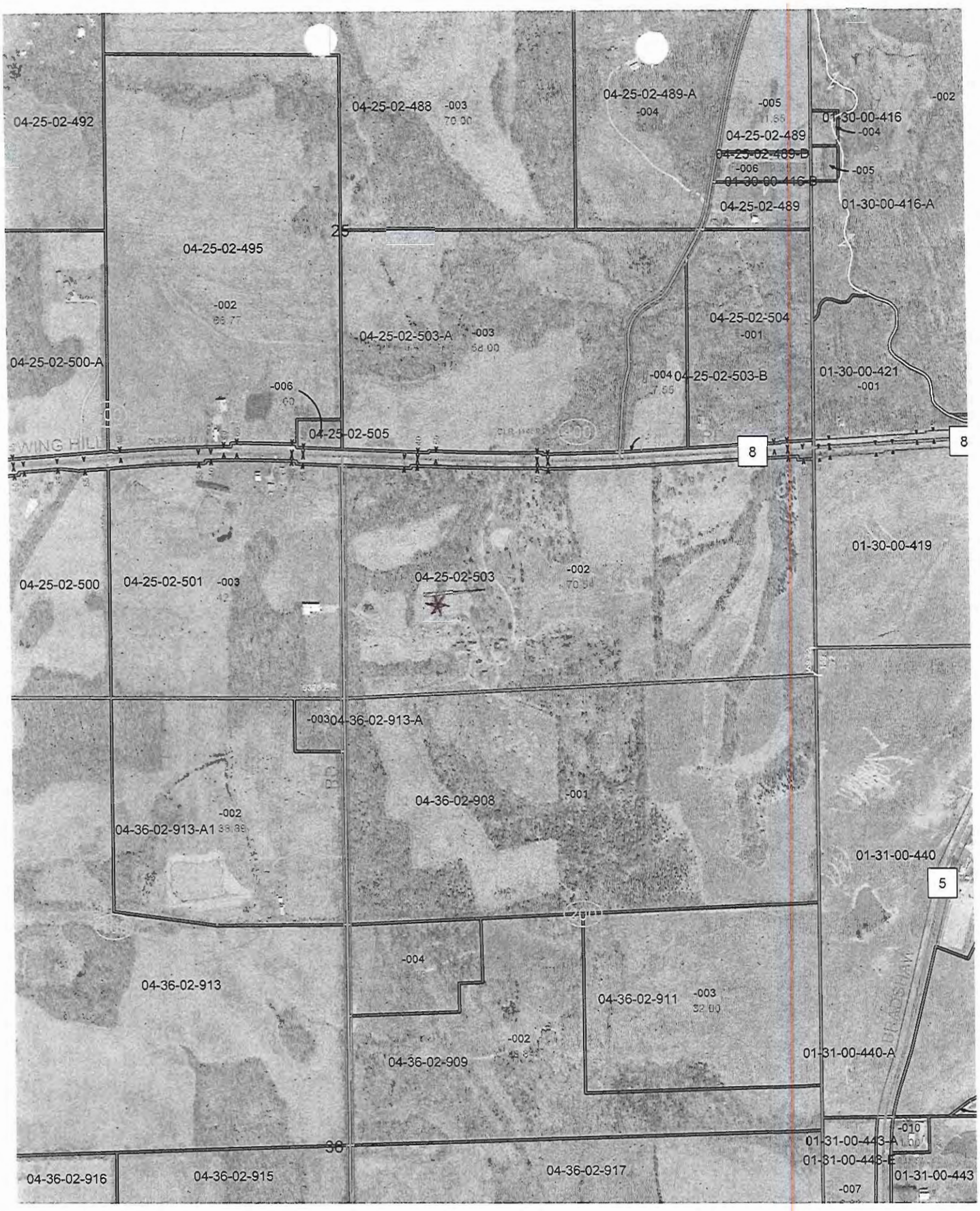
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rudy Lenk	$ 24.00	12/7/09	09-91

Payment of $24.00 CK #3539 received by Union County Treasurer

Date 12-21-09

Barry L. Magee


04-25-02-492
04-25-02-488 -003
04-25-02-489-A
-004
-005
01-30-00-416
-004
-002
04-25-02-489
04-25-02-489-B
-006
-005
01-30-00-416-B
04-25-02-489
01-30-00-416-A
25
04-25-02-495
-002
04-25-02-503-A -003
04-25-02-504
-001
04-25-02-500-A
-004 04-25-02-503-B
01-30-00-421
-001
-006
04-25-02-505
8
8
01-30-00-419
04-25-02-500
04-25-02-501 -003
04-25-02-503
-002
-003 04-36-02-913-A
04-36-02-908
-001
-002
04-36-02-913-A1
01-31-00-440
5
-004
04-36-02-913
04-36-02-911 -003
-002
04-36-02-909
01-31-00-440-A
-010
01-31-00-443-A
01-31-00-443-B
36
04-36-02-916
04-36-02-915
04-36-02-917
01-31-00-443
-007

UNION COUNTY Pro, ɔ.
BUILDING PERMIT APPLICATION 08-28-06-216-B1

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

I. LOCATION OF BUILDING

Number and street: 245 Tractor man ln
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 08-28-06-216-B1
S28 T12 R1W PT NW NW 5ac

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

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 125,000.00

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

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

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

Beginning construction date _____
Completion construction date _____

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

- Not in flood plain
- No subdivision
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and for wrecking, complete*

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify outside wood stove

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 [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. 5

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	James Watkins	245 Tractor man ln Jonesboro IL	62952	618-697-2354
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]	245 Tractor man ln Jonesboro IL	12-3-09

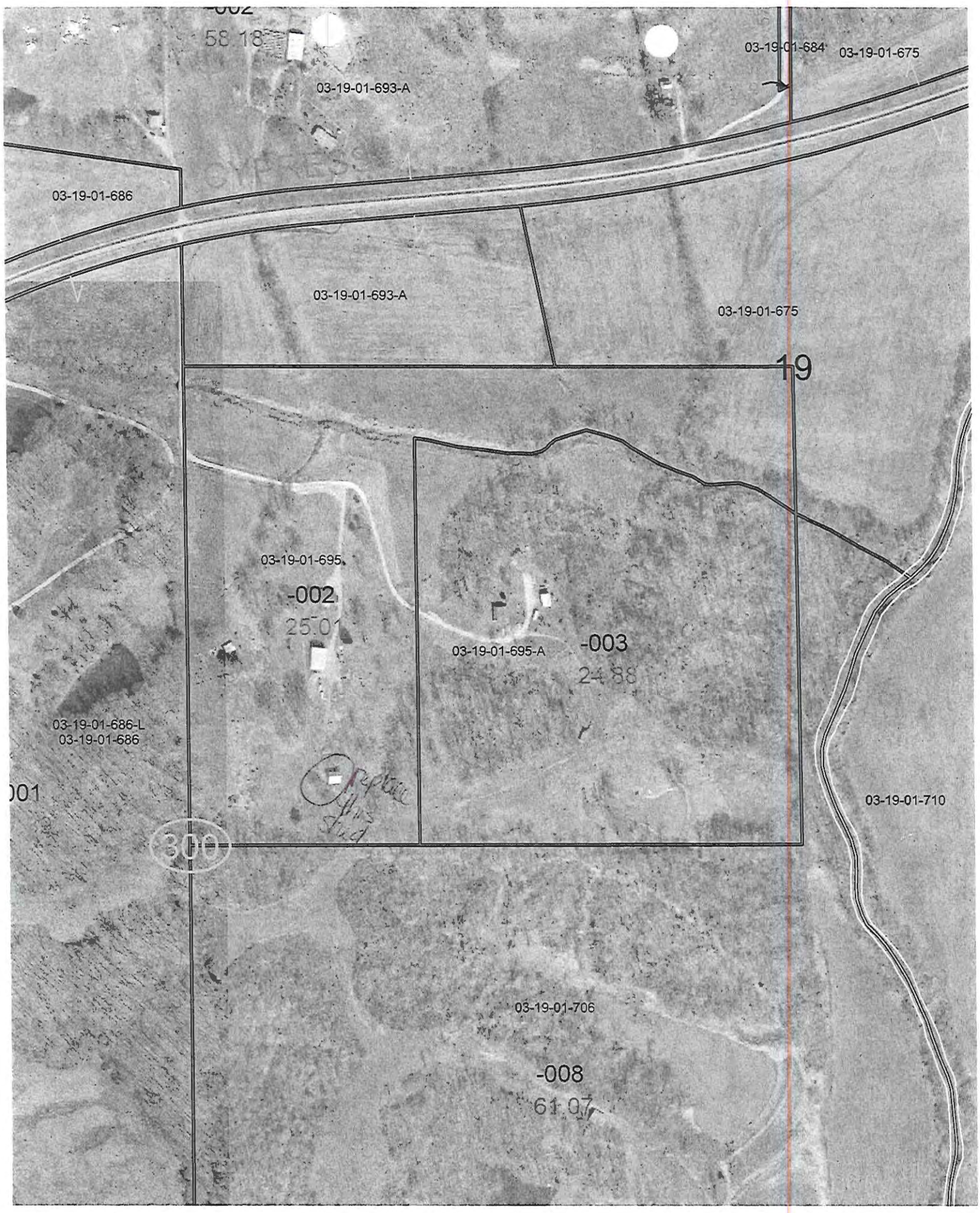
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 260.00	12/3/09	09-89

Payment of $260.00 CK #2050 received by Union County Treasurer

Date 12-7-09

[signature] mg.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03-19-01-695
-002
25.01
03-19-01-695-A
-003
24.88
03-19-01-686-L
03-19-01-686
03-19-01-710
300
03-19-01-706
-008
61.07

UNION COUNTY Prop. ... 08-23-05 995-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 12 2W 5.25 PT NE SE 17.57 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* Horse 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 10/1/09
Completion construction date 1/1/10

Horse barn
- No flood plain
- No subdivision
∴ Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 1300.00
To be installed but not included in the above cost	
a. Electrical	400.00
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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and for wrecking, complete*

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____ 334 16 × 24

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	Todd Mowery Julie Mowery	403 S Main St Jonesboro, Il	62952	833 5059
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
Todd Mowery	403 S. Main St Jonesboro Il	12-3-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 13.00	12-3-09	09-78

Payment of $13.00 Cash #1081 received by Union County Treasurer

Date 12-7-09

[illegible] Mgr.

UNION COUNTY Pr No.
BUILDING PERMIT APPLICATION 04-17-02-283-A

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

I. LOCATION OF BUILDING

Number and street: 2395 Cobden School Rd.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S17 T11 R1W W1/2 SE NW 20.88 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 [ ] 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* Storage bldg.

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 _____

Storage bldg.
- No flood plain
- No subdivision
∴ Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4,500
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4,500

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and for wrecking, complete o*

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 NA

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

G. TYPE OF SEWAGE DISPOSAL NA

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

H. TYPE OF WATER SUPPLY NA

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: 256
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 0
52. Outdoors: 0

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 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	Earnest E. Newton	2395 Cobden School Rd		618
		Cobden, IL	62920	893-2907
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
Earnest E. Newton	2395 Cobden School Rd	12-2-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Fulk	$ 19.00	12-2-09	09-87

Payment of $19.00 CK #1205 received by Union County Treasurer

Date 12-7-09

Bailey L. Mann
Mg.

UNION COUNTY Pro. No. 08-14-05-861
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 2260 Kratzinger Hollow Rd.
Subdivision or Addition | Lot | Block | Census track
Legal Description: Sec 14 T12 R2W EPT SE 50.00 AC
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 1-2010
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	$ 10,621.00
To be installed but not included in the above cost	
a. Electrical	NO
b. Plumbing	NO
c. Heating, air conditioning	NO
d. Other (elevator, etc.)	NO
11. TOTAL COST OF IMPROVEMENT	$ 10,621.00

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

New pole barn
- No flood plain
- No subdivision
- Perc. for approval

III. SELECTED 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: 30X40
49. Total square feet of floor area, all floors, based on exterior dimensions: _____
50. Total land area, sq. ft.: 1200

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	Gail Brown Shelby Brown	2260 Kratzinger Hollow Rd	62952	618 833-
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
Gail R Brown	2260 Kratzinger Hollow Rd	11-25-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Ricky Lutz	$ 31.00	11-25-09	09-86

Payment of $31.00 Cash #1254 received by Union County Treasurer
Date 12-7-09
Bailey [illegible] Mag.

ZIP 60956

.ZE- 30 WIDTH 40 LENGTH 10'4 HEIGHT
_EAN TO — WIDTH — LENGTH — HIGH SIDE — LOW SIDE —
COLORS: ROOF Earth Brown SIDES Clay GUTTERS Earth Brown
TRIM Earth Brown BASE TRIM Earth Brown
WAINSCOT: COLOR — HGHT — SIDES — END — DOOR —
ACCENTS: COLOR — LOCATION —
OPEN SIDE — FALL — END CLEARANCE —
TRUSS SIZE 25'9 TRUSS SPACING 10 FOC
ERECTION (APP. DATE) 8/10/Weeks ELECTRICITY NO
NEED GENERATOR ✓ VENTS: ROOF — END WALL —
WINDOWS: QUANT. — SIZE — COLOR — INSULATED —
INSULATION: ROOF ✓ SIDES — THERMAX — VAPOR BARRIER — OTHER Flyfoil
RIDGE CAP NO RIDGE LITE yes
SPLASH BOARDS: LINER (UNDER STEEL) / Treated 2x8 yellow Pine
EXTRA FILL BOARDS (BELOW GRADE) NO
FASTENERS: ROOF Screws SIDES Screws POST: LAM 6X6 yes
DOORS:
— END — WIDTH X — HEIGHT CLR.WID. — CLR.HGT. — COLOR — SPLIT —
— END — WIDTH X — HEIGHT CLR.WID. — CLR.HGT. — COLOR — SPLIT —
— SIDE — WIDTH X — HEIGHT CLR.WID. — CLR.HGT — COLOR — SPLIT —
— SIDE — WIDTH X — HEIGHT CLR.WID. — CLR.HGT — COLOR — SPLIT —
1 WALK 3 WIDTH X 6'4 HEIGHT GLASS — NO GLASS ✓ COLOR Earth Brown
2 O.H. 9 WIDTH X 8 HEIGHT COLOR Clay STEEL ✓ WINDOWS — NON-Insulated
— O.H. — WIDTH X — HEIGHT COLOR — STEEL — WINDOWS —

ADDITIONAL REMARKS Standard Truss / 10 FOC

DO YOU PLAN A FLOOR yes Later Date

PRICE..... $10,621.00/ea
DEPOSIT..... $4249.00
DELIVERY PAYMENT (TO TRUCK DRIVER) $4249.00
BALANCE (TO CREW FOREMAN)..... $2123.00

ACCEPTED BY: TRU-BILT
FARM & COMMERCIAL BUILDING CO.

BY: _____, SELLER

SIGNATURE OF OWNER (BUYER)

SIGNATURE FOR SELLER

DATE OF ACCEPTANCE _____, 20____

This agreement, including the terms and conditions continued upon the reverse side hereof, is the entire and only agreement between parties; and by execution below Buyer acknowledges that he has read the entire Agreement, including the reverse side; that he understands same and hereby acknowledges receipt of a duplicate copy of this agreement on the date of execution.

BUYER SHALL BE LIABLE FOR ALL RISK OF LOSS DUE TO FIRE, STORM OR THEFT, OF ALL MATERIAL DELIVERED TO SITE, AND FOR ANY LOSS OCCURING TO BUILDING BY REASON THEREOF, DURING COURSE OF CONSTRUCTION.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-25-07-048-A1

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

I. LOCATION OF BUILDING

Number and street: 9260 STATE RT 146 W

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: 525 T12 R3W Jonesboro PT NW NW 5.48 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 [X] 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	$ 5000.00
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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Auxilary Structure
- In floodplain
  See attached waiver
- No subdivision
- Rec. for approval

III. SELECTED 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	780
50. Total land area, sq. ft.	780

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	Michael McLane	9260 St. Rt. 146W Jonesboro IL	62952	618 833 9665
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 McLane	9260 St Rt 146W Jonesboro IL 62952	11/18/09

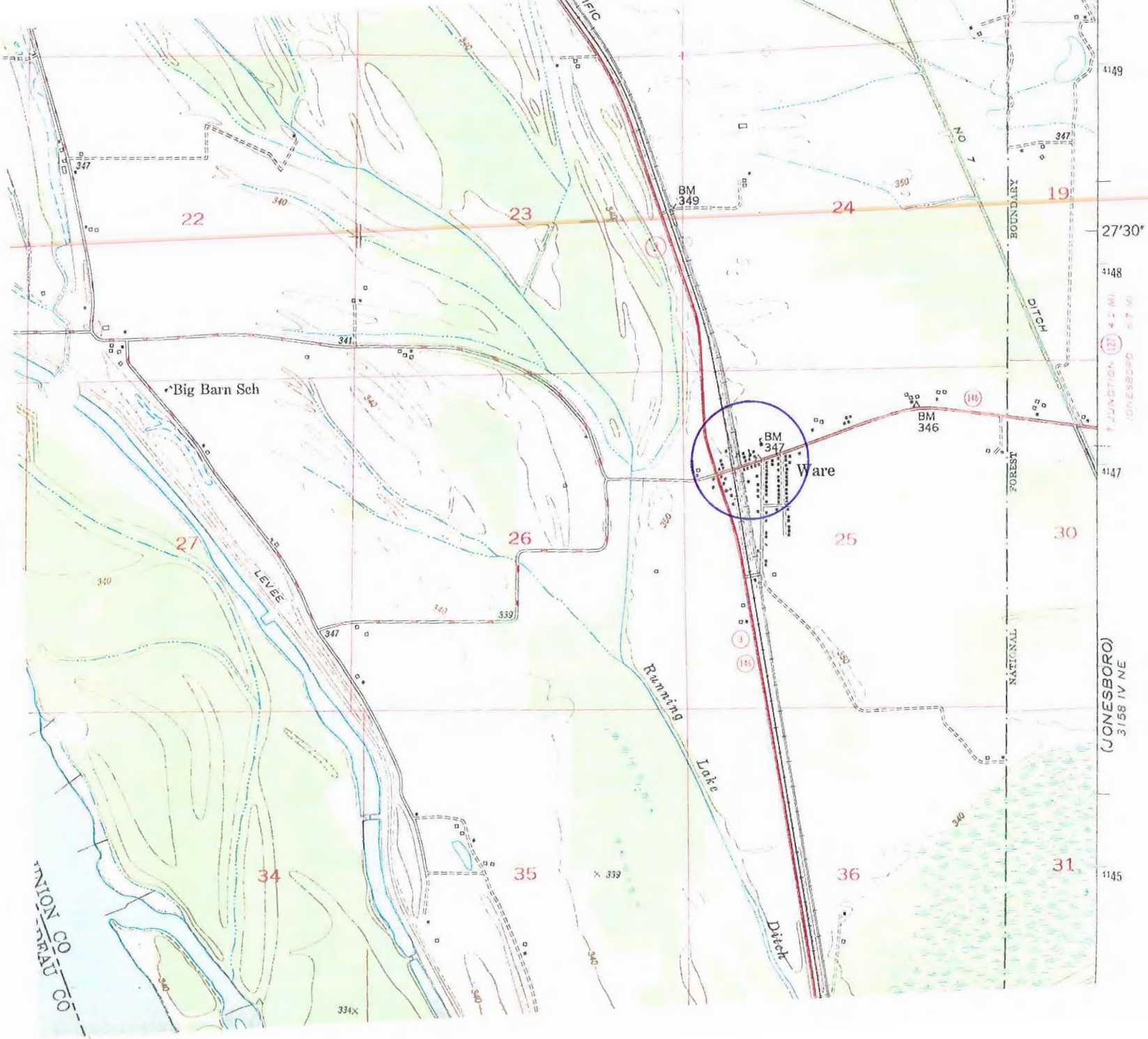
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lewis	$ 20.00	11-24-09	09-85

Payment of $20.00 CK# 6312 received by Union County Treasurer

Date 12-7-09

Bailey [illegible]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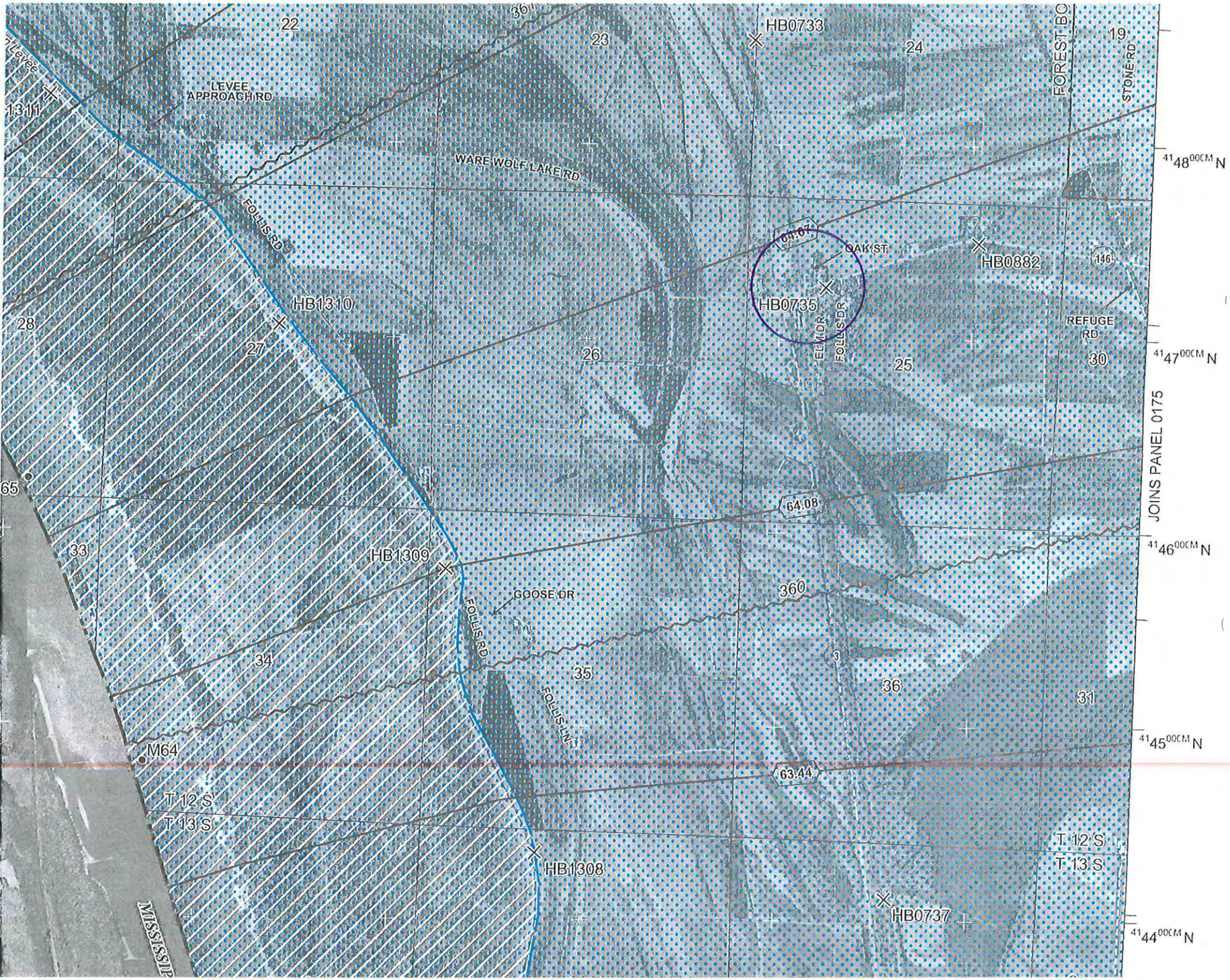
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LEVEE APPROACH RD
WARE WOLF LAKE RD
FOLLIS RD
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OAK ST
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ELM DR
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28
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WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Michael McLane

Address: 9260 St. Rt. 146 W

City: Jonesboro State: IL Zip: 62952

Phone: ~~(home)~~ (618) 833-9665 (work)

Address of subject property (if different from above):

Same as above

Parcel (tax) Identification Number 11-25-07-048-A1

Legal Description: NW 1/4, NW 1/4, Sec. 25, T12S, R3W, 3rd P.M.

Size of Subject Parcel (contiguous parcel under on ownership): 5.48 ac.

Floodplain Map Panel Number: 17181C0150C

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. USGS maps
2. ✓ A copy of the FEMA floodplain map outlining the proposed site.
3. NA Copies of any applicable state or federal permits.
4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc. 780 ft2 metal storage shed

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) X
2. Agricultural structure NA
   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 360.5
2. Lowest floor elevation (including basement) of proposed structure 347.0

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:

Business located entirely in 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:

Business located entirely in Floodplain.

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.

Variance complies with all requirements listed.

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

Building will be vacated when flood threatens.

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.).

Building will be vacated when flood threatens.

Based on the findings developed above, the granting body votes _____ayes to _____nays to approve (approve or deny) this variance application.

Certified by: _____ 12/7/09
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.

_____ 12-1-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the Dec. 7, 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

_____ 12/7/09
Chairman-Variance Board Date

UNION COUNTY Pr[illegible] o.
BUILDING PERMIT APPLICATION 04 35-02-885-D

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

I. LOCATION OF BUILDING

Number and street: 310 Quail Lane
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S35 T11 R1W
PT NE NW Parcel E 6.14

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)

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 ..... $ 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 11-24-09
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 [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 12X12
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mart Clark	310 Quail Ln Cobden IL	62920	595-1361
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
Mart Clark	310 Quail Ln Cobden IL	11-24-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ 16.00	11-24-09	09-84

Payment of _____ received by Union County Treasurer

Date _____ _____

UNION COUNTY Prop. ... 06-11-04-458-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 240 Body Barn Rd, Anna
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 13-1W S 11 PT NW NW 1.06 AC
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

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	$ 85,000

MOBILE HOME INFO:
Date MH was set-up: Nov 9, 2009
Make Champion Size 32 X 66 Yr. Model 2010
Previous MH Owner Country Wide Homes
Previous MH Location Energy IL
Current MH Owner Kirk & Kimberly Keene
Current MH Location 06-11-04-458-A
Current Land Owner Kirk & Kimberly Keene

III. SELECTED CHARACTERISTICS OF BUILDING – *For new building for wrecking, com*

- No floodplain
- No subdivision
- Rec. for approval

E. PRINCIPAL TYPE OF FRAME

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

I. TYPE OF MECHANICAL

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

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

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	Kimberly Keene	240 Body Barn Rd, Anna	62906	967-4658
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
Kim Keene	240 Body Barn, Anna	11-18-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 180 CC	11-18-09	09-83

Payment of $180.00 CK # 2726 received by Union County Treasurer

Date 11/30/09

Bury E. Wagner
Dep.

UNION COUNTY Prop. ...
BUILDING PERMIT APPLICATION 02-27-01-107-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
8545 State Hwy 146 E	County-Rural			

Legal Description
02-27-01-107-A1
S27 T12S R1E PT NW SW N of RT 146

N S
E (W) from intersection of Hwy 146 E and Timber Rd Streets

Applicable Zoning District ? County

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* GREENHOUSE

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 Nov 2009
Completion construction date 1 JAN 2010

Greenhouse
- No flood plain
- No subdivision
∴ Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 3200.—
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	$ 3200.—

MOBILE HOME INFO:
Date MH was set-up:
Make
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 ALTUBING & PLASTIC

F. PRINCIPAL TYPE OF HEATING FUEL

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

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 [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	127.5 Sq. Ft.
50. Total land area, sq. ft.	127.5 Sq. Ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	0
52. Outdoors	0

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	David O. Karraker	PO Box 164,	62926-0164	618-833-7508
	Linda S. Karraker	8545 State Hwy 146 E, Dongola, IL ~~62926-0164~~		
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 O. Karraker	8545 St Hwy 146 E Dongola, IL 62926-0164	10 Nov 09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Shaw	$ 16.40	11-10-09	09-82

Payment of $16.40 CK #1037 received by Union County Treasurer

Date 11-16-09

Barbara L. Mayer
Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 04-08-02-143-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
745 CEDAR BLUFF LN				

Legal Description: SEC 3 T11 K1W PT NE SE 22.22

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 11-3-09

Completion construction date 12-31-09

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	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$75,000

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

New garage
∴ No flood plain
∴ No subdivision
∴ Rec. for approval

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2100
50. Total land area, sq. ft.	22 AC

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	

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JOHN REMSEY	PO BOX 137 ALTO PASS IL	62905	618 967-2428
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 Remsey	PO BOX 137 ALTO PASS IL 62905	11-3-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stone	$ $160.00	11-3-09	09-81

Payment of $160.00 Cash received by Union County Treasurer

Date 11-16-09

Bailey A. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 05-11-03-142

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

I. LOCATION OF BUILDING

Number and street: Lela Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: S11 T12 R1W NE SE 40AC

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 ..... $ 131,000

D. PROPOSED USE – *For "Wrecking*

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

Mobile home
No flood plain
No subdivision
Rec. for approval

Beginning construction date ___

Completion construction date ___

MOBILE HOME INFO.

Date MH was set-up: NOV 15 2009

Make Clayton Size 80 X 36 Yr. Model 2010

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner Rodney R. Plott

III. SELECTED 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 [ ] 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 .....
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	Kim Bird	380 Lela Ln Anna IL	62906	618 924 1514
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: Kimberly Q Bird | Address | Application date: 10-26-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 272.00	10-26-09	09-80

Payment of $272.00 CK #6051 received by Union County Treasurer

Date 11/09/09

Billy T. Mayer Mg.

UNION COUNTY Prop. No. 07-34-05-642-D1
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 3640 St Rt 127 N
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: Cobden. 11.27 Ac. Sec. 34, T11S, R2W
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility

Beginning construction date ___
Completion construction date ___

- No flood plain
- No subdivision
- Rec. for approval

Garage

C. COST *(Estimated)* 24 x 20

	(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	$ 6,000

MOBILE HOME I
Date MH was se
Make
Previous MH Ow
Previous MH Loc
Current MH Owne
Current MH Loca
Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions 24 x 20
50. Total land area, sq. ft. 480

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	Kathy Wills	3640 St Rt 127 N Cobden, Ill		893-2407
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
X Kathy Wills		10/19/09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

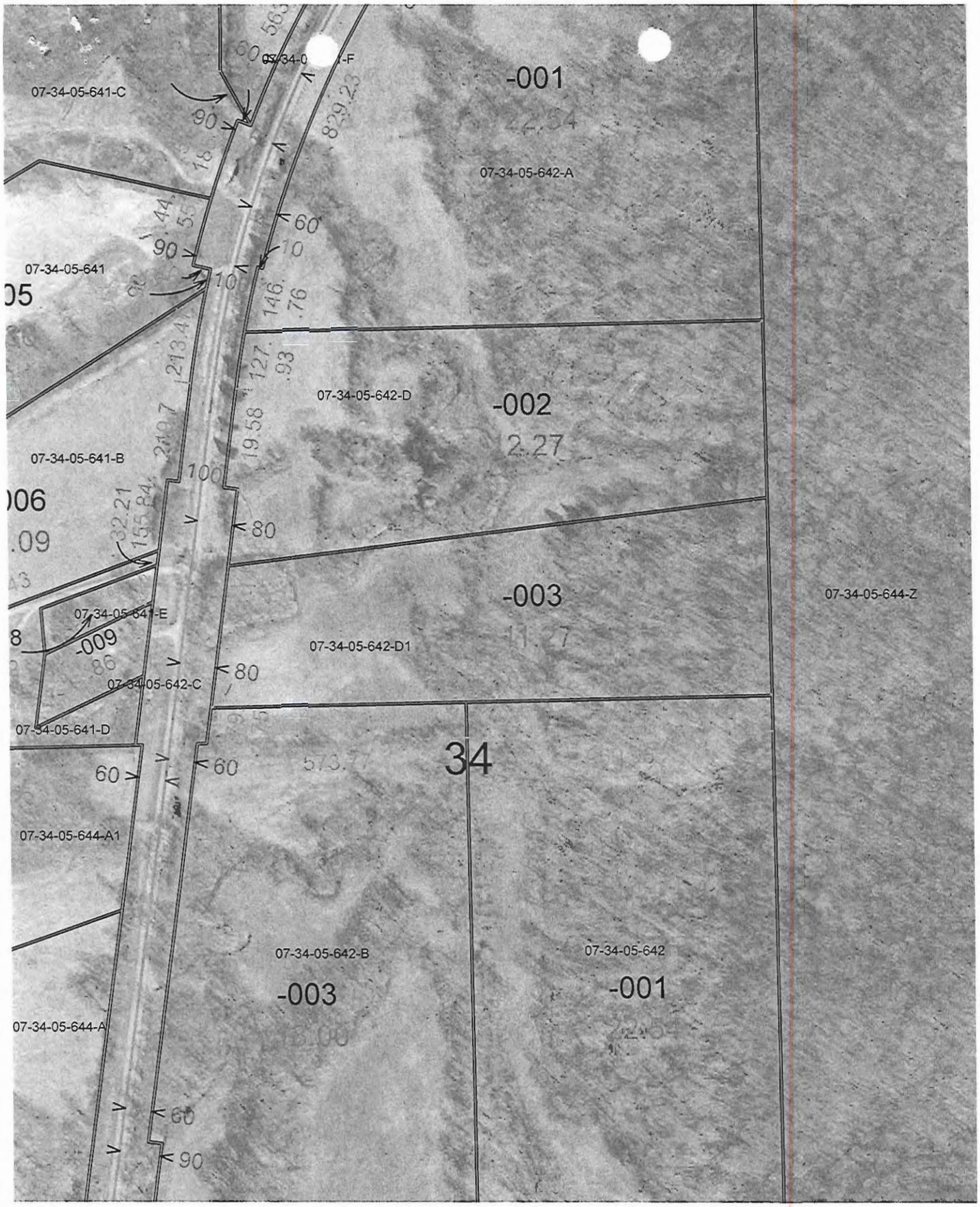
Approved by	Permit fee	Date permit issued	Permit number
John Jones	$ 22.00		09-79

Payment of $22.00 Cash Rec #1189 received by Union County Treasurer

Date 10/20/09

Barry L. Mason Co. Trea.

07-34-05-642-D1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07-34-05-642-A
07-34-05-641
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07-34-05-644-Z
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-009
-003
07-34-05-642-D1
07-34-05-642-C
07-34-05-641-D
34
07-34-05-644-A1
07-34-05-642-B
-003
07-34-05-642
-001
07-34-05-644-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-27-06-210-D

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

I. LOCATION OF BUILDING

Number and street: 2020 Berryville Rd

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: 527 T12 R2W PT NE SE 3.65 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 ..... $

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

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

11. TOTAL COST OF IMPROVEMENT ..... $ 75,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make _____ Size 32 x 56 Yr. Model 2009

Previous MH Owner New

Previous MH Location

Current MH Owner

Current MH Location 2020 Berryville Rd

Current Land Owner Campbell

- No flood plain
- Previously subdivided
- Rec. for approval

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

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

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

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 .....

1 by all applicants

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Christopher Caldwell	2020 Berryville Rd Jonesboro, IL 62952		618-713-7779
2. Contractor or Builder				
3. Architect				

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

Signature of applicant: [signature] Address: 2020 Berryville Rd Application date: 10-14-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

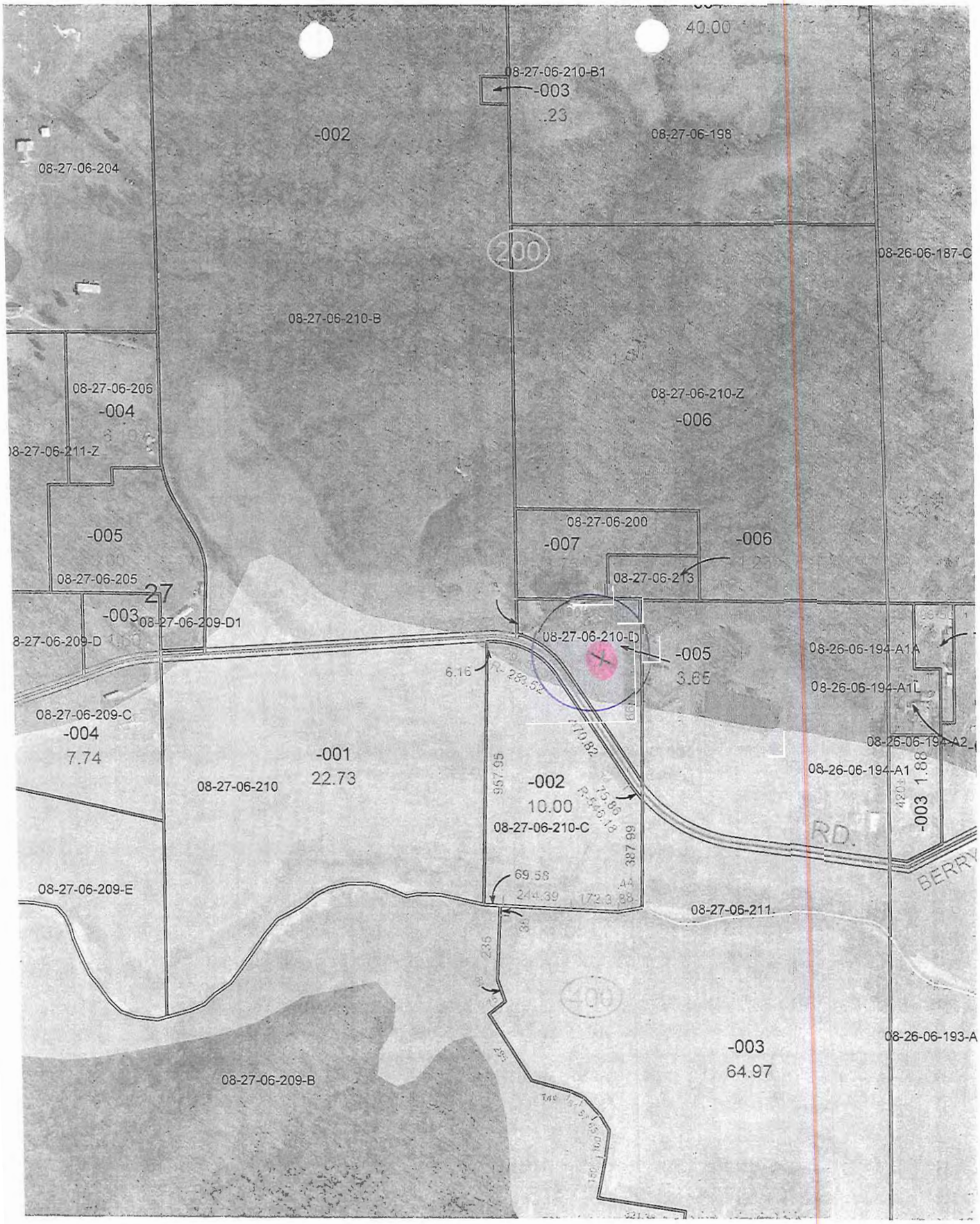
Approved by	Permit fee	Date permit issued	Permit number
John Hearn	$ 160.00	10-14-09	09-78

Payment of $160.00 CK # 6428 received by Union County Treasurer

Date 10/30/09

Barry L. Mayer Co. Treas.

08-27-06-210-D


40.00
08-27-06-210-B1
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-002
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08-27-06-210-B
08-27-06-206
-004
08-27-06-211-Z
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-006
-005
08-27-06-200
-007
-006
08-27-06-205
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-003
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-001
22.73
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08-26-06-194-A1
08-27-06-210
-002
10.00
08-27-06-210-C
-003 1.88
RD.
BERRY
08-27-06-209-E
69.58
244.39
172.3.88
08-27-06-211
235
100
-003
64.97
08-26-06-193-A
08-27-06-209-B

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. no. 09-17-06-414

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

I. LOCATION OF BUILDING

Number and street: 5165 old Cape Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S17 T13 R2W SE PT SE NE 7.72 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 [ ] 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)

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 ..... $ 2,000.00

MOBILE HOME INFO
Data MH was set-up
Make
Previous MH Owner
Previous MH Locati
Current MH Owner
Current MH Locatio
Current Land Owne

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

Beginning construction date _____

Completion construction date _____

- 320 ft² addition
- No subdivision
- Near floodplain, not in. Well above Base Flood Elevation.
- Rec. for approval

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] 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 ..... 16 X 20
50. Total land area, sq. ft. 320

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gary Dibbs	5165 old Cape Rd. Jonesboro Ill. 62952		618-833-2608
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 Dibbs	5165 old Cape Rd. Jonesboro Ill.	10-14-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

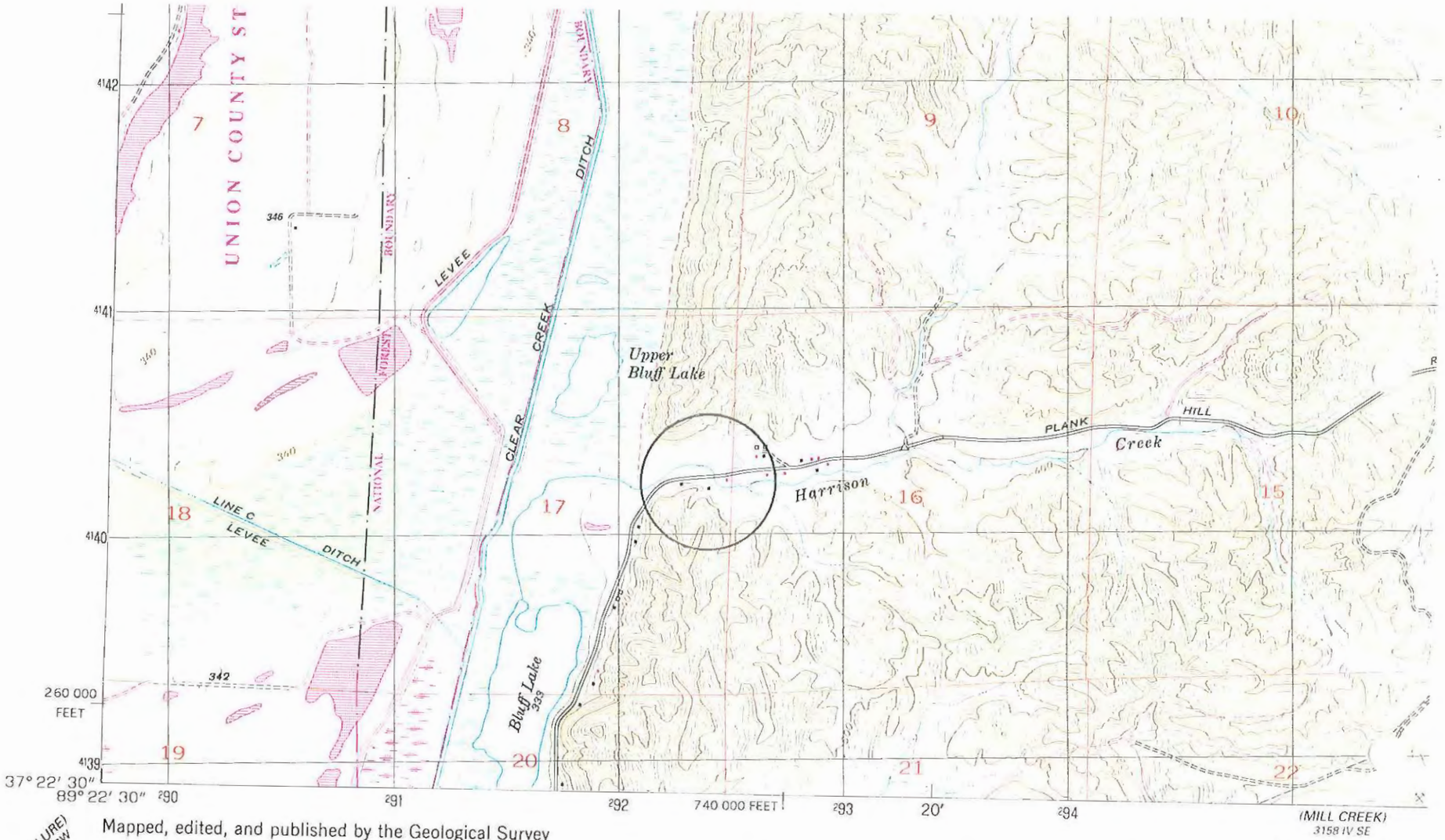
Approved by	Permit fee	Date permit issued	Permit number
John Grum	$ 14.00	10-14-09	09-77

Payment of $14.00 cash Rec # 1175 received by Union County Treasurer

Date 10/20/09

Bobby L. Mingus Co. Treas.

09-17-06-414



Mapped, edited, and published by the Geological Survey

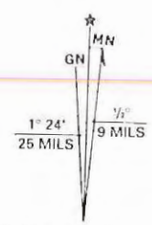
Control by USGS and NOS/NOAA

Topography from aerial photographs by multiplex methods and by plane-table surveys 1947
Aerial photographs taken 1946

Polyconic projection. 1927 North American Datum
10,000 foot grid based on Illinois Coordinate System, West Zone
1000-meter Universal Transverse Mercator grid, zone 16
1927 North American Datum

To place on the predicted North American Datum 1983, move the projection lines 4 meters south and 7 meters east as shown by dashed corner ticks

There may be private inholdings within the boundaries of the National or State reservations shown on this map

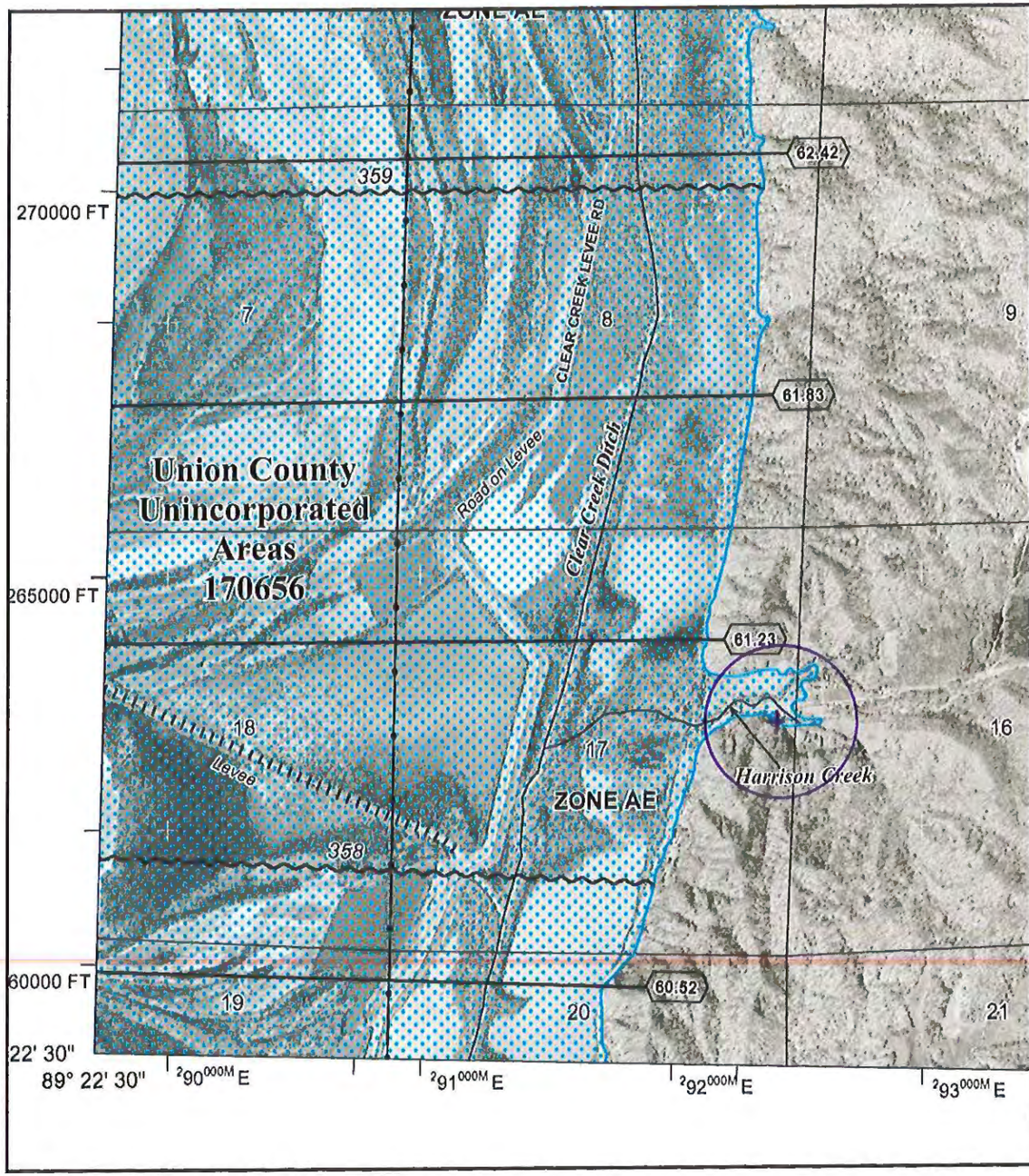


UTM GRID AND 1990 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 20 FEE
DASHED LINES REPRESENT 10-FOOT C
NATIONAL GEODETIC VERTICAL DATUM

THIS MAP COMPLIES WITH NATIONAL MAP ACCUI
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORAD
AND ILLINOIS GEOLOGICAL SURVEY, CHAMP
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS



MAP SCALE 1" = 2000'

00 0 2000 4000 FEET

METE

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0175C

FIRM

FLOOD INSURANCE RATE MAP

UNION COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 175 OF 325

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
ANNA, CITY OF	170657	0175	C
JONESBORO, CITY OF	171348	0175	C
UNION COUNTY	170656	0175	C

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
17181C0175C

EFFECTIVE DATE
MAY 2, 2008

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

cubic yards per lineal foot of the stream bank or shoreline. The bank may be graded to obtain a flatter slope and to lessen the quantity of material required.

i. If broken concrete is used, all protruding materials such as reinforcing rods shall be cut flush with the surface of the concrete and removed from the construction area.

j. Disturbance of vegetation shall be kept to a minimum during construction to prevent erosion and sedimentation. All disturbed areas shall be seeded or otherwise stabilized upon completion of construction.

k. In the case of seawalls and gabion structures on lakes, the structure shall be constructed at or landward of the water line as determined by the normal pool elevation, unless:

   i. It is constructed in alignment with an existing seawall(s) or gabion structure(s), and

   ii. the volume of material placed, including the structure, would not exceed two (2) cubic yards per lineal foot.

l. Excess material excavated during the construction of the bank or shoreline protection shall be placed in accordance with local, state, and federal laws and rules, shall not be placed in a floodway.

9. Accessory structures and additions to existing residential buildings meeting the conditions of IDNR/OWR Statewide Permit Number 10:

   a. The accessory structure or building addition must comply with the requirements of the local floodplain ordinance.

   b. The principle structure to which the project is being added must have been in existence on the effective date of this permit (July 25, 1988).

   c. The accessory structure or addition must not exceed five hundred (500) square feet in size and must not deflect floodwaters onto another property, and

   d. must not involve the placement of any fill material.

   e. No construction shall be undertaken in, or within fifty (50) feet of the bank of the stream channel.

f. The accessory structure or addition must be properly anchored to prevent its movement during flood conditions.

g. Only one accessory structure or addition to an existing structure shall be authorized by this permit; plans for any subsequent addition must be submitted to IDNR/OWR for review.

h. Disturbances of vegetation shall be kept to a minimum during construction to prevent erosion and sedimentation. All disturbed floodway areas shall be seeded or otherwise stabilized upon completion of construction.

10. Minor maintenance dredging activities meeting the following conditions of IDNR/OWR Statewide Permit Number 11:

a. The affected length of the stream shall not either singularly or cumulatively exceed one thousand (1000) feet.

b. The project shall not include the construction of any new channel; all work must be confined to the existing channel or to reestablishing flows in the natural stream channel, and

c. the cross-sectional area of the dredged channel shall conform to that of the natural channel upstream and down stream of the site.

d. Dredged or spoil material shall not be disposed of in a wetland and shall be either:

i. removed from the floodway;

ii. used to stabilize an existing bank provided no materials would be placed higher than the existing top of bank and provided the cross-sectional area of the natural channel would not be reduced by more than ten percent (10%), nor the volume of material placed exceed two (2) cubic yards per lineal foot of streambank;

iii. used to fill an existing washed out or scoured floodplain area such that the average natural floodplain elevation is not increased;

permit to demolish

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-28-06-216-B1

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

I. LOCATION OF BUILDING

Number and street: 245 TRACTOR MAN LN.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 28 T12 R2W ~~245 TRACTOR MAN Rd~~ Pt NW NW 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 ☐ 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:

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 Watkins	245 Tractor man ln Jonesboro AR 72450	72450	618 697 2354
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]		10-08-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ 0		09-76

Payment of _____ received by Union County Treasurer

Date _____ permit to demolish

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 01-31-00-440

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

I. LOCATION OF BUILDING

Number and street: Bradshaw Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1E 531 S 50 NE NE SW NW, NE NW, NW NW 151.19 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 [ ] 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 $50,000

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 4th floor / 2 sides open

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 9-28-09

Completion construction date 10-19-09

Beginning construction date

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

Pole barn
∘ No floodplain
∘ No subdivision
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and for wrecking, complete*

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.

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 132 x 100 = 26400
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 Glasco	1000 Bradshaw Rd, Anna	62906	534-2721
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
Tim Glasco		9-28-09

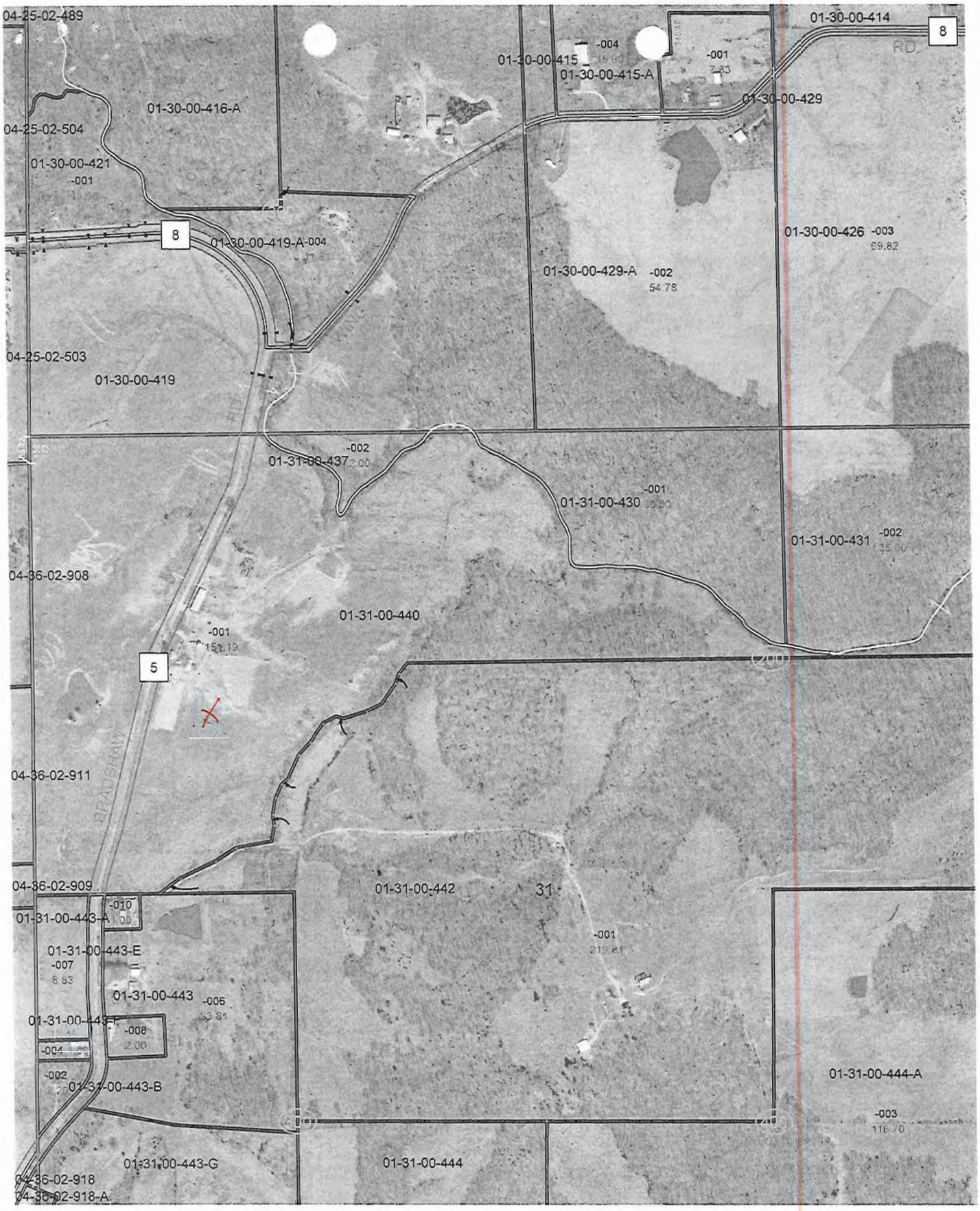
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lundeen	$ 170.00	9-30-09	09-75

Payment of $170.00 Cash #1144 received by Union County Treasurer

Date 10/7/09

Bailey A. Mann
Treas.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-001
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-003
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01-31-00-444
04-36-02-918
04-36-02-918-A

UNION COUNTY BUILDING PERMIT APPLICATION

Proj. 11-04-06-841-B

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

I. LOCATION OF BUILDING

Number and street: 8835 Ware Wolf Lake Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: PT W½ NE Section 4 TWP 12S RNG 3W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date 10/15/09

Completion construction date 11/15/09

Pole barn
- In flood plain
  Variance attached
- No subdivision
- Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 15,800.00
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	$ 15,800.00

MOBILE HOME IN
Date MH was set-
Make
Previous MH Own
Previous MH Loca
Current MH Owne
Current MH Locati
Current Land Owr

III. SELECTED CHARACTERISTICS OF BUILDING – *For new build for wrecking, c*

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

None

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 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	Robert K. Livesay	8835 Ware-Wolf Lake Rd. Wolf Lake, IL	62998	618-203-2037
2. Contractor or Builder	Steve Bollinger DBA	1704 County Road 603 Jackson, MO	63255	573-450-3699
3. Architect				

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

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

Signature of applicant: Robert K. Livesay

Address: 8835 Ware-Wolf Lake Rd.

Application date: 9-29-09

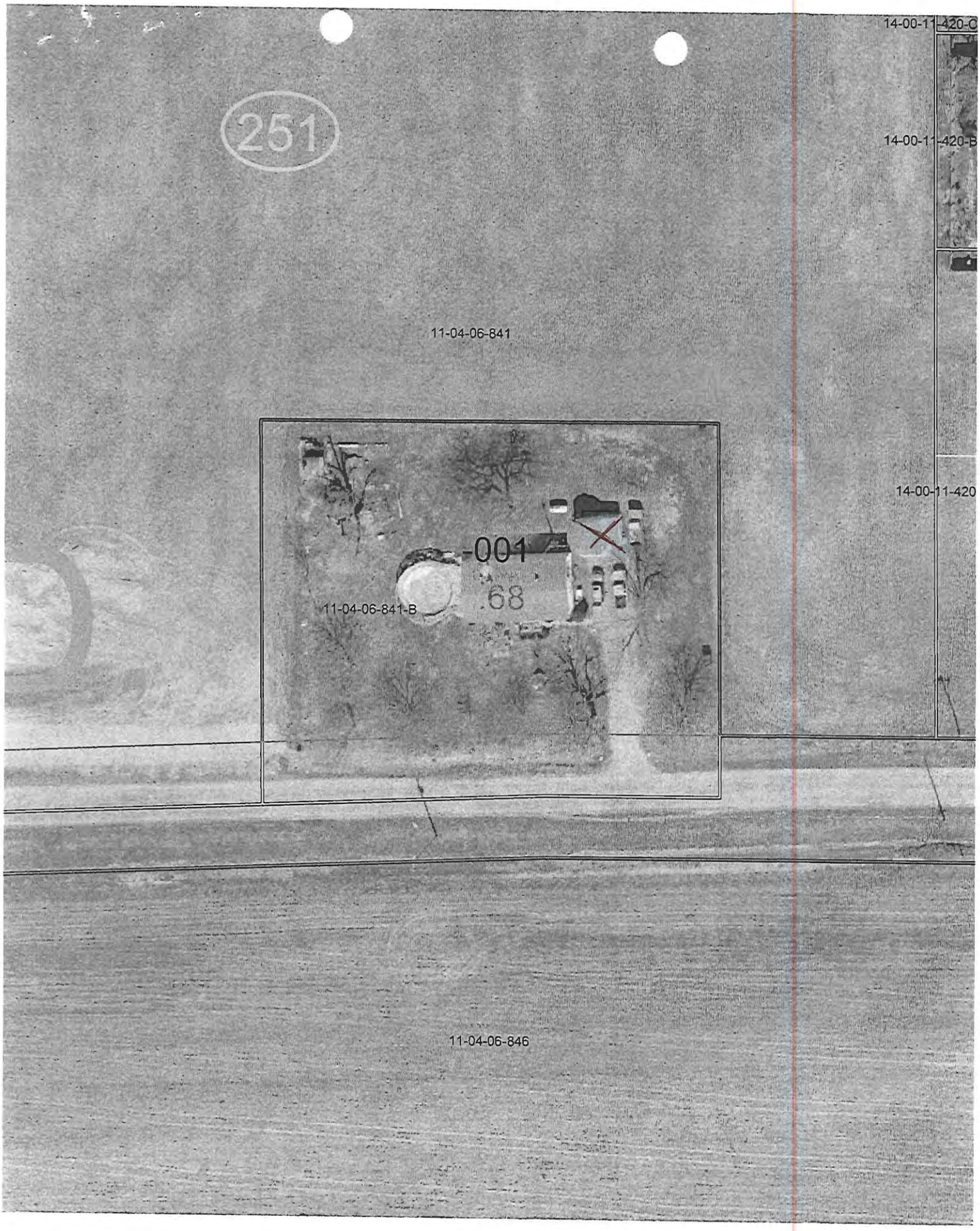
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lude	$ 41.60	9-29-09	09-74

Payment of $41.60 CK # 1598 received by Union County Treasurer

Date 10/7/09

Bruce L. Mayer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11-04-06-841-B
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WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Robert Livesay

Address: 8835 Ware-Wolf Lake Rd

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 618-203-2037 (work) _____

Address of subject property (if different from above):

Same as above

Parcel (tax) Identification Number 11-04-06-841-B

Legal Description: W½, NE¼, Sec. 4, T12S, R3W

Size of Subject Parcel (contiguous parcel under on ownership): 0.68 ac.

Floodplain Map Panel Number: 17181C0050C

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. 360.0±, from USGS map

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

3. N/A Copies of any applicable state or federal permits.

4. ✓ Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc. 1500 ft² garage

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) ✓

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

B. Construction Requirements:

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

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

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

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

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

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

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

C. Technical Information:

1. Base Flood Elevation at subject site 363.9

2. Lowest floor elevation (including basement) of proposed structure 360.0±

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:

Garage for vehicle storage.

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:

Entire property located in floodplain.

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.

Variance will not cause increased flood heights.

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

Structure will be vacated when flood threatens.

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.).

Vehicles will be removed 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: _____ 10-5-09
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.

_____ 9-30-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the Oct. 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:

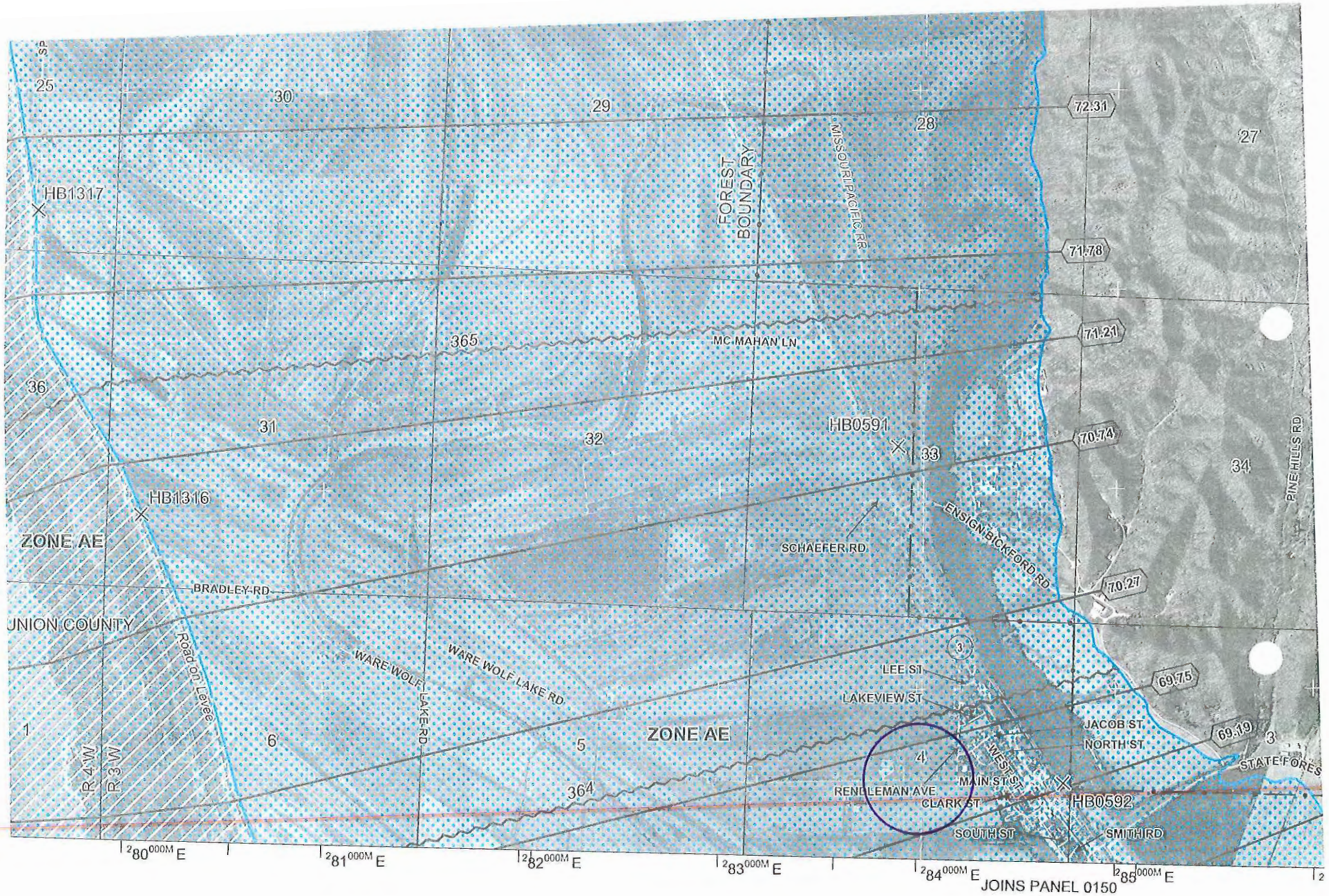
1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

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.

_____ 9-30-09
Grantee Date

_____ 10-5-09
Chairman-Variance Board Date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FOREST BOUNDARY
MISSOURI PACIFIC RR
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MC MAHAN LN
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HB0591
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70.74
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PINE HILLS RD
HB1316
ZONE AE
SCHAEFER RD
ENSIGN BICKFORD RD
BRADLEY RD
70.27
UNION COUNTY
Road on Levee
WARE WOLF LAKE RD
WARE WOLF LAKE RD
LEE ST
LAKEVIEW ST
69.75
1
6
5
ZONE AE
4
JACOB ST
NORTH ST
69.19
3
STATE FORES
R 4 W
R 3 W
364
RENELLEMAN AVE
MAIN ST
WEST ST
CLARK ST
HB0592
SOUTH ST
SMITH RD
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281000M E
282000M E
283000M E
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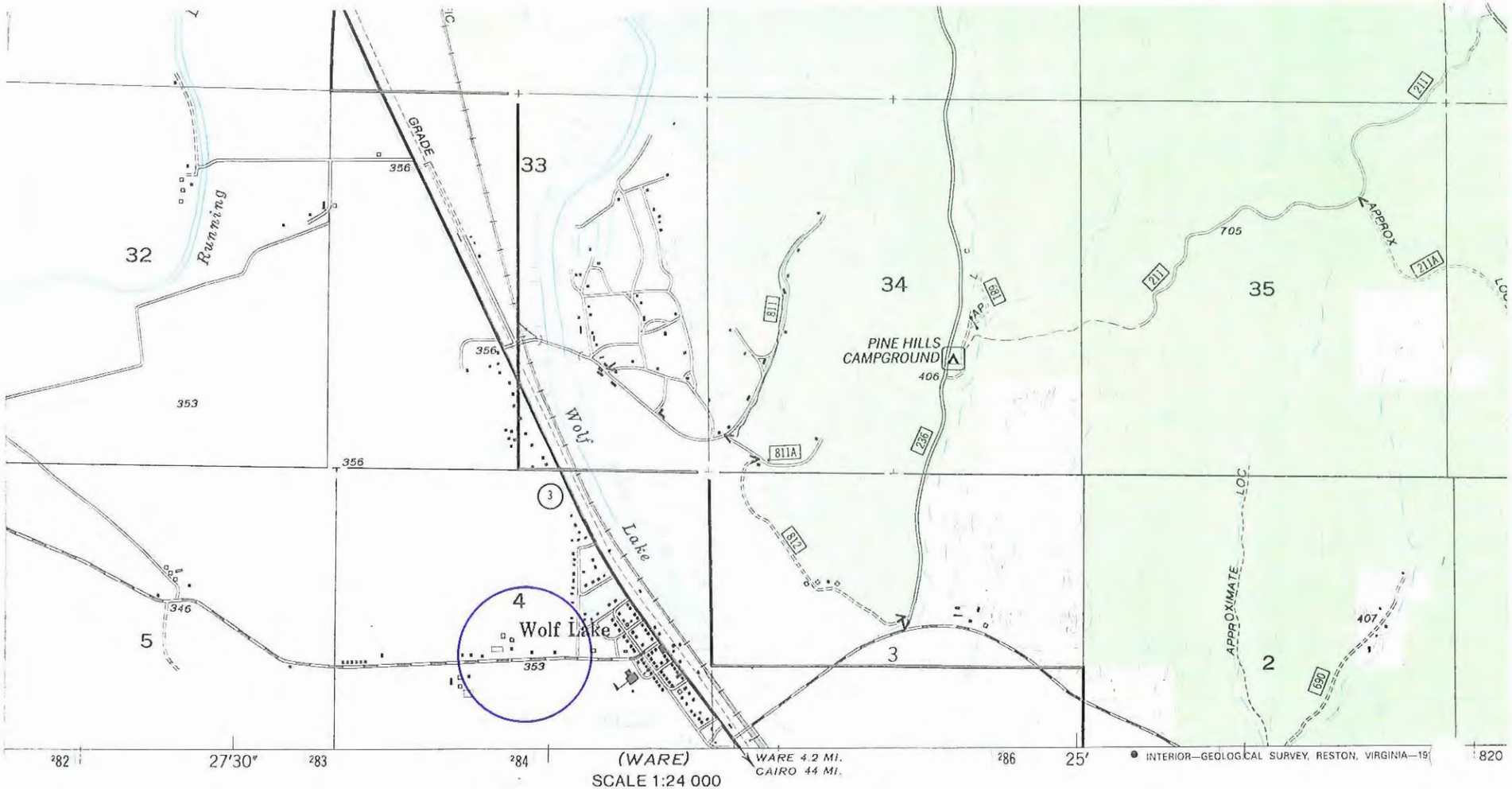
JOINS PANEL 0150



SCALE 1:24 000

0 ½ 1 MILE

1000 0 1000 2000 3000 4000 5000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 20 FEET
DOTTED LINES REPRESENT HALF-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929

GN MN
1°29' 26 MILS
0°30' 9 MILS

UTM GRID AND 1991 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

National Forest Boundary
National Forest Lands as of 1989

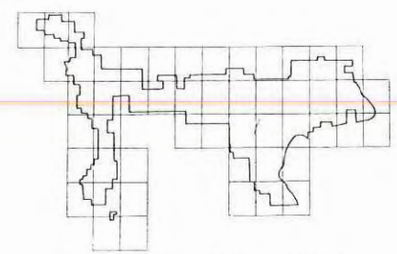
TOWNSHIP AND SECTION LINE CLASSIFICATION

Surveyed, Location Reliable
Surveyed, Location Approximate
Unsurveyed, Protraction

Primary Highway
Secondary Highway
Improved Road, Paved
Improved Road, Gravel
Improved Road, Dirt
Unimproved Road, Dirt
Trail

Interstate Highway
U.S. Highway
State Highway
County Road
Primary Forest Route
Forest Road
Forest Trail

ATTN: Road ticks indicate change between portions photo-identified and portions not visible on the aerial photography. Portions not visible will be labeled 'APPROXIMATE LOCATION'.



SHAWNEE NATIONAL FOREST
QUADRANGLE LOCATION DIAGRAM

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-04-Nr-739-21

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

I. LOCATION OF BUILDING

Number and street: State Rt 3 N

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-30 S4 PT SE .79 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 [X] Other – *Specify* pole barn concrete floor

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 1, 09

Completion construction date Dec 1, 09

Pole barn
- In Flood plain
Variance attached
- No subdivision
∴ Rec. for approval

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	$ 57,100

MOBILE HOME I
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Make
Previous MH Ow
Previous MH Lo
Current MH Own
Current MH Loc
Current Land Ov

III. SELECTED CHARACTERISTICS OF BUILDING – *For new bu for wrecking.*

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 _____ 60x60 4480 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	Southern F.S.	4630 ST RT 3 NORTH WALPOLE Ill.	62998	618-833-4322
2. Contractor or Builder				
3. Architect				

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

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

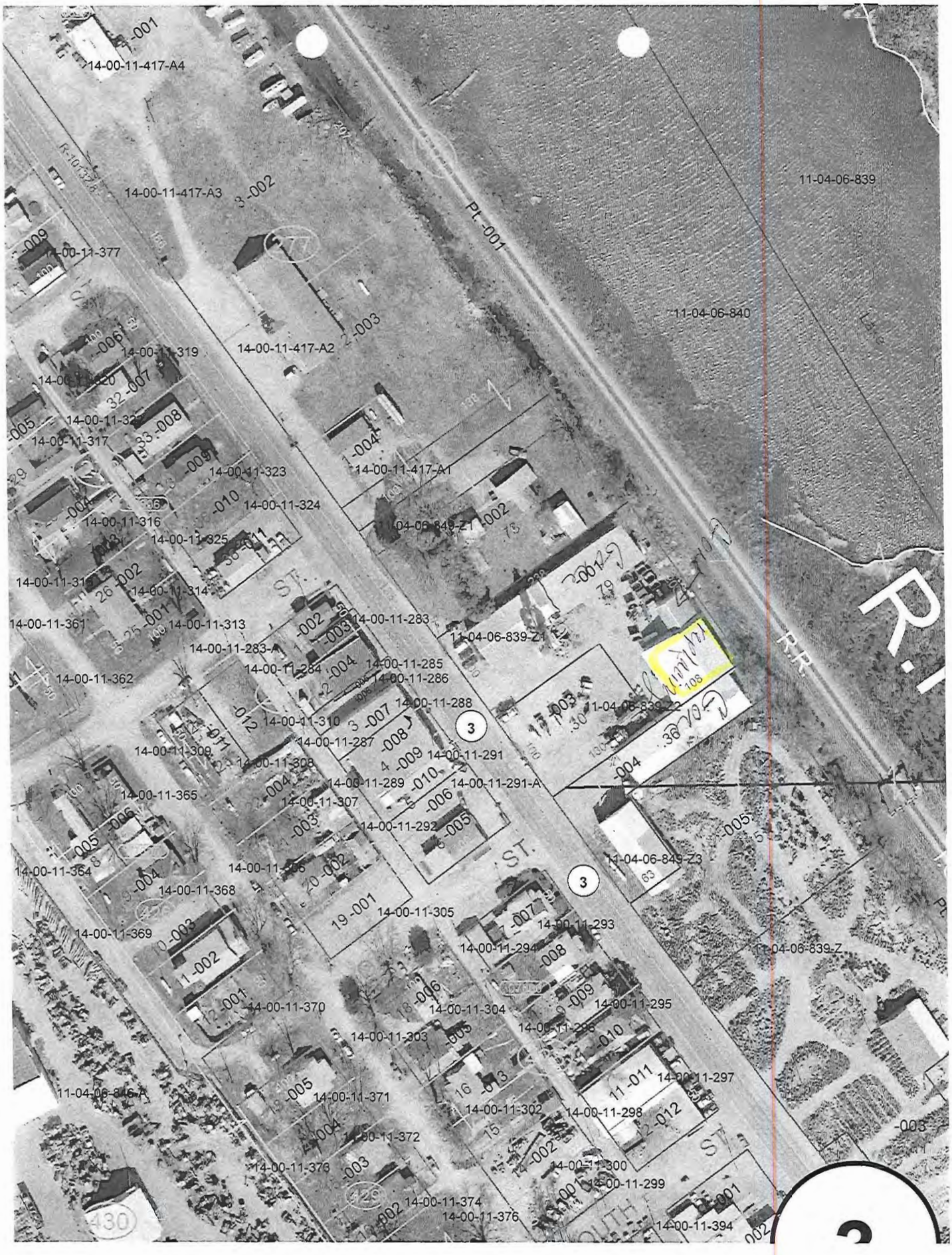
Signature of applicant [signature] | Address | Application date 9-29-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 134.00	9-29-09	09-73

Payment of $134.00 Cash #1140 received by Union County Treasurer

Date 10/7/09 [signature] Mag.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14-00-11-376
14-00-11-394
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11-04-06-840
11-04-06-839-Z1
11-04-06-839-Z2
11-04-06-839-Z3
11-04-06-839-Z
11-04-06-846-A
Pt. -001
R.R.
ST.
SOUTH
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430

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Southern FS

Address: 4630 State Rte 3 North

City: Wolf Lake State: IL Zip: 62998

Phone: ~~(home)~~ _____ (work) 618-833-4322

Address of subject property (if different from above):

Same as above

Parcel (tax) Identification Number 11-04-06-839-21

Legal Description: SE ¼, Sec. 4, T12S, R3W

Size of Subject Parcel (contiguous parcel under on ownership): .79 ac.

Floodplain Map Panel Number: 17181C0050C

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. 355.0±, from USGS maps

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

3. NA Copies of any applicable state or federal permits.

4. ✓ Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc. 66' x 68' pole barn

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 (circled) no

4. Are the main electrical switch boxes above the base flood elevation?
   yes (circled) no

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

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 363.8

2. Lowest floor elevation (including basement) of proposed structure 355.0±

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:

Auxilary structure for equipment storage.

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:

Entire property located within floodplain.

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.

Variance will not cause increased flood heights

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

Structure will be vacated when flood threatens.

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.).

Equipment will be removed 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: _____ 10-5-09
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.

_____ 9-30-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the Oct. 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:

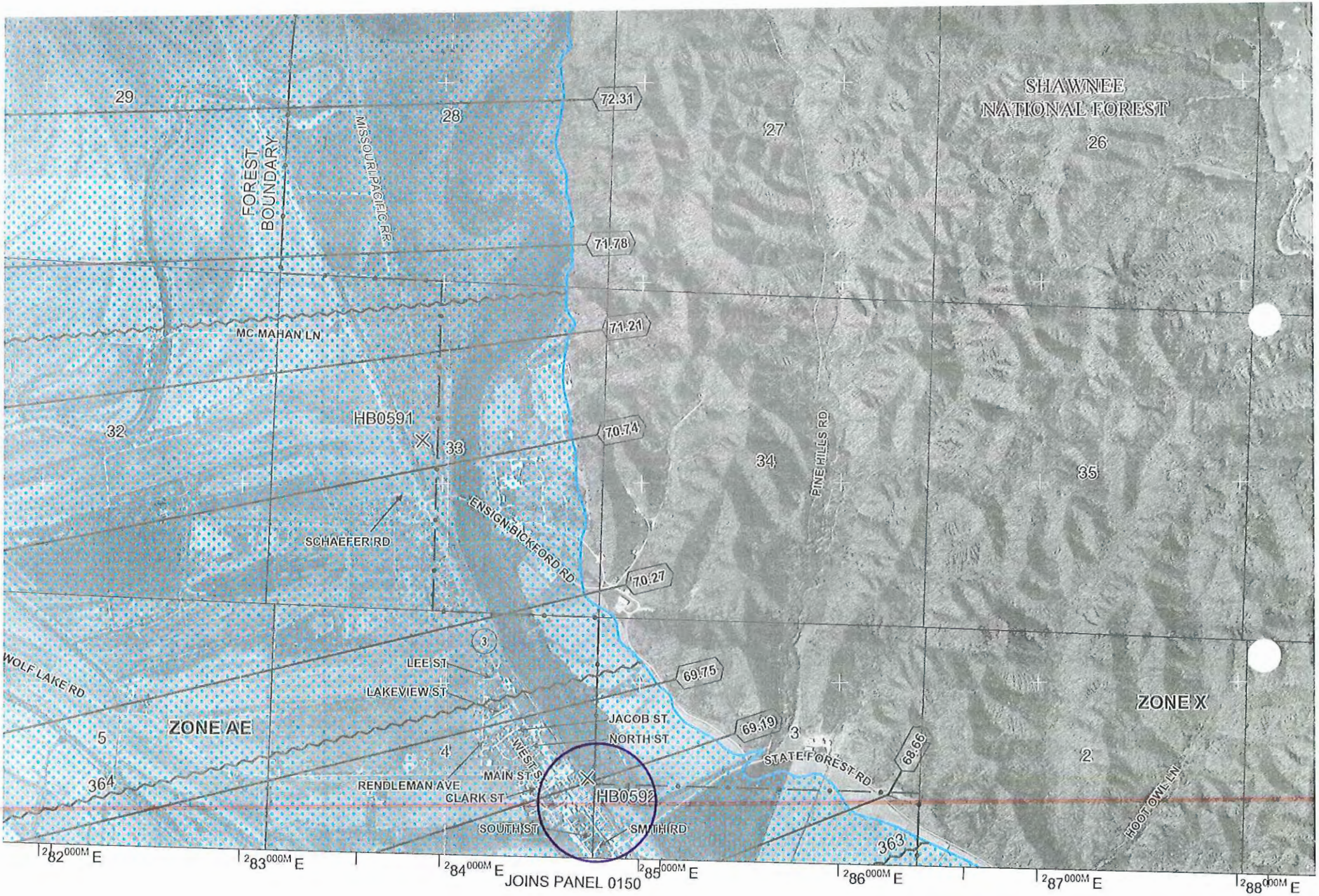
1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

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.

_____ 9-30-09
Grantee Date

_____ 10-5-09
Chairman-Variance Board Date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MC MAHAN LN
HB0591
SCHAEFER RD
ENSIGN BICKFORD RD
PINE HILLS RD
WOLF LAKE RD
LEE ST
LAKEVIEW ST
JACOB ST
NORTH ST
WEST ST
MAIN ST
RENDLEMAN AVE
CLARK ST
SOUTH ST
SMITH RD
HB0592
STATE FOREST RD
HOOT OWL LN
ZONE AE
ZONE X
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71.78
71.21
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69.75
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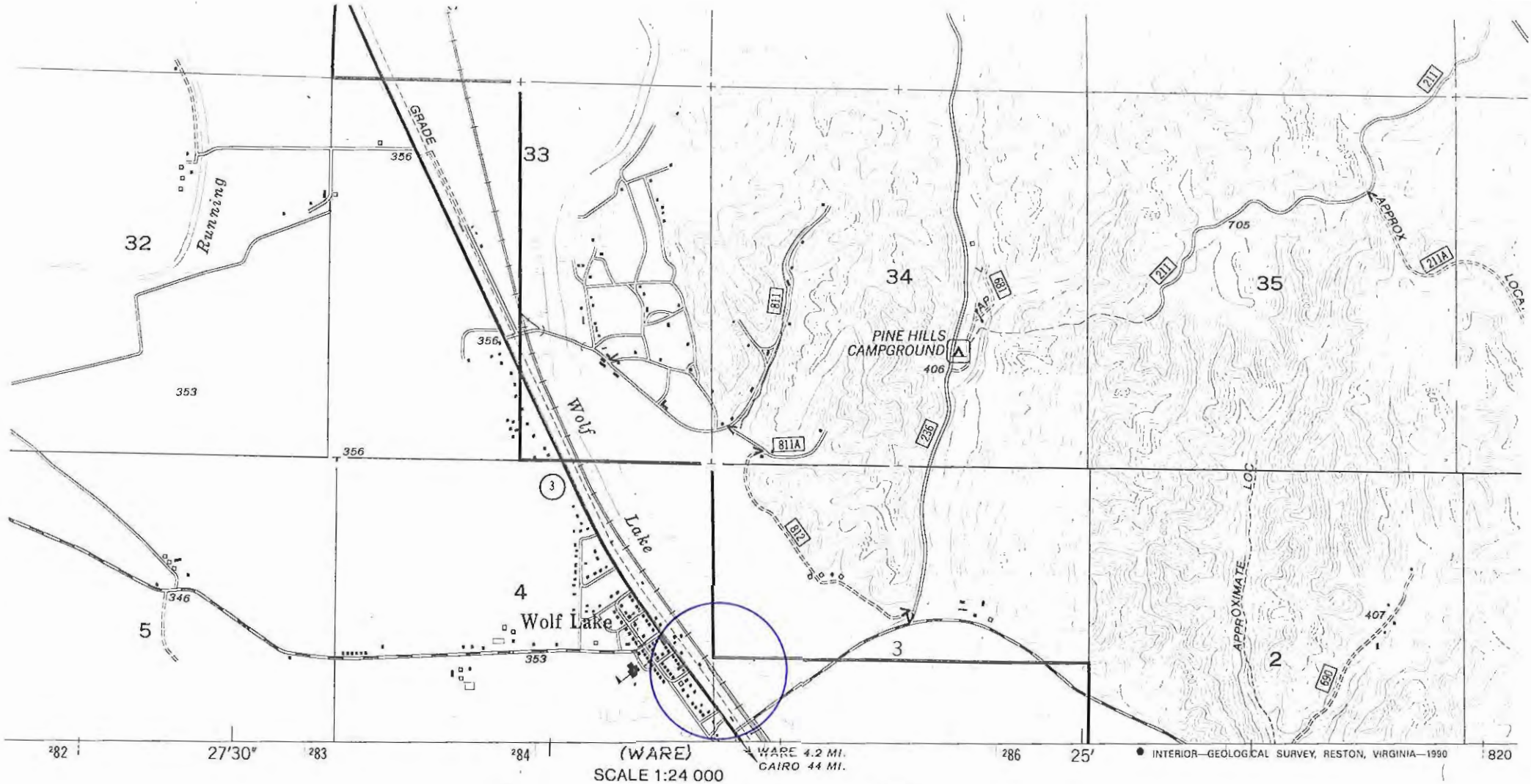

SCALE 1:24 000

0 ½ 1 MILE

1000 0 1000 2000 3000 4000 5000 FEET

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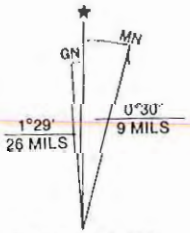
CONTOUR INTERVAL 20 FEET
DOTTED LINES REPRESENT HALF-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929



UTM GRID AND 1991 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

National Forest Boundary

National Forest Lands as of 1989

TOWNSHIP AND SECTION LINE CLASSIFICATION

Surveyed, Location Reliable

Surveyed, Location Approximate

Unsurveyed, Protraction

Primary Highway

Secondary Highway

Improved Road, Paved

Improved Road, Gravel

Improved Road, Dirt

Unimproved Road, Dirt

Trail

10 Interstate Highway

26 U.S. Highway

72 State Highway

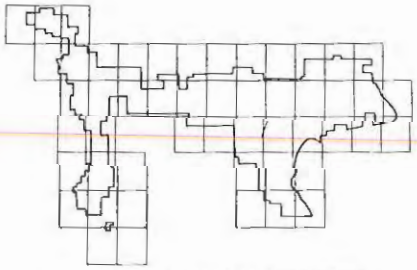
518 County Road

72 Primary Forest Route

1870 Forest Road

2003 Forest Trail

ATTN: Road ticks indicate change between portions photo-identified and portions not visible on the aerial photography. Portions not visible will be labeled 'APPROXIMATE LOCATION'.



SHAWNEE NATIONAL FOREST
QUADRANGLE LOCATION DIAGRAM

UNION COUNTY Prop. No. 09-28-00-550
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 40 Valley Mission Lane
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S28 T13 R2W SE NW 1 31 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	$
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	$ 15000

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 August 09

Completion construction date _____

- 400 sq. ft. addition
- No floodplain
- Previously subdivided
- ∴ Recc. for approval

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings, 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 _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. 400 sq ft

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Steven Clardy	40 Valley Mission Lane Anesbor	62952	618-833-3080
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
Steven Clardy		

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rudell Lutz	$ 40.00	9-23-09	09-72

Payment of $40.00 CK # 14532 received by Union County Treasurer

Date 10/7/09

Betty L. Meyers

09-28-06-545
FAIR C
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09-28-06-543
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09-28-06-536-D
09-28-06-550-B
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09-28-06-550
-021
1.31
09-28-06-546

13-22-01-757

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 4515 Cypress Rd, Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1E S 22 Pt W 1/2 NE 45 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 Travel trailer

Beginning construction date _____

Completion construction date _____

40x64 barn
20x64 travel tr

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 ba 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 ..... 2560 ft 1280 ft
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Roger Lingle	4515 Cypress Rd Dongola IL	62926	727-4248
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: Roger D Lingle | Address | Application date: 9-21-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Dunn	$ 50.00	9-21-09	09-71

Payment of $50.00 CK # 1638 received by Union County Treasurer

Date 9-25-09

Bailey L. Mann

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-04-02-058

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

I. LOCATION OF BUILDING

Number and street: 1250 Sheppard RD, Makanda

Subdivision or Addition | Lot | Block | Census track

Legal Description: S4 T11S ~~R2W~~ R1W NW NW PT NE NW SW NW 49.89ac

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 9-5-09

Completion construction date 7-15-10

New home
No Floodplain
No subdivision
∴ Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 70,000
To be installed but not included in the above cost	
a. Electrical	5000
b. Plumbing	5000
c. Heating, air conditioning	20,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 100,000

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and add for wrecking, complete only*

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [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: 1700
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: Ø
52. Outdoors: 2

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	Tim Szymcek	PO Box 2347 Carbondale IL	62902	534-1134
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]		

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hanna	$ 210.00	9-14-09	09-70

Payment of #210.00 Cash received by Union County Treasurer

Date 9-25-09

Barry L. Mayne

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-31-04-104-B

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

I. LOCATION OF BUILDING

Number and street: 215 Swink Lane Jonesboro
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-10 S.31 PT SE NE 1.00 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [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 9-11-09
Completion construction date 12-1-09

Beginning construction date _____

New home
- No Flood plain
- Previously subdivided
- Rec. for approval

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	$ 166,000

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and ... for wrecking, complete o...*

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. D...

48. Number of stories ...
49. Total square feet of floor area, all floors, based on exterior dimensions ... approx 1700 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 ... 3 / Partial ...

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Justin Needling	2770 Lake Rd. Dongola IL	62926	697-0650
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: Justin Needling
Address:
Application date: 9-11-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 330 00	9-11-09	09-69

Payment of $330.00 CK # 1018 received by Union County Treasurer

Date 9-25-09

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 08-12-05-802-B3

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Sec 12 T12 R2W PT E1/2 NW 8ac.

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	$ 9000.00
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	$

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

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

Beginning construction date _____

Completion construction date _____

New pole barn
- No flood plain
- No subdivision issues
∴ Rec. for approval.

MOBILE HOME INFO:
Date MH was set-up:
Make
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 [S] 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: 2400
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jeff Rhodes Tanya Rhodes	1895 Kaolin Road Cobden IL 62920	62920	833-3467
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
Jeff Rhodes		9-9-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 28.00	9-9-09	09-68

Payment of $28.00 CK # 1199 received by Union County Treasurer

Date 9-25-09

Barry L. Myers Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-33-04-160F

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

I. LOCATION OF BUILDING

Number and street: 2175 Boyd Rd

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

Legal Description: S 33 T12S R1W PT NW NW PT SW NW 5.76 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*

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 _____

New mobile home
- No flood plain
- >5 acres, No subdivision issues
- Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 89,000.00
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	$ 89,000.00

MOBILE HOME INFO:

Date MH was set-up: est 30 OCT 09

Make Sunshine Size 32 X 64 Yr. Model 2010

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	Terry Riley Tina Riley	1370 Hwy 51 S Anna IL	62906	833 9225
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Terry Riley	1370 Hwy 51 S Anna IL	08SEP09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stamp	$ $188.00	9-9-09	09-67

Payment of $188.00 Check received by Union County Treasurer

Date 9-25-09

Bobby L. Mayer Treas.

UNION COUNTY Prop. . . 05-28-03-975
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: S28, T12, R1W E SD SE SE PROP # 05-28-03 975 N S (E) W from intersection of RT 51 and Friendship School Rd Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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	$ 18,600

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 _____

Completion construction date _____

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

New pole barn
- No flood plain
- No subdivision issues
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and a for wrecking, complete on...*

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS 32'x56'

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1792 sq ft
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
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	RUTH KARNES	1898 FREEMAN SPUR Rd		(618) 923
		WEST FRANKFORT IL	62896	1996
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
[signature]	$ 44.00	9-9-09	09-66

Payment of $44.00 CK# 3297 received by Union County Treasurer

Date 9-25-09

[signature] Mgr.

05-28-03-957
05-27-03-896
05-28-03-960
Pt -028
Pt 21.76
05-28-03-959
05-28-03-958
05-27-03-904
05-28-03-979
05-28-03-975
-029
32.40
05-28-03-976
05-27-03-902
05-27-03-901
05-28-03-974-A
1036.2
FRIENDSH
05-33-04-152
FRIENDSHIP SCHOOL RD
-004
05-34-04-182
05-33-04-150
05-33-04-152-A
-005
05-33-04-154
37
05-33-04-155
05-34-04-182-A
-006
05-34-04-182-B
7.67
14-08-12-272

Timothy Guthrie

UNION COUNTY Prop. No.
BUI. IG PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 110 Casper Church Rd | Subdivision or Addition | Lot | Block | Census tract

Legal Description: Anna IL

05-07-03-043

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 $ 3,000

MOBILE HOME INFO

Date MH was set-up:
Make Redman Size 980 X Yr. Model 92
Previous MH Owner Bobby & Angela Bracken
Previous MH Location 315 W. Vienna, Anna
Current MH Owner Timothy Guthrie
Current MH Location 110 Casperchurch Rd
Current Land Owner Tim Guthrie

III. SELECTED 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 [ ] 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. 980

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 Guthrie	~~110 Casper Church Rd.~~ P.O. Box 639 Cobden		843-3550
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: Timothy W. Guthrie | Address: P.O. Box 634 Cobden IL 62920 | Application date: 9-4-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 16.00	9-4-09	0965

Payment of $16.00 CK# 5923 received by Union County Treasurer

Date 9-8-09

[signature] mg.

05-07-03-058
214C3
214D3
-004
79B
05-07-03-056
05-07-03-055-Z
-006
05-07-03-043
3.00
79B
635.88
214C3
05-07-03-055
8333A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-26-02-523-D

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

I. LOCATION OF BUILDING

Number and street: 3435 Wing Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 26 T11 R1W PT E1/2 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 [ ] 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 ASAP

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	$ 60,000.00
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	$ 60,000.00

MOBILE HOME INFO: MODEL # CGC 2352

Date MH was set-up:

Make Champion Size 28X52 Yr. Model 2010

Previous MH Owner

Previous MH Location

Current MH Owner Jennifer Gurley

Current MH Location Out of County

Current Land Owner Carlos Gurley

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete*

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. - No floodplain
- Not a subdivision
- Not a land transfer
- Rec. for approval

K

L

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

	Name	Mailing address – *Number, street, city*	
1. Owner	Jennifer Gurley	75 Pecan St Alto Pass IL 62905	618-697-5779
2. Contractor or Builder			
3. Architect			

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

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

Signature of applicant [signature] | Address | Application date 8-31-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 130.00	8-31-09	09-64

Payment of $130.00 CK# 6424 received by Union County Treasurer

Date 9-8-09

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-25-06-155-D

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

I. LOCATION OF BUILDING

Number and street: Cook Ave

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: S25 T12 R2W PT SW NW Parcel 1 8 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date 9-15-09

Completion construction date 12-31-09

- No floodplain
- 8 ac, No subdiv.
- Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 9000
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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings an for wrecking, complete*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] 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: 2000
50. Total land area, sq. ft.: 340480 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	Steve & Stacey Busby	305 Williford Rd Jonesboro, IL	62952	833-8535
2. Contractor or Builder	Steve Busby	305 Williford Rd Jonesboro, IL	62952	833-8535
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
Steve Busby	305 Williford Rd Jonesboro, IL	8-31-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Arthur Shaw	$ 28.00	8-31-09	09-63

Payment of $28.00 CK# 1426 received by Union County Treasurer

Date 9-8-09

Barry L. Mayer

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 05-07-03-043

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

I. LOCATION OF BUILDING

Number and street: 110 Casper Church Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S 7 T12 R1W N PT 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 ☐ 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 Sept 1
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 ..... $ 4,500

MOBILE HOME INFO:
Date MH was set-up:
Make Patriot Size 980 sq ft Yr. Model 1981
Previous MH Owner Reynolds
Previous MH Location
Current MH Owner Timothy W Guthrie
Current MH Location 110 Casper Church Rd Anna
Current Land Owner Timothy W Guthrie

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and for wrecking, complete*

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. • No floodplain
• Previously subdivided
K. • Rec. for approval
L.

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

	Name	Mailing address – *Number, street, city*		
1. Owner	Timothy W Guthrie	P.O. Box 639 Cobden IL	62920	618-893-2552 697-7770
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: Timothy W Guthrie by Michele Nelson
Address: P.O. Box 639 Cobden IL
Application date: 8-28-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ $19.00	8-28-09	09-62

Payment of $19.00 CK# 5962 received by Union County Treasurer

Date 9-8-09

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I... 14-00-11-272

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

I. LOCATION OF BUILDING

Number and street: 8720 STATE HWY 146 E

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

Legal Description: LOT 3 STOKES Grandview acres MT Pleasant 3.947 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 [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 8-28-09

Completion construction date _____

Pole barn
- No floodplain
- Previously subdivided
- Rec. for approval

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

10. Cost of improvement $22,000.00

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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 42 X 50
50. Total land area, sq. ft. 2100

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 + ELIZABETH Dietz	8720 STATE HWY 146 E DONGOLA IL	62926	833-4646
2. Contractor or Builder	TRU-BILT	MARION		
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 D. Dietz	8720 HWY 146 E DONGOLA IL 62926	8-26-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 54.00	8-26-09	09-61

Payment of $54.00 CK #5879 received by Union County Treasurer

Date 9-8-09

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-12-06-947

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: S12 T12 R3W PtSE 122.87ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date ~~Sept~~

Completion construction date ~~Oct~~

Beginning construction date Sept 1

Completion construction date Oct 10

Grain bin
- No subdivision
- In flood plain
- Variance attached
- ∴ Rec. for approval

C. COST *(Estimated)*

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

MOBILE HO
Date MH wa
Make
Previous MH
Previous MH
Current MH
Current MH
Current Land

III. SELECTED CHARACTERISTICS OF BUILDING – *For new for wrecl*

E. PRINCIPAL TYPE OF FRAME

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

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

49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	1385

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	Mitchel McFarc	50 Ware-Wolf Lake Rd Jonesboro IL	62952	618 203 4949
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
[signature]	50 Ware-Wolf Lake Rd Jonesboro, IL 62952	8-21-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 90.00	8-21-09	09-60

Payment of $90.00 CK # 11763 received by Union County Treasurer

Date 9-8-09

[signature]

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Mitchell McLane

Address: 50 Ware Wolf Lake Rd.

City: Jonesboro State: IL Zip: 62952

Phone: (home) (618) 203-9949 (work) _____

Address of subject property (if different from above):

Walnut Tree Rd.

Parcel (tax) Identification Number 11-12-06-947

Legal Description: Sec. 12, T12, R3W, SE 1/4

Size of Subject Parcel (contiguous parcel under on ownership): 122.87

Floodplain Map Panel Number: 17181C0150C

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. USGS BM 356.0
2. ✓ A copy of the FEMA floodplain map outlining the proposed site.
3. Copies of any applicable state or federal permits. NA
4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc. grain bin

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) _____

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

B. Construction Requirements:

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

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

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

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

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

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

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

C. Technical Information:

1. Base Flood Elevation at subject site 361.4

2. Lowest floor elevation (including basement) of proposed structure 356.0

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:

Entire property is located in 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:

Grain bin needed near 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 increase 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.

Applicant will vacate bin when flood threatens.

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.).

Applicant will vacate bin when flood threatens.

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ 09-08-09
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.

_____ 8-24-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the Sept. 8, 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,

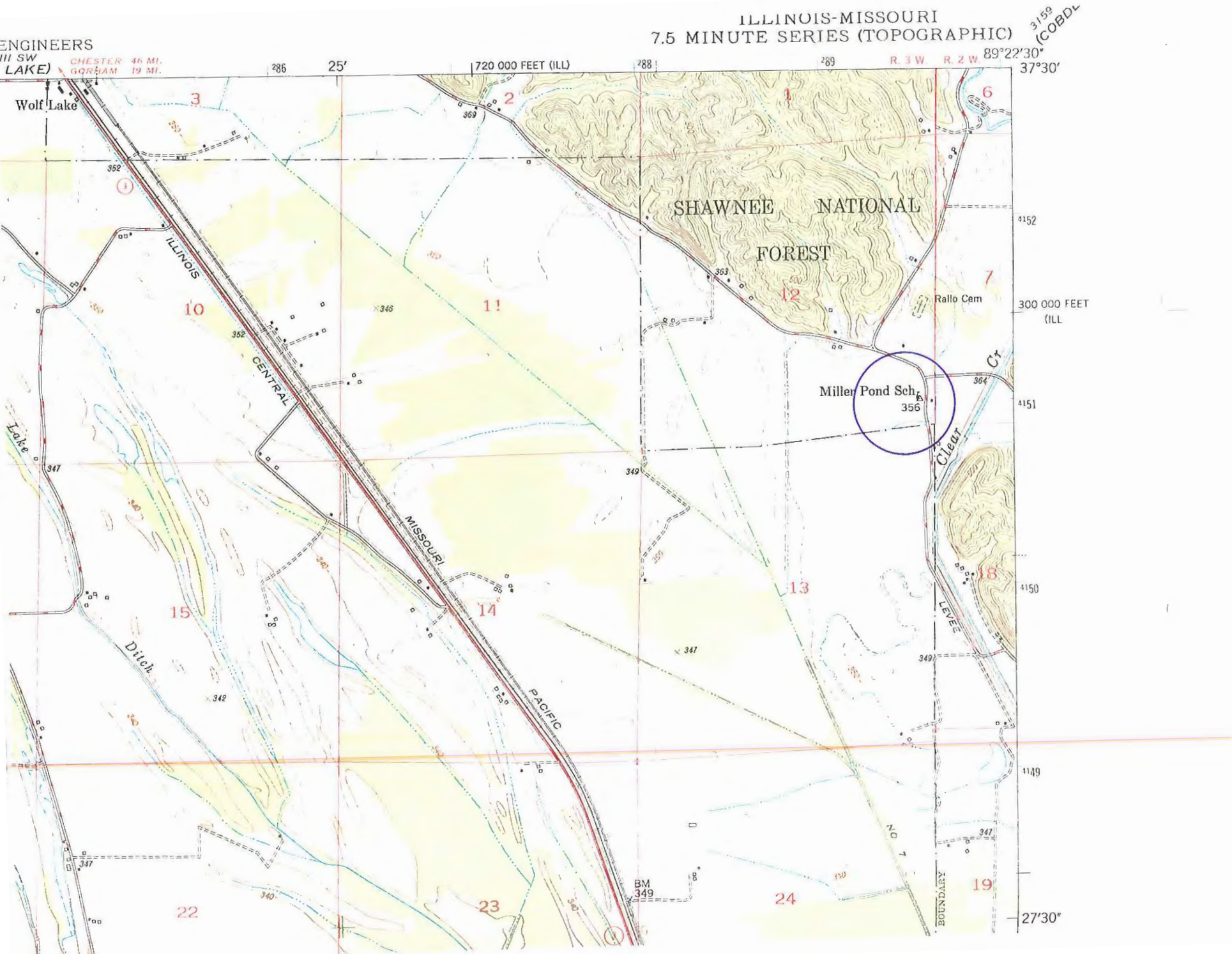
2. The grantee of the variance will be subject to increased risks to life and property.

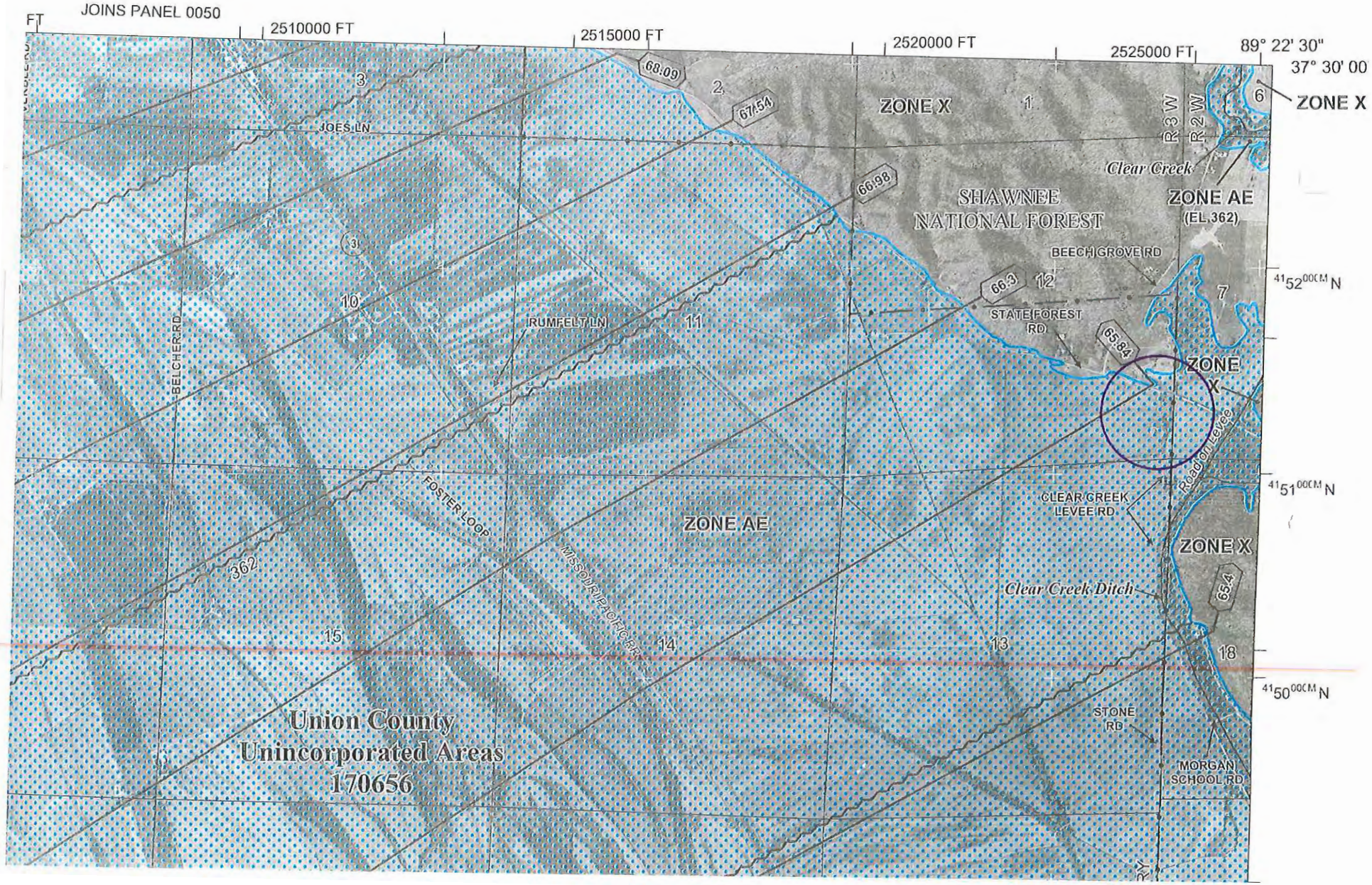
I acknowledge these risks and proceed assuming any and all risk and liability.

_____ 8-24-09
Grantee Date

_____ 09-08-09
Chairman-Variance Board Date

ILLINOIS-MISSOURI
7.5 MINUTE SERIES (TOPOGRAPHIC)

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NATIONAL FOREST
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BEECH GROVE RD
STATE FOREST
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JOES LN
RUMFELT LN
BELCHER RD
FOSTER LOOP
MISSOURI PACIFIC RR
ZONE AE
ZONE
X
Reason Levee
CLEAR CREEK
LEVEE RD
ZONE X
Clear Creek Ditch
STONE
RD
MORGAN
SCHOOL RD
R 3 W
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68.09
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66.98
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362
41 52 00 N
41 51 00 N
41 50 00 N
Union County
Unincorporated Areas
170656

UNION COUNTY BUILDING PERMIT APPLICATION Prop. No. 01-33-00-4166-L

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

I. LOCATION OF BUILDING

Number and street: 620 HALL CHURCH ROAD
Subdivision or Addition:
Lot:
Block:
Census tract:

Legal Description: Sec 33 T11 R1E PTE1/2 NE leasehold

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 [X] Other – *Specify* GENERATOR INSTALL

Beginning construction date T.B.D
Completion construction date T.B.D

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

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

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

Generator on cell tower
· No subdivision
· No floodplain
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Part ... for wrecking, complete only Part J, for all others ...*

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 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify DIESEL

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 all floors, based on dimensions ...
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS

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 SANCHEZ	18300 E. 71ST STREET, SUITE 120 DENVER, CO	80249	(303) 373-3416
2. Contractor or Builder	T.B.D			
3. Architect ENGINEER	PETE G. SERMIDAN	3703 JUNCTION BLVD. RALEIGH, NC 27603	27603	919 661-6351

Fax # 919-661-6350

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

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: 3703 JUNCTION BLVD
Application date: 08-18-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 20.00	8-20-09	09-59

Payment of $20.00 CK #9748 received by Union County Treasurer
Date 9-8-09
[signature] mg.

ALLTEL SITE NAME:	IL08_LICK CREEK
PROJECT DESCRIPTION:	PROPOSED GENERATOR
GENERATOR TYPE:	KOHLER-DIESEL
SITE ADDRESS:	620 HALL CHURCH RD. MAKANDA, IL 62958 (UNION COUNTY)
JURISDICTION:	UNION COUNTY
AREA OF CONSTRUCTION:	32 ± SQ. FT.
PRESENT OCCUPANCY TYPE:	TELECOMMUNICATION FACILITY

PROJECT INFORMATION

LATITUDE N 37° 31' 32.2206" *
LONGITUDE W 89° 05' 58.581" *

GROUND ELEVATION = UNKNOWN

* INFORMATION PROVIDED BY ALLTEL

TOWER LOCATION

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

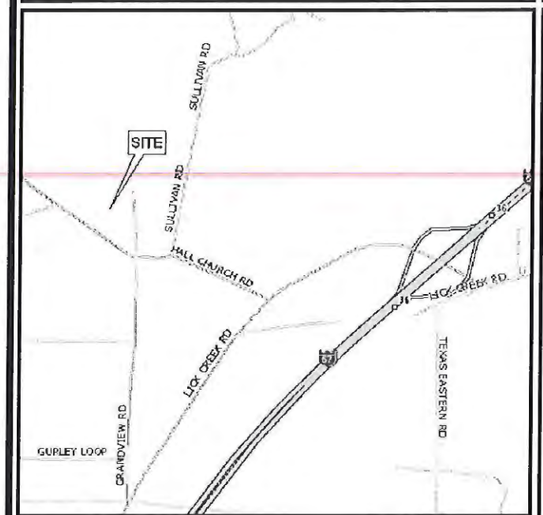
SITE NAME: IL08_LICK CREEK GENERATOR ADD

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
919.661.6351

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM CHECKED BY: GMA



LOCATION MAP

FROM ALLTEL OFFICE IN SESSER, IL, TAKE I-57 SOUTH TO EXIT 36 (LICK CREEK RD.) TURN RIGHT ON LICK CREEK ROAD. IN 0.5 MILE, TURN RIGHT ON HALL CHURCH ROAD. IN 0.47 MILE TURN RIGHT INTO CEMETARY. FOLLOW SITE ACCESS DRIVE AND SITE IS LOCATED ON THE LEFT.

DRIVING DIRECTIONS

SITE CONSTRUCTION MANAGER:
NAME: ALLTEL COMMUNICATIONS, INC.
ADDRESS: 18300 EAST 71ST AVE, SUITE 120
CITY, STATE, ZIP: DENVER, CO 80249
CONTACT: MIKE SANCHEZ
PHONE: (303) 373-3416

SITE APPLICANT:
NAME: ALLTEL COMMUNICATIONS, INC.
ADDRESS: 7592 GRAMMER ROAD
CITY, STATE, ZIP: SESSER, IL 62884
CONTACT: LES RAY
PHONE: (618) 525-0009

ORIGINAL SURVEYOR:
NAME: UNKNOWN
ADDRESS: UNKNOWN
CITY, STATE, ZIP: UNKNOWN
CONTACT: UNKNOWN
PHONE: UNKNOWN

CIVIL ENGINEER:
NAME: TOWER ENGINEERING PROFESSIONALS
ADDRESS: 3703 JUNCTION BOULEVARD
CITY, STATE, ZIP: RALEIGH, NC 27603
CONTACT: PETE G. JERNIGAN, P.E.
PHONE: (919) 661-6351

ELECTRICAL ENGINEER:
NAME: TOWER ENGINEERING PROFESSIONALS
ADDRESS: 3703 JUNCTION BOULEVARD
CITY, STATE, ZIP: RALEIGH, NC 27603
CONTACT: PETE G. JERNIGAN, P.E.
PHONE: (919) 661-6351

TOWER OWNER:
NAME: ALLTEL COMMUNICATIONS, INC.
ADDRESS: 18300 EAST 71ST AVE, SUITE 120
CITY, STATE, ZIP: DENVER, CO 80249
CONTACT: MIKE SANCHEZ
PHONE: (303) 373-3416

ALL WORK AND MATERIALS SHALL BE PERFORMED AND INSTALLED IN ACCORDANCE WITH THE CURRENT EDITIONS OF THE FOLLOWING CODES AS ADOPTED BY THE LOCAL GOVERNING AUTHORITIES. NOTHING IN THESE PLANS IS TO BE CONSTRUED TO PERMIT WORK NOT CONFORMING TO THE LATEST EDITIONS OF THE FOLLOWING:

1. INTERNATIONAL BUILDING CODE (2003 EDITION)
2. ANSI/TIA/EIA-222-F
3. INTERNATIONAL ELECTRIC CODE (2003 EDITION)
4. LOCAL BUILDING CODE
5. CITY/COUNTY ORDINANCES

CODE COMPLIANCE

UTILITIES:

POWER COMPANY:	SOUTHEASTERN ILLINOIS ELECTRIC COOP., INC.
CONTACT:	CUSTOMER SERVICE
PHONE:	(800) 833-2611
METER # NEAR SITE:	58 212 891
TELEPHONE COMPANY:	VERIZON
CONTACT:	CUSTOMER SERVICE
PHONE:	(800) 922-0204
PHONE # NEAR SITE:	(618) 893-4063
PEDESTAL # NEAR SITE:	UNKNOWN

CONTACT INFORMATION

SHEET	DESCRIPTION	REV
T1	TITLE SHEET	0
C1	COMPOUND DETAIL	0
C2	GENERATOR FOUNDATION DETAILS	0
E1	ELECTRICAL NOTES	0
E2	ONE-LINE DIAGRAM AND POWER PANEL SCHEDULE	0
E3	POWER PLAN	0
E4	GROUNDING PLAN	0
E5	GROUNDING DETAILS	0

INDEX OF SHEETS

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

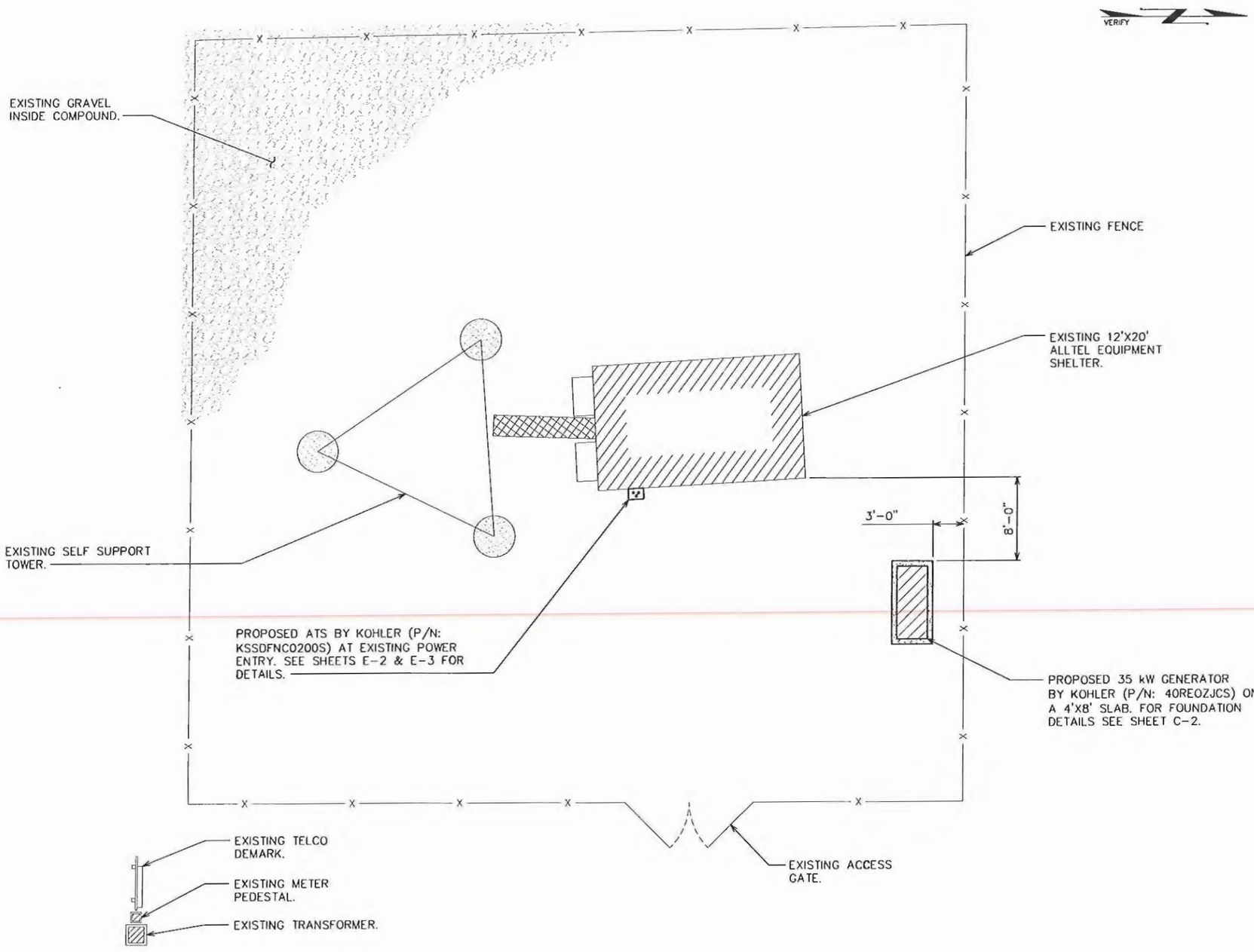
August 17, 2009

SEAL:

SHEET NUMBER: T-1

REVISION: 0

TEP #: 092382



COMPOUND DETAIL

SCALE: 3/32" = 1'-0"

0 8 16
SCALE IN FEET

PLANS PREPARED FOR:

alltel
18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS
August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM CHECKED BY: GMA

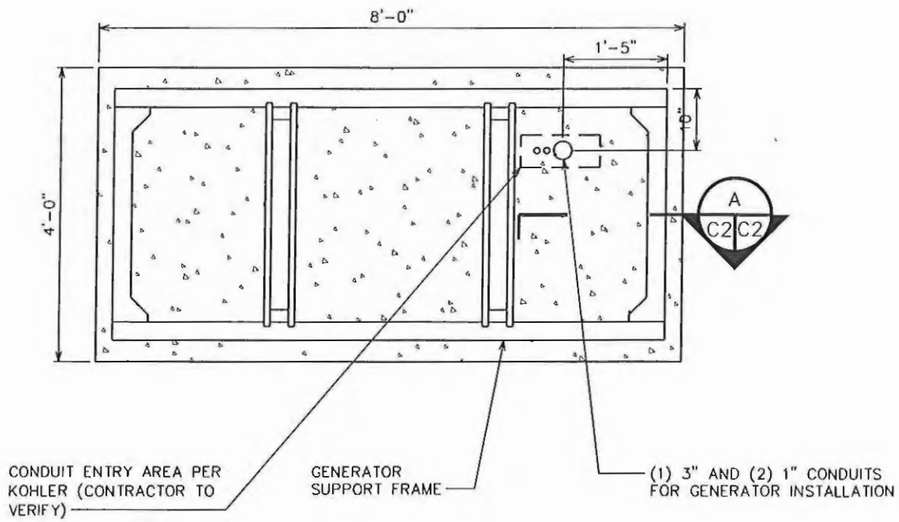
SHEET TITLE:

COMPOUND DETAIL

SHEET NUMBER: **C-1**

REVISION: 0

TEP #: 092382



GENERATOR PAD PLAN

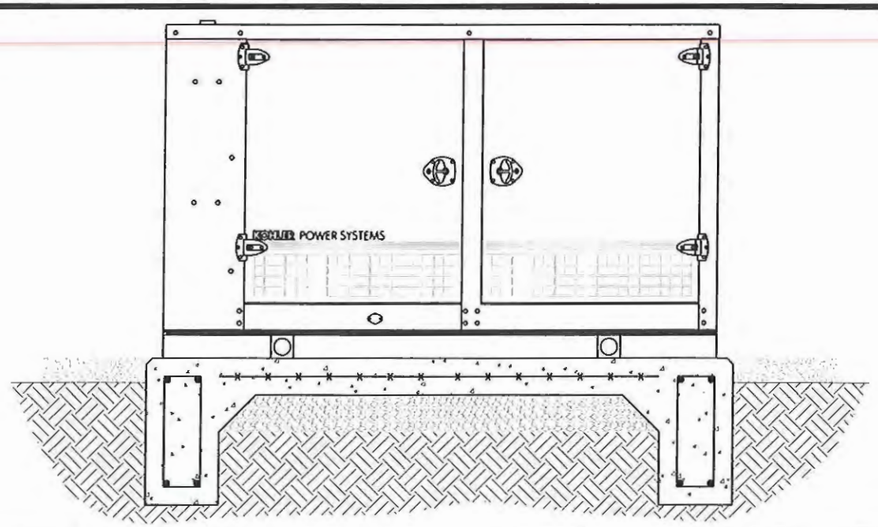
SCALE: ¾" = 1'-0"

0 1 2
SCALE IN FEET

1. FOUNDATION DESIGN IS BASED ON A 2000 PSF SOIL BEARING CAPACITY. IF OTHER CONDITIONS EXIST, FOUNDATION SHALL BE REDESIGNED. CONTRACTOR SHALL HAVE SOIL BEARING CAPACITY VERIFIED BY A LICENSED PROFESSIONAL GEOTECHNICAL ENGINEER PRIOR TO INITIATION OF CONSTRUCTION ACTIVITIES.
2. CONCRETE SHALL BE 2500 PSI @ 28 DAYS.
3. REBAR Fy = 60,000 PSI ASTM A615 GRADE 60
4. ALL BACKFILL SHALL BE THOROUGHLY COMPACTED TO A MINIMUM OF 95% DENSITY USING THE MODIFIED PROCTOR METHOD.
5. SURFACE OF FINISHED SLAB SHALL BE LEVEL AND FLAT WITHIN ¼".
6. CONTRACTOR SHALL VERIFY WITH THE MANUFACTURER ACTUAL DIMENSIONS OF THE GENERATOR PRIOR TO LAYING OUT FOUNDATION.
7. CONTRACTOR SHALL VERIFY LOCATION OF CUT-OUTS PRIOR TO INSTALLATION.
8. REINFORCING STEEL SHALL BE PLACED IN ACCORDANCE WITH THE CONCRETE REINFORCING STEEL INSTITUTE (CRSI), "MANUAL OF STANDARD PRACTICE".
9. ALL CONCRETE WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE LATEST EDITION OF THE AMERICAN CONCRETE INSTITUTE (ACI) BUILDING CODE.

FOUNDATION NOTES

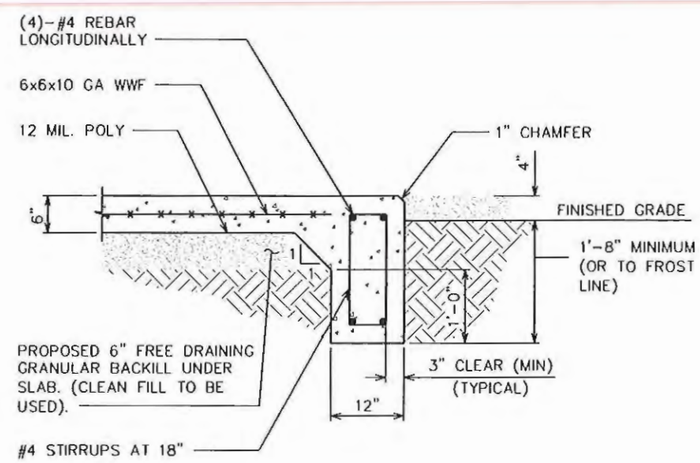
SCALE: N.T.S.



GENERATOR ELEVATION

SCALE: ¾" = 1'-0"

0 1 2
SCALE IN FEET



PAD SECTION

A
C2 C2

SCALE: ½" = 1'-0"

0 2 4
SCALE IN FEET

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

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3703 JUNCTION BOULEVARD
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OFFICE: (919) 661-6351
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PETER G. JERNIGAN, JR.
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LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM CHECKED BY: GMA

SHEET TITLE:

GENERATOR FOUNDATION DETAILS

SHEET NUMBER: **C-2**

REVISION: **0**

TEP #: 092382

ELECTRICAL NOTES:

SCOPE:

1. SHALL INCLUDE ALL LABOR, MATERIALS AND APPLIANCES REQUIRED FOR THE FURNISHING, INSTALLING AND TESTING, COMPLETE AND READY FOR OPERATION OF ALL WORK SHOWN ON THE DRAWING AS SPECIFIED HEREIN:
   1. ELECTRIC SERVICE
   2. CONDUIT AND RACEWAY
   3. CONDUCTORS
   4. MISCELLANEOUS MATERIALS
   5. TELEPHONE CONDUITS
   6. LIGHTNING ARRESTING SYSTEM

CODES

1. THE INSTALLATION SHALL COMPLY WITH ALL APPLICABLE LAWS AND CODES. THESE INCLUDE BUT ARE NOT LIMITED TO THE LATEST EDITIONS OF:
   A. THE NATIONAL ELECTRICAL SAFETY CODE
   B. THE INTERNATIONAL ELECTRIC CODE (2003)
   C. THE INTERNATIONAL ELECTRIC CODE – IBC
   D. LOCAL AND STATE AMENDMENTS
   E. REGULATIONS OF THE SERVING UTILITY COMPANY
2. ALL PERMITS REQUIRED SHALL BE OBTAINED BY THE CONTRACTOR.
3. AFTER COMPLETION AND FINAL INSPECTION OF THE WORK, THE OWNER SHALL BE FURNISHED A CERTIFICATE OF COMPLETION AND APPROVAL.

TESTING

1. UPON COMPLETION OF THE INSTALLATION, OPERATE AND ADJUST ALL EQUIPMENT AND SYSTEMS TO MEET SPECIFIED PERFORMANCE REQUIREMENTS. ALL TESTING SHALL BE DONE BY QUALIFIED PERSONNEL.

GUARANTEE

1. IN ADDITION TO THE GUARANTEE OF THE EQUIPMENT BY THE MANUFACTURER, EACH PIECE OF EQUIPMENT SPECIFIED HEREIN SHALL ALSO BE GUARANTEED FOR DEFECTS OF MATERIAL OR WORKMANSHIP OCCURRING DURING A PERIOD OF ONE (1) YEAR FROM FINAL ACCEPTANCE OF THE WORK BY THE OWNER. WITHOUT EXPENSE TO THE OWNER ALL WARRANTEE CERTIFICATES & GUARANTEES FURNISHED BY THE MANUFACTURERS SHALL BE TURNED OVER TO THE OWNER.

CO-ORDINATION:

1. CONTRACTOR SHALL COORDINATE ALL WORK WITH THE POWER AND TELEPHONE COMPANIES AND SHALL COMPLY WITH ALL SERVICE REQUIREMENTS OF EACH UTILITY COMPANY.

EXAMINATION OF SITE

1. PRIOR TO BEGINNING WORK, THE CONTRACTOR SHALL VISIT THE SITE OF THE JOB AND SHALL FAMILIARIZE HIMSELF WITH ALL CONDITIONS AFFECTING THE PROPOSED ELECTRICAL INSTALLATION AND SHALL MAKE PROVISIONS AS TO THE COST THEREOF. FAILURE TO COMPLY WITH THE INTENT OF THIS PARAGRAPH WILL IN NO WAY RELIEVE THE CONTRACTOR OF PERFORMING ALL WORK NECESSARY FOR A COMPLETE AND WORKING SYSTEM OR SYSTEMS.

CUTTING, PATCHING AND EXCAVATION:

1. COORDINATION OF ALL SLEEVES, CHASES, ETC., WILL BE REQUIRED PRIOR TO THE CONSTRUCTION OF ANY PORTION OF THE WORK. ALL CUTTING AND PATCHING OF WALLS, PARTITIONS, FLOORS, AND CHASES IN CONCRETE, WOOD, STEEL OR MASONRY SHALL BE DONE AS PROVIDED ON THE DRAWINGS.
2. ALL NECESSARY EXCAVATIONS AND BACKFILLING INCIDENTAL TO THE WORK UNLESS SPECIFICALLY NOTED OTHERWISE ON THE DRAWING SHALL BE PROVIDED BY THIS CONTRACTOR.
3. SEAL ALL PENETRATION THROUGH WALL AND FLOORS WITH APPROVED GROUT.

EXTERIOR CONDUIT:

1. ALL EXPOSED CONDUIT SHALL BE NEATLY INSTALLED AND RUN PARALLEL OR PERPENDICULAR TO STRUCTURAL ELEMENTS. SUPPORTS AND MOUNTING HARDWARE SHALL BE HOT DIPPED GALVANIZED STEEL.

RACEWAYS

1. ALL CONDUCTORS SHALL BE INSTALLED IN CONDUIT. ALL CONDUIT SHALL BE RIGID STEEL, EMT OR SCH40 PVC AS INDICATED ON THE DRAWINGS.
2. WHERE INSTALLED ON EXTERIORS AND EXPOSED TO DAMAGE, ALL CONDUIT SHALL BE RIGID STEEL. ALUMINUM CONDUIT SHALL NOT BE ALLOWED.
3. CONCEALED CONDUIT IN WALLS OR INTERIOR SPACES ABOVE GRADE MAY BE EMT.
4. UNDERGROUND CONDUITS SHALL BE RIGID STEEL OR SCHEDULE 40 PVC AS INDICATED ON THE DRAWINGS.
5. ALL CONDUIT RUNS SHALL USE APPROVED COUPLINGS AND CONNECTORS. PROVIDE INSULATED BUSHING FOR ALL CONDUIT TERMINATIONS. ALL CONDUIT RUNS IN A WET LOCATION SHALL HAVE WATERPROOF FITTINGS.
6. PROVIDE SUPPORTS FOR ALL CONDUITS IN ACCORDANCE WITH NEC REQUIREMENTS. ALL CONDUITS SHALL BE SIZED AS REQUIRED BY NEC.
7. BURIAL DEPTH OF ALL CONDUITS SHALL BE AS REQUIRED BY CODE FOR EACH SPECIFIC CONDUIT TYPE AND APPLICATION.
8. CONDUIT ROUTES ARE SCHEMATIC. CONTRACTOR SHALL FIELD VERIFY BEFORE BID. COORDINATE ROUTE WITH WIRELESS CARRIER AND BUILDING OWNER.

EQUIPMENT:

1. ALL DISCONNECT SWITCHES SHALL BE SERVICE ENTRANCE RATED, HEAVY DUTY TYPE.
2. NEW CIRCUIT BREAKERS SHALL BE RATED TO WITHSTAND THE MAXIMUM AVAILABLE FAULT CURRENT AS DETERMINED BY THE LOCAL UTILITY. CONTRACTOR SHALL VERIFY MAXIMUM AVAILABLE FAULT CURRENT, AND COORDINATE INSTALLATION WITH THE LOCAL UTILITY BEFORE STARTING WORK.

CONDUCTORS

1. FURNISH AND INSTALL CONDUCTORS CALLED FOR IN THE DRAWINGS. ALL CONDUCTORS SHALL HAVE TYPE THWN (MIN) (75 DEGREE) INSULATION, RATED FOR 600 VOLTS.
2. ALL CONDUCTORS SHALL BE COPPER, THE USE OF ALUMINUM CONDUCTORS SHALL NOT BE ALLOWED. ALL CONDUCTORS SHALL BE UL LISTED AND SHALL BE PROVIDED AND INSTALLED AS FOLLOWS:
   A. MINIMUM WIRE SIZE SHALL BE #12 AWG.
   B. ALL CONDUCTORS SIZE #8 AND LARGER SHALL BE STRANDED. CONDUCTORS SIZED #10 AND SMALLER SHALL BE SOLID OR STRANDED.
   C. CONNECTION FOR #10 AWG AND SMALLER SHALL BE BY TWISTING TIGHT AND INSTALLING INSULATED PRESSURE OR WIRE NUT CONNECTIONS.
   D. CONNECTION FOR #8 AWG AND LARGER SHALL BE BY USE OF STEEL CRIMP-ON SLEEVES WITH NYLON INSULATOR.
3. ALL CONDUCTORS SHALL BE COLOR CODED IN ACCORDANCE WITH NEC STANDARDS.
4. THE RACEWAY SYSTEM SHALL BE COMPLETE BEFORE INSTALLING CONDUCTORS

PENETRATIONS:

1. CONTRACTOR SHALL COMPLY WITH UL PENETRATION DETAILS FOR PENETRATIONS OF ALL RATED WALLS, ROOF, ETC.

GROUNDING

1. ALL ELECTRICAL NEUTRALS, RACEWAYS AND NON-CURRENT CARRYING PARTS OF ELECTRICAL EQUIPMENT AND ASSOCIATED ENCLOSURES SHALL BE GROUNDED IN ACCORDANCE WITH NEC ARTICLE 250. THIS SHALL INCLUDE NEUTRAL CONDUCTORS, CONDUITS, SUPPORTS, CABINETS, BOXES, GROUND BUSSES, ETC. THE NEUTRAL CONDUCTOR FOR EACH SYSTEM SHALL BE GROUNDED BY ONE POINT ONLY.
2. PROVIDE GROUND CONDUCTOR IN ALL RACEWAYS.
3. PROVIDE BONDING AND GROUND TO MEET NFPA 780 – LIGHTNING PROTECTION AS A MINIMUM.
4. PROVIDE GROUNDING SYSTEM AS INDICATED ON THE DRAWINGS, AS REQUIRED BY THE NATIONAL ELECTRIC CODE AND RADIO EQUIPMENT MANUFACTURER.

ABBREVIATIONS AND LEGEND

A	– AMPERE	PVC	– SCH40 RIGID NON-METALLIC CONDUIT
AFG	– ABOVE FINISHED GRADE	RGS	– RIGID GALVANIZED STEEL CONDUIT
ATS	– AUTOMATIC TRANSFER SWITCH	SW	– SWITCH
AWG	– AMERICAN WIRE GAUGE	TGB	– TOWER GROUND BAR
BCW	– BARE COPPER WIRE	UL	– UNDERWRITERS LABORATORIES
BFG	– BELOW FINISHED GRADE	V	– VOLTAGE
BKR	– BREAKER	W	– WATTS
C	– CONDUIT	XFMR	– TRANSFORMER
CKT	– CIRCUIT	XMTR	– TRANSMITTER
DISC	– DISCONNECT		
EGR	– EXTERNAL GROUND RING		
EMT	– ELECTRIC METALLIC TUBING		
FSC	– FLEXIBLE STEEL CONDUIT		
GEN	– GENERATOR		
GPS	– GLOBAL POSITIONING SYSTEM		
GRD	– GROUND		
IGB	– ISOLATED GROUND BAR		
IGR	– INTERIOR GROUND RING (HALO)		
KW	– KILOWATTS		
NEC	– NATIONAL ELECTRIC CODE		
PCS	– PERSONAL COMMUNICATION SYSTEM		
PH	– PHASE		
PNL	– PANEL		
PNLBD	– PANELBOARD		

----E----	UNDERGROUND ELECTRICAL CONDUIT
----T----	UNDERGROUND TELEPHONE CONDUIT
	KILOWATT-HOUR METER
---------	UNDERGROUND BONDING AND GROUNDING CONDUCTOR.
⌀	GROUND ROD
●	CADWELD
⊠	GROUND ROD WITH INSPECTION WELL

PLANS PREPARED FOR:

alltel
18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED
PROFESSIONAL
ENGINEER
ILLINOIS

August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM | CHECKED BY: JRH

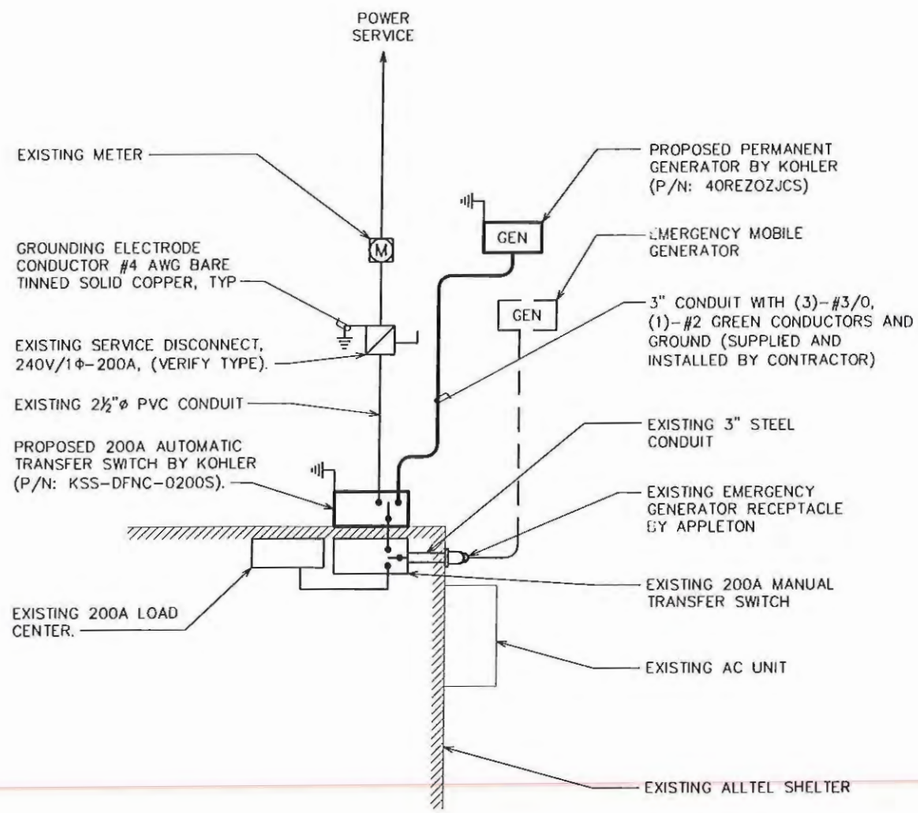
SHEET TITLE:

ELECTRICAL NOTES

SHEET NUMBER: **E-1**

REVISION: 0

TEP #: 092382



NOTES:

1. EXISTING ELECTRICAL SERVICE IS 200A, 240/120V, 1ø/3W.
2. EXISTING SERVICE ENTRANCE SERVICE DISCONNECT SWITCH (200A, 3W, 1ø)
3. ALL EXTERIOR PANELS TO BE NEMA 3 RATED.

ONE-LINE DIAGRAM

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM | CHECKED BY: JRH

SHEET TITLE:

ONE-LINE DIAGRAM

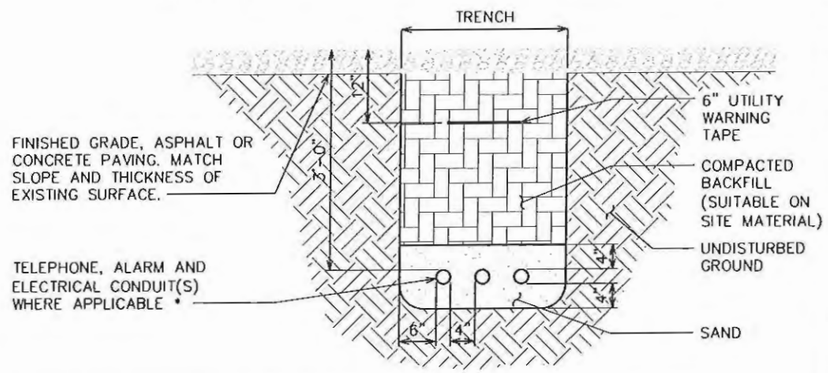
SHEET NUMBER: **E-2**

REVISION: 0

TEP #: 092382

NOTES:

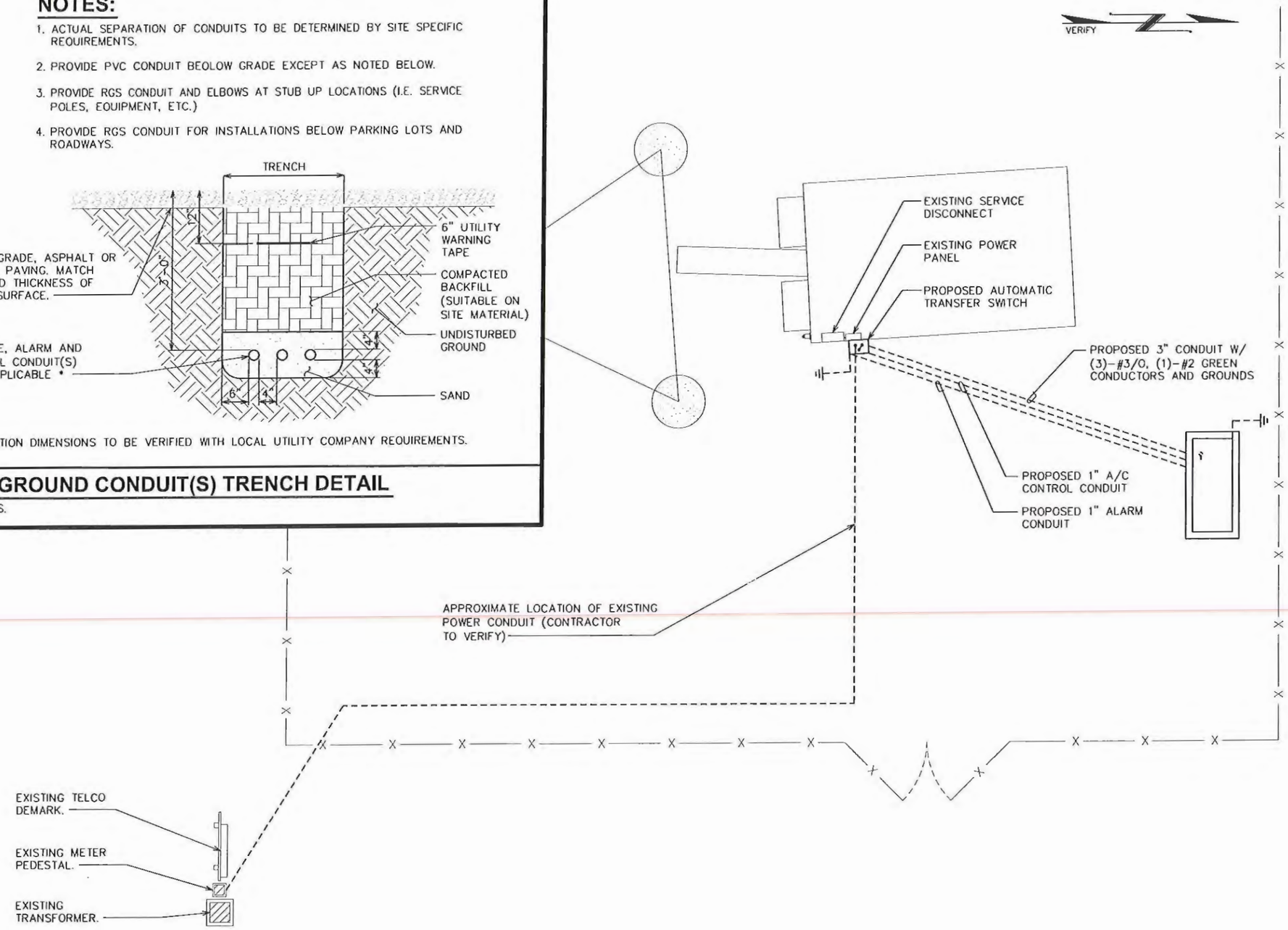
1. ACTUAL SEPARATION OF CONDUITS TO BE DETERMINED BY SITE SPECIFIC REQUIREMENTS.
2. PROVIDE PVC CONDUIT BEOLOW GRADE EXCEPT AS NOTED BELOW.
3. PROVIDE RGS CONDUIT AND ELBOWS AT STUB UP LOCATIONS (I.E. SERVICE POLES, EQUIPMENT, ETC.)
4. PROVIDE RGS CONDUIT FOR INSTALLATIONS BELOW PARKING LOTS AND ROADWAYS.



* SEPARATION DIMENSIONS TO BE VERIFIED WITH LOCAL UTILITY COMPANY REQUIREMENTS.

UNDERGROUND CONDUIT(S) TRENCH DETAIL

SCALE: N.T.S.



POWER PLAN

SCALE: 1/8" = 1'-0"

0 8 16
SCALE IN FEET

PLANS PREPARED FOR:

alltel
18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS
August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM | CHECKED BY: JRH

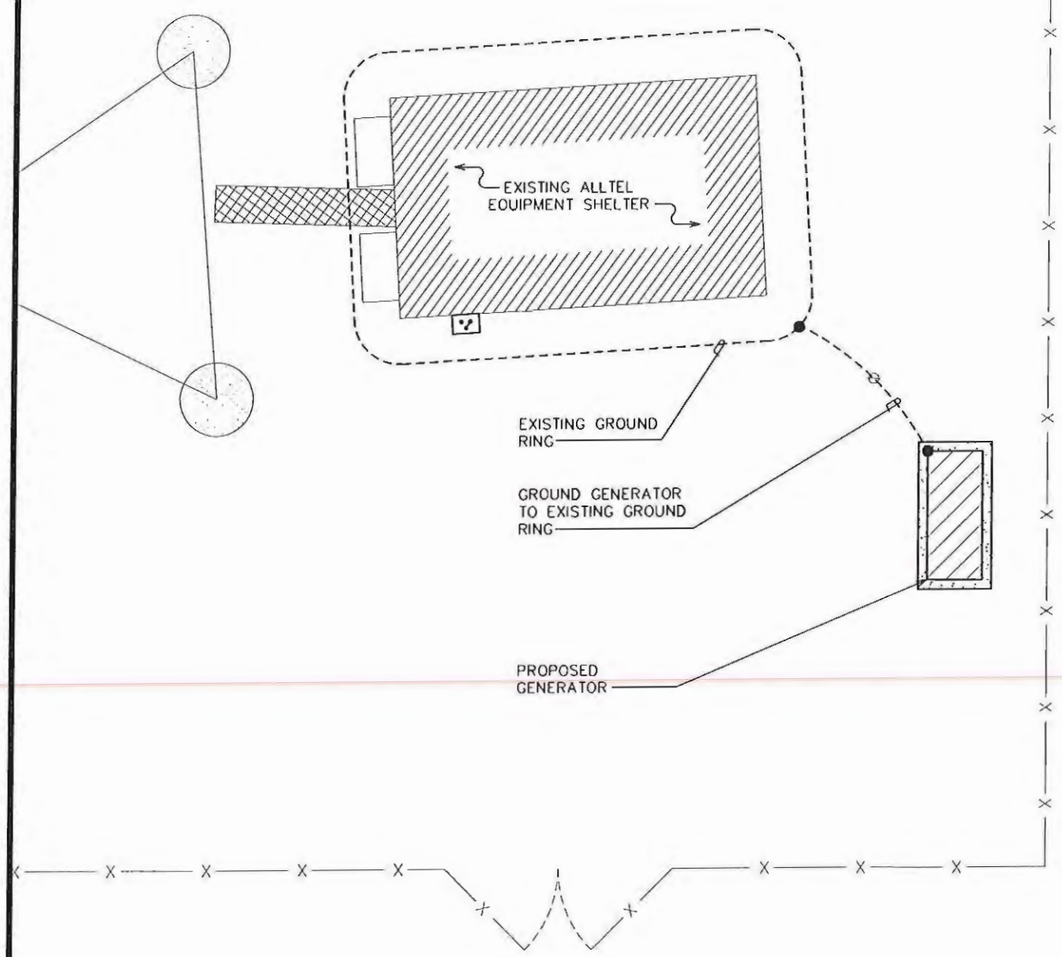
SHEET TITLE:

POWER PLAN

SHEET NUMBER: **E-3**

REVISION: 0

TEP #: 092382



TYPICAL GROUNDING PLAN

SCALE: N.T.S.

1. IF THE GENERATOR IS INSTALLED ON A PAD AND IS MORE THAN 6' FROM THE SHELTER, THE GENERATOR CHASSIS SHALL BE BONDED TO THE SHELTER GROUND RING AND TO A DRIVEN GROUND ELECTRODE WITH A #2 TINNED SOLID COPPER CONDUCTOR THROUGH A SMALL SECTION OF PVC THAT IS A MINIMUM OF 24 INCHES BELOW FINISHED GRADE.
2. IF THE GENERATOR IS INSTALLED ON A PAD AND IS LESS THAN 6' FROM THE SHELTER, THE GENERATOR CHASSIS SHALL BE BONDED TO THE SHELTER GROUND RING WITH A #2 TINNED SOLID COPPER CONDUCTOR THROUGH A SMALL SECTION OF PVC THAT IS A MINIMUM OF 24 INCHES BELOW FINISHED GRADE.
3. BONDING OF THE GROUNDED CONDUCTOR (NEUTRAL) AND THE GROUNDING CONDUCTOR SHALL BE AT THE SERVICE DISCONNECTING MEANS. BONDING JUMPER SHALL BE INSTALLED PER N.E.C. ARTICLE 250-30.
4. GROUND RING CONNECTION CONDUCTORS SHALL BE OF EQUAL LENGTH, MATERIAL, AND BONDING TECHNIQUE.
5. CONTRACTOR SHALL ENSURE GROUND RING IS WITHIN 12 TO 36 INCHES OF THE EQUIPMENT PAD. PROVIDE/INSTALL GROUNDING CONNECTIONS SHOWN ABOVE AS NEEDED PER EXISTING SITE GROUNDING SYSTEM. CONTRACTOR SHALL VERIFY ALL EXISTING SITE GROUNDING CONDITIONS BEFORE STARTING WORK OR PURCHASING EQUIPMENT.
6. CONTRACTOR SHALL VERIFY EXISTING GROUNDING BOND TO THE FENCE IN AT LEAST (2) OTHER PLACES IN ADDITION TO NEW CONNECTION SHOWN ABOVE. CONTRACTOR SHALL ALSO VERIFY EXISTING GROUNDING CONNECTION TO ACCESS GATE. PROVIDE AND INSTALL GROUNDING CONNECTIONS AS REQUIRED TO MEET THESE REQUIREMENTS.

GROUNDING NOTES

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED
PROFESSIONAL
ENGINEER
OF
ILLINOIS

August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM | CHECKED BY: JRH

SHEET TITLE:

GROUNDING PLAN

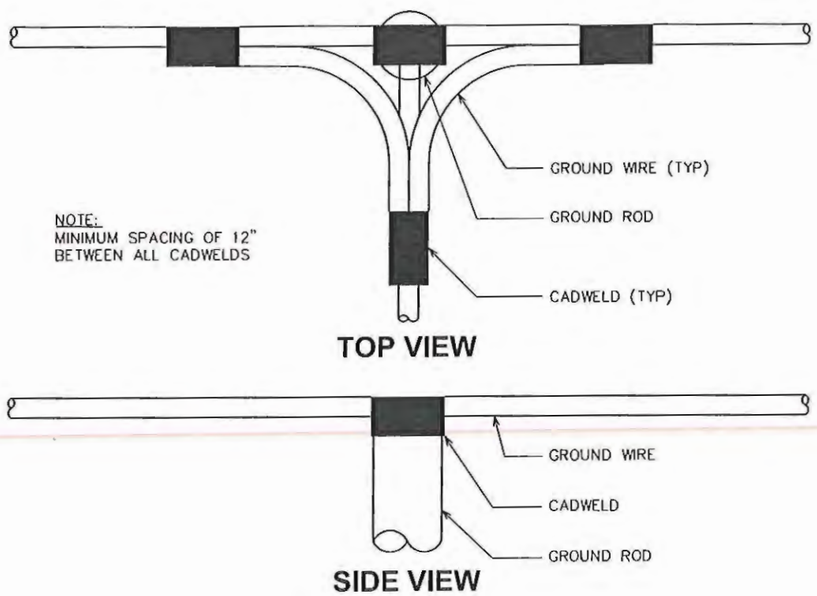
SHEET NUMBER: **E-4**

REVISION: 0

TEP #: 092382

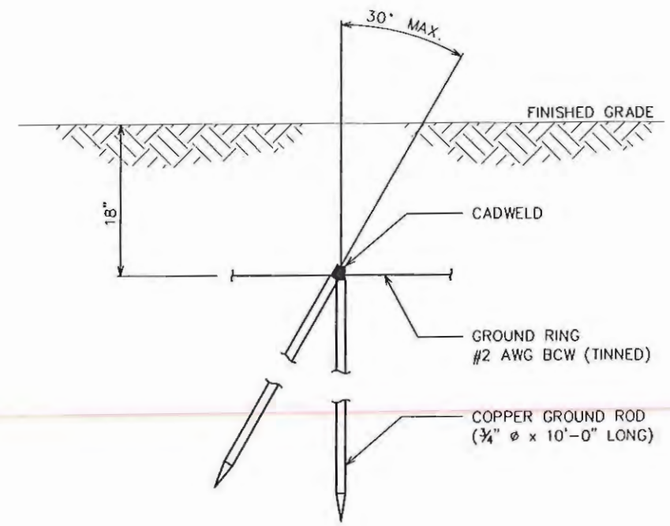
GROUNDING NOTES:

1. GROUNDING ELECTRODES SHALL BE CONNECTED IN A RING USING #2 SOLID COPPER WIRE. THE TOP OF THE GROUND RODS AND THE RING CONDUCTOR SHALL BE 30" (MIN) BELOW FINISHED GRADE.
2. BONDING OF THE GROUNDED CONDUCTOR (NEUTRAL) AND THE GROUNDING CONDUCTOR SHALL BE AT THE SERVICE DISCONNECTING MEANS. BONDING JUMPER SHALL BE INSTALLED PER N.E.C. ARTICLE 250.30.



CADWELD GROUNDING DETAIL

SCALE: N.T.S.



COPPER-CLAD STEEL GROUND ROD

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_LICK CREEK

620 HALL CHURCH ROAD
MAKANDA, IL 62958
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

August 17, 2009

REV	DATE	ISSUED FOR:
0	08-17-09	PRELIMINARY

DRAWN BY: EBM | CHECKED BY: JRH

SHEET TITLE:

GROUNDING DETAILS

SHEET NUMBER: **E-5**

REVISION: 0

TEP #: 092382

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . 04-10-02-172-A1

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

I. LOCATION OF BUILDING

Number and street: 1560 Shiloh Rd. Cobden

Subdivision or Addition | Lot | Block | Census track

Legal Description: PT N1/2 NW SW 11-10 010 13.5 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 [ ] 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 _____

replacing old MH to be sol approv.

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	$ 39,000

MOBILE HOME INFO:

- Date MH was set-up: Aug 15, 2009
- Make Fleetwood Size 16X80 Yr. Model 2010
- Previous MH Owner SI Homes
- Previous MH Location Murphysboro IL
- Current MH Owner Brandy Nance
- Current MH Location 1560 Shiloh Rd
- Current Land Owner Robert E Nance

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings for wrecking, comp*

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 [ ] Yes
- 45 [ ] No

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

- No flood plain
- No subdivision
- Rec. for approval

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Brandy Nance	1560 Shiloh Rd. Cobden IL	62920	(618) 218-4402
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 Nance		8-13-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hum	$ 88.00	8-13-09	09-58

Payment of $88.00 CK # 1497 received by Union County Treasurer

Date 8-19-09

Bary L. Mayer
Treas.

UNION COUNTY Prop. J.
BUILDING PERMIT APPLICATION 02-08-00-721-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 Sec 8 T12 R1E PT NE NW 27.06 AC.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

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 Aug 15, 09
Completion construction date May 1, 10

- No floodplain
- No subdivision
- Rec. for approval

New home

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 268,000
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	$ 268,000

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings a for wrecking, comple*

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 Geo Thermal

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	2500
50. Total land area, sq. ft.	2500

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	2
52. Outdoors	0

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Tim & Kendra Denny	5905 Lick Creek Rd Anna, IL 62906		618-833-9337
				618-697-4834
2. Contractor or Builder	Steve Wein	110 McKinley St. Anna, IL	62906	618-833-4597
3. Architect	NA			

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

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
Tim & Kendra Denny	5905 Lick Creek Rd Anna, IL 62906	7-27-09

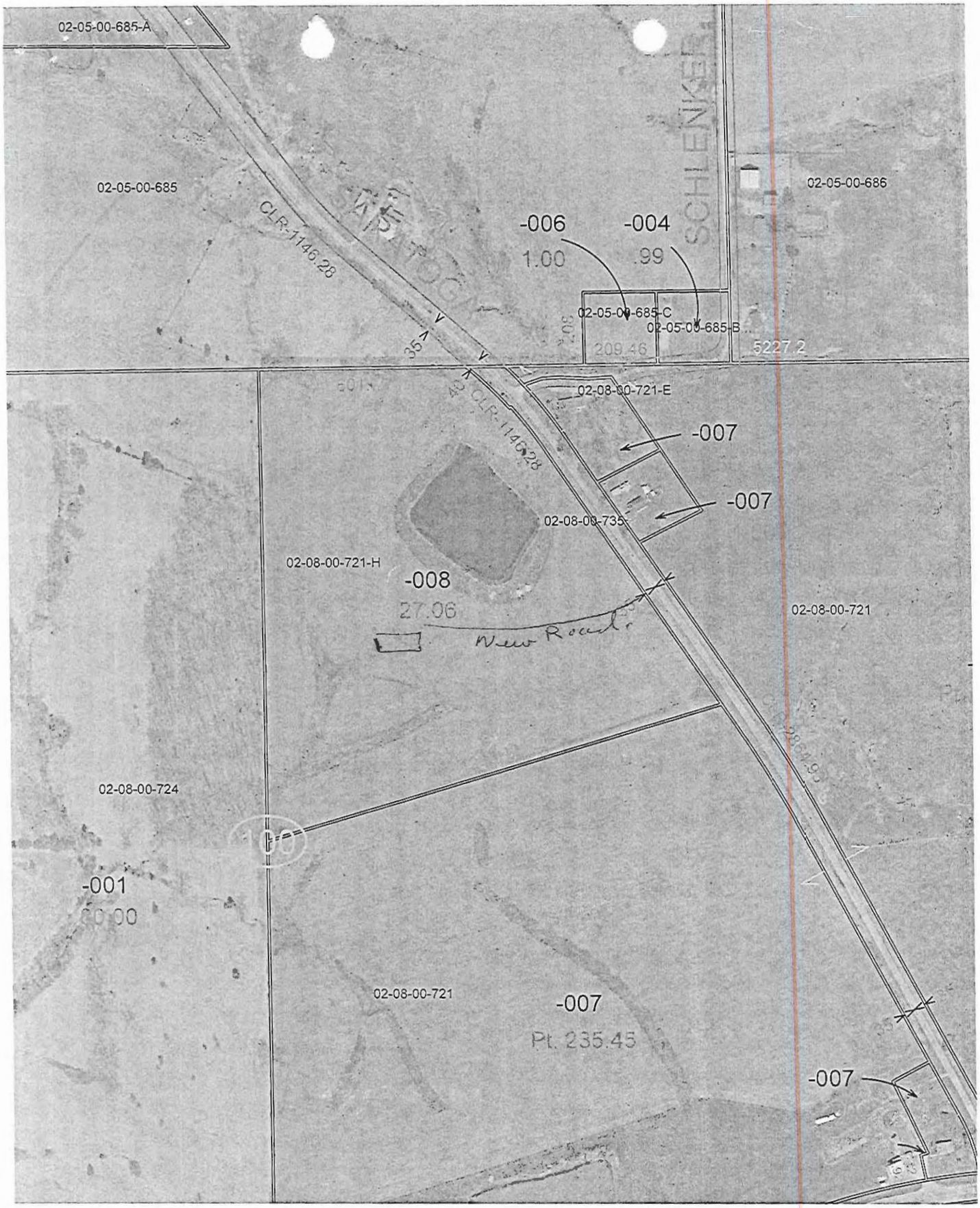
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gass	$ 546.00	7-28-09	09-57

Payment of CK# 2449 $546.00 received by Union County Treasurer

Date 8-12-09

Bury [illegible]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35'
45' CLR-1146.28
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02-08-00-735
02-08-00-721-H
-008
27.06
New Road
02-08-00-721
02-08-00-724
-001
02-08-00-721
-007
Pt. 235.45
-007

UNION COUNTY Prop. No. 14-00-1 -246 . Sect. 5

BU 'NG PERMIT APPLICATION

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

LOCATION OF BUILDING

Number and street: 99 Downs Lane | Subdivision or Addition: Union Ridge Sub. 5 | Lot | Block | Census tract

Legal Description: Cobden

N / E W from intersection of _____ and _____ Streets

14-00-12-246

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 [ ] Wrecking (If multifamily residential, enter number of units in building in part D. 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

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

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

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garag
22 [ ] Service station
23 [ ] Hospital, insti
24 [ ] Office, bank, c
25 [ ] Public utility
26 [ ] School, library
27 [ ] Stores, mercan
28 [ ] Tanks, towers
29 [ ] Other – Specify

Beginning construction date 7-24-09

Completion construction date 4-15-10

Beginning construction

Completion construction

B. OWNERSHIP

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

C. COST (Estimated) New

10. Cost of improvement
To be included but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
d. Other (elevator, etc.)
11. TOTAL COST OF IMPROVEMENT $ 250,000

MOBILE HOME INFO

(Omit name)

Date MH was set-up

Make | Size

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 2400 LIVING SPACE 900 GARAGE
50. Total land area, sq. ft. 1/2 ACRES

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	MR GORDON CHENIAE	20280 N 59th AV STE 115-#732	85308	623-640-3022
2. Contractor or Builder	J.W. Williams Const	GLENDALE AZ 85308		
3. Architect	SAME	618-549-5411		

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

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: 1000 N. Michaels St. Carbondale | Application date: 7/20/09

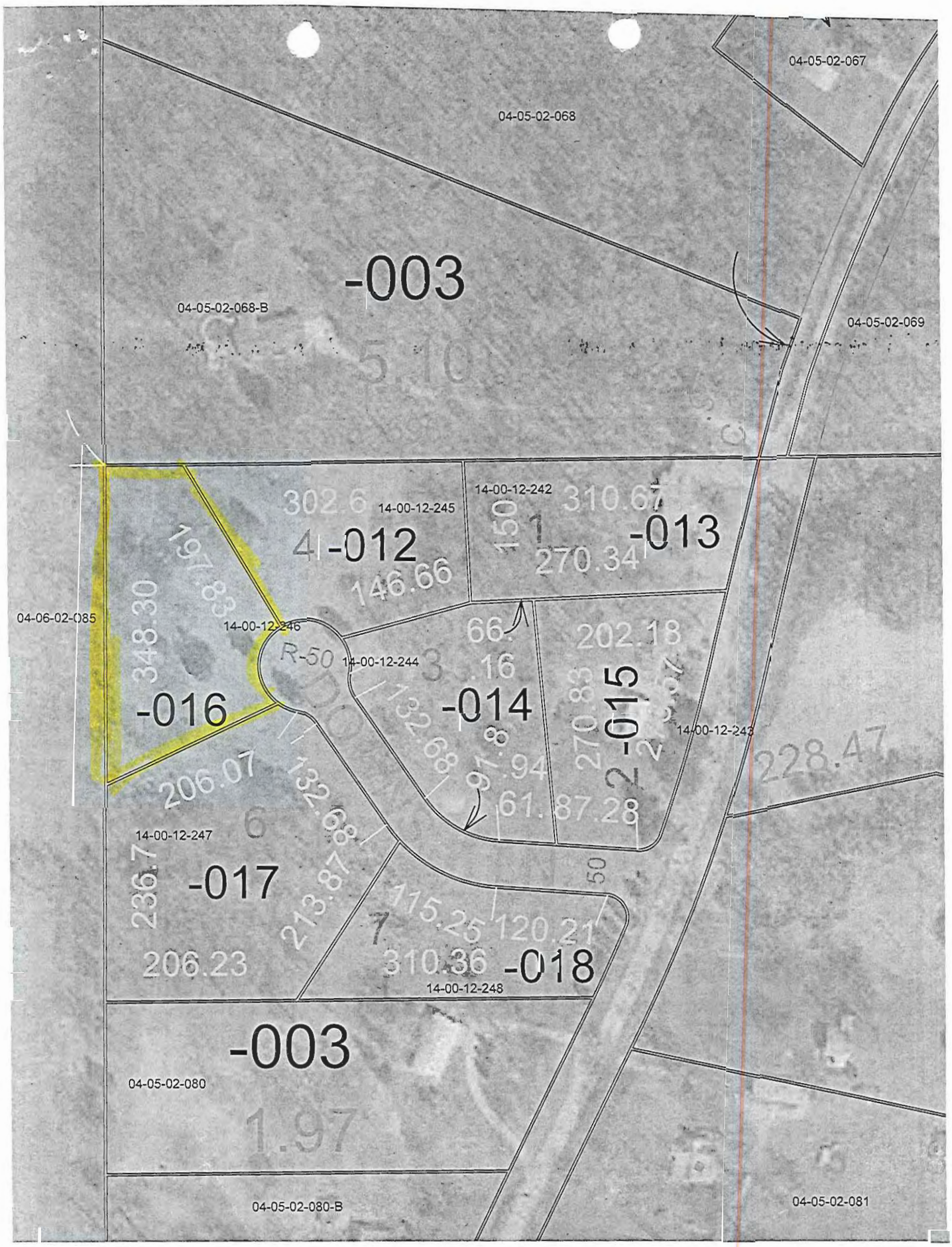
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 510.00	7-20-09	09-56

Payment of CK #7482 $510.00 received by Union County Treasurer

Date 8-12-09 [signature] mg

No Floodplain
Union Ridge Sub.
Rec. for approval
New home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-012
-013
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R-50
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-014
-015
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-018
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-003
04-05-02-080
04-05-02-080-B
04-05-02-081

UNION COUNTY Prop. N 14-00-11-309
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: West St
Subdivision or Addition: Original Plat of Wolf Lake
Lot:
Block:
Census track:
Legal Description: S½ Lots 23 & 24
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 pad

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

Beginning construction date 9-1-09
Completion construction date 10-1-09

Pole barn
- In floodplain
- Subdivided lots in Wolf Lake
- Variance
- Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 9,100

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new building; for wrecking, comp*

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 24x30 720 ft
50. Total land area, sq. ft. _____

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jack Thornton	PO Box 47, Wolf Lake IL	62998	833-7450
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: Jack Thornton
Address:
Application date: 7-9-09

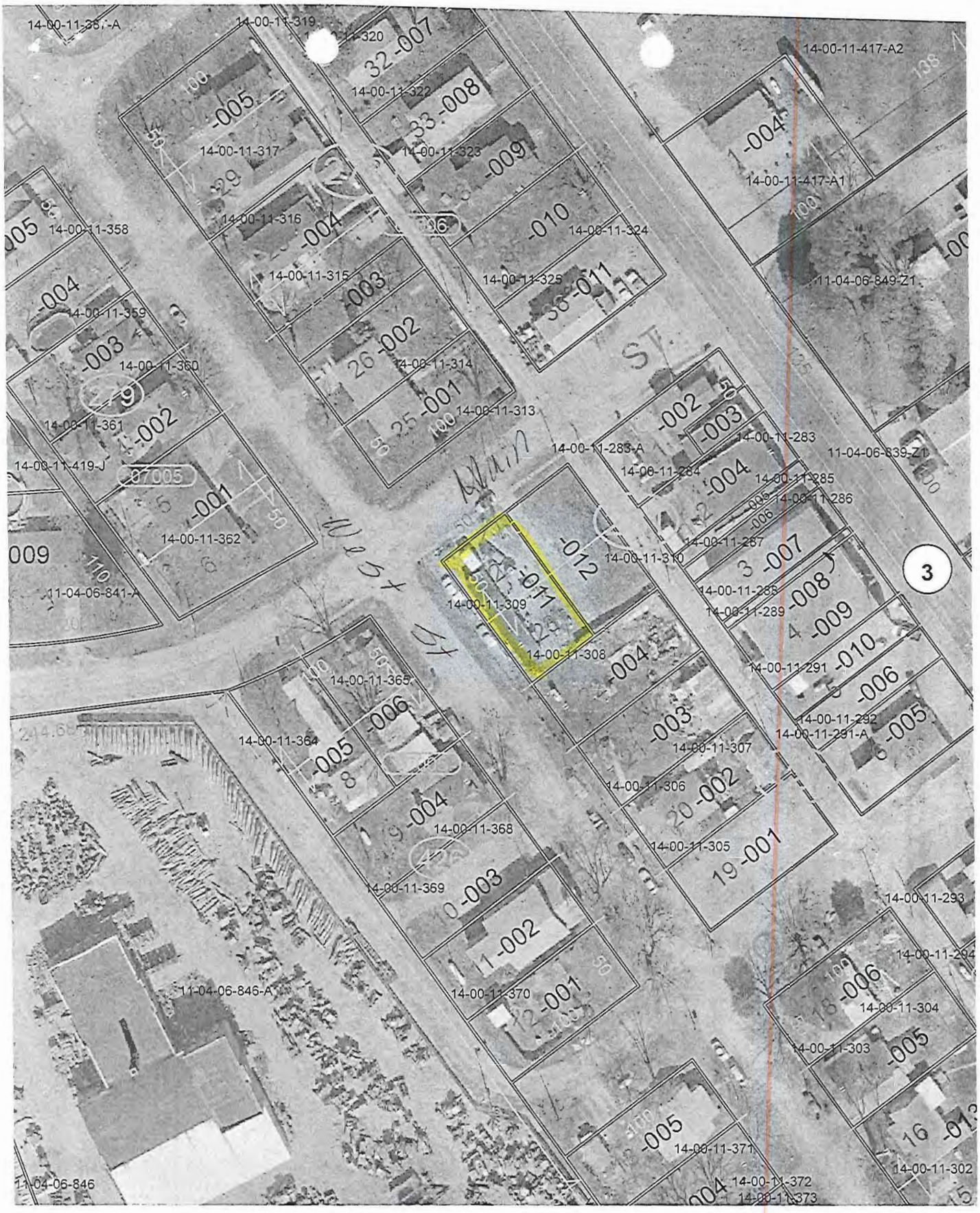
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Laudermilk Acting	$ 28.00	7-9-09	09-55

Payment of $28.00 Check # 6279 received by Union County Treasurer

Date 7/24/09

Bailey L. Myers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14-00-11-283-A
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14-00-11-304
14-00-11-303
14-00-11-371
14-00-11-302
11-04-06-846
14-00-11-372
14-00-11-373
West St
Main
3

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION

02-19-00-948-F1

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: S19 T12 R1E PT W1/2 SW SW 3.

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	$ 104,000
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	$ 104,000

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 8/09 est

Completion construction date 8/10 est

Beginning construction date _____

New home

- No Floodplain
- Formerly subdivided
- Rec. for approval

r. Model

III. SELECTED CHARACTERISTICS OF BUILDING

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
- 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

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 1336 HOU / 576 – GAR
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 1; Partial 1/2

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Steven Guineo	101 ORCHARD Dr ANNA IL	62906	833-3047
2. Contractor or Builder	MATT Holderfield. Steven Guineo			
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
	101 ORCHARD Dr	7/6/09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Barry Welch acting [illegible]	$ 21		09-54

Payment of $21.00 CK #9484 received by Union County Treasurer

Date 7/24/09

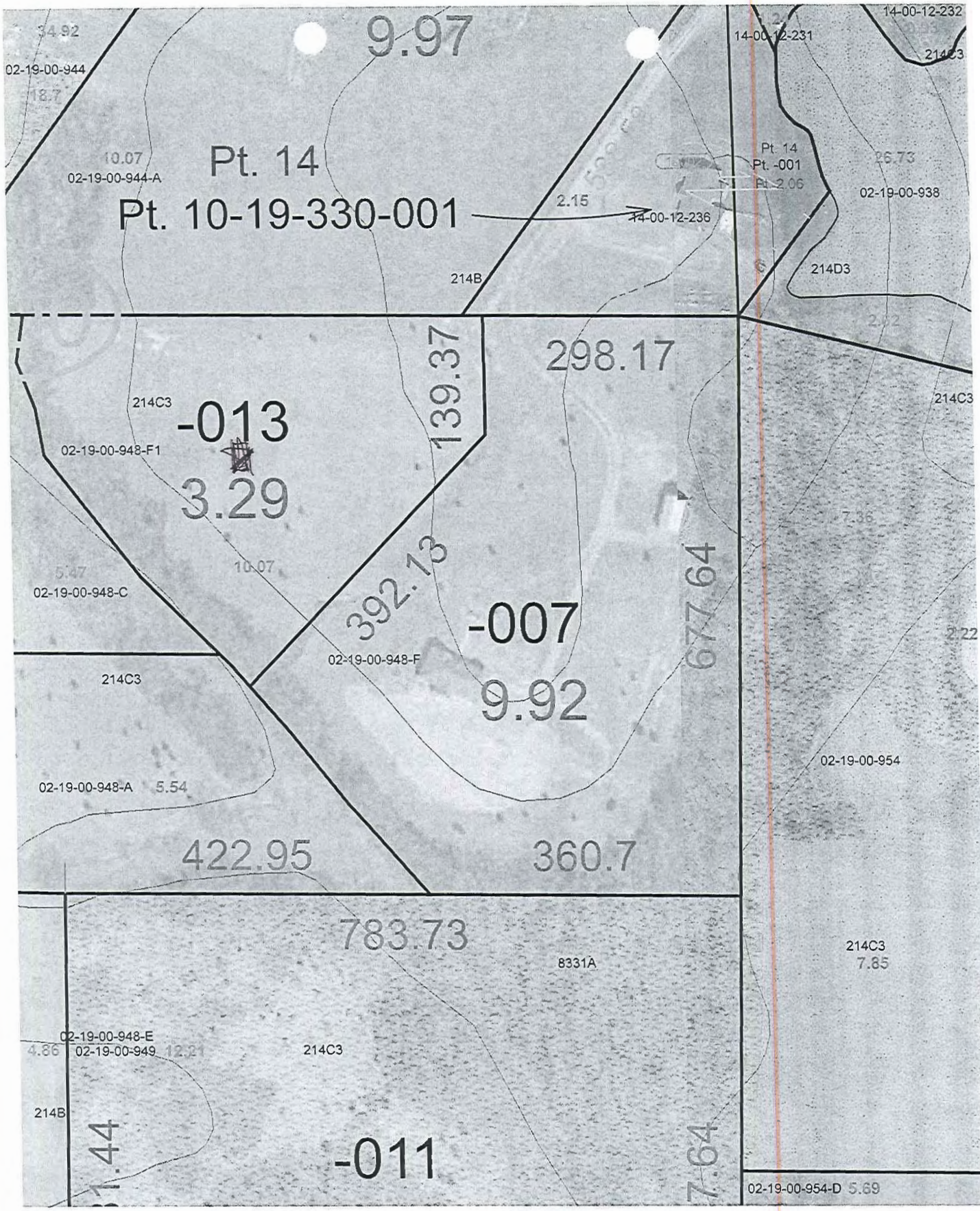
Barry L. Mayer

EXHIBIT "A" – 2 Pages

TRACT I:

PART OF THE NORTH HALF OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 19, TOWNSHIP 12 SOUTH, RANGE 1 EAST OF THE THIRD PRINCIPAL MERIDIAN, UNION COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF THE SAID NORTH HALF; THENCE NORTH 89°03′48″ WEST ALONG THE NORTH LINE OF THE SAID NORTH HALF A DISTANCE OF 298.17 FEET TO THE CENTER LINE OF AN EXISTING INGRESS/EGRESS AND UTILITY EASEMENT AND THE POINT OF BEGINNING; THENCE SOUTH 0°25′21″ EAST A DISTANCE OF 139.37 FEET; THENCE SOUTH 43°51′02″ WEST A DISTANCE OF 392.13 FEET TO THE CENTER LINE OF AN EXISTING BRANCH; THENCE NORTHWESTERLY ALONG THE MEANDERINGS OF THE CENTER LINE OF THE EXISTING BRANCH AN APPROXIMATE DISTANCE OF 518 FEET TO THE NORTH LINE OF THE SAID NORTH HALF; THENCE SOUTH 89°03′48″ EAST A DISTANCE OF 56.3 FEET TO AN IRON PIN; THENCE CONTINUING SOUTH 89°03′48″ EAST ALONG THE SAID NORTH LINE A DISTANCE OF 495.52 FEET TO THE POINT OF BEGINNING; THE TRACT CONTAINING 3.294 ACRES, MORE OR LESS, AND BEING SUBJECT TO AN EXISTING 10 FEET WIDE UTILITY EASEMENT ALONG THE NORTH LINE OF THE HEREIN DESCRIBED TRACT AND ALSO RESERVING HEREWITH A 10 FEET WIDE WATER LINE EASEMENT, THE CENTER LINE OF WHICH IS DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF THE SAID NORTH HALF; THENCE NORTH 89°03′48″ WEST ALONG THE NORTH LINE OF THE SAID NORTH HALF A DISTANCE OF 355.78 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 38°42′02″ EAST A DISTANCE OF 92.99 FEET TO THE EAST LINE OF THE ABOVE DESCRIBED 3.294 ACRE TRACT AND TERMINAL POINT OF THIS EASEMENT.

TRACT II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18.7
10.07
02-19-00-944-A
Pt. 14
Pt. 10-19-330-001
2.15
14-00-12-236
214B
14-00-12-232
14-00-12-231
214C3
Pt. 14
Pt. -001
Pt. 2.06
26.73
02-19-00-938
214D3
2.22
298.17
139.37
214C3
-013
02-19-00-948-F1
3.29
7.36
5.47
10.07
02-19-00-948-C
392.13
677.64
-007
02-19-00-948-F
9.92
214C3
2.22
02-19-00-954
02-19-00-948-A
5.54
422.95
360.7
783.73
8331A
214C3
7.85
02-19-00-948-E
4.86
02-19-00-949
12.21
214C3
214B
1.44
-011
7.64
02-19-00-954-D
5.69

UNION COUNTY Prop. No. 08-14-05-860
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 264 ~~440~~ STATE Pond Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: S 14 T12 R2W NW CR W PT SE 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 [ ] 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 rec* 264 State Pond Rd.

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* ..... ___ America
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* ..... ___ make of Mobile Home
15 [ ] Garage
16 [ ] Carport
17 [ ] 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 ..... $ 4,500.00

MOBILE HOME INFO:
Date MH was set-up: July 8 09
Make | Size 14 X 80 | Yr. Model 98
Previous MH Owner
Previous MH Location: out of county
Current MH Owner: Mikheal D Smith
Current MH Location: State Pond Rd
Current Land Owner: William Smith

III. SELECTED CHARACTERISTICS OF BUILDING – *For new building: for wrecking, comp*

E. PRINCIPAL TYPE OF FRAME

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

I. TYPE OF MECHANICAL

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

No flood plain (see attached)
7.29 acres
∴ Rec. for approval

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

	Name	Mailing address – *Number, street, city and state*
1. Owner		Michael D Smith 330 S+S lane Jonesboro IL 62952
2. Contractor or Builder		
3. Architect		

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

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

Signature of applicant: Michael D Smith | Address | Application date: 7-8-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Smith Acting Director	$ 29.00	7-8-09	09-53

Payment of $29.00 Cash received by Union County Treasurer

Date 7/24/09

Bobby L Moore Mg.

08-14-05-850
08-14-05-850-B
859.95
-019
08-14-05-858
08-14-05-860
7.29
-019
-009
1.25
1.03
318.94
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08-14-05-858-C
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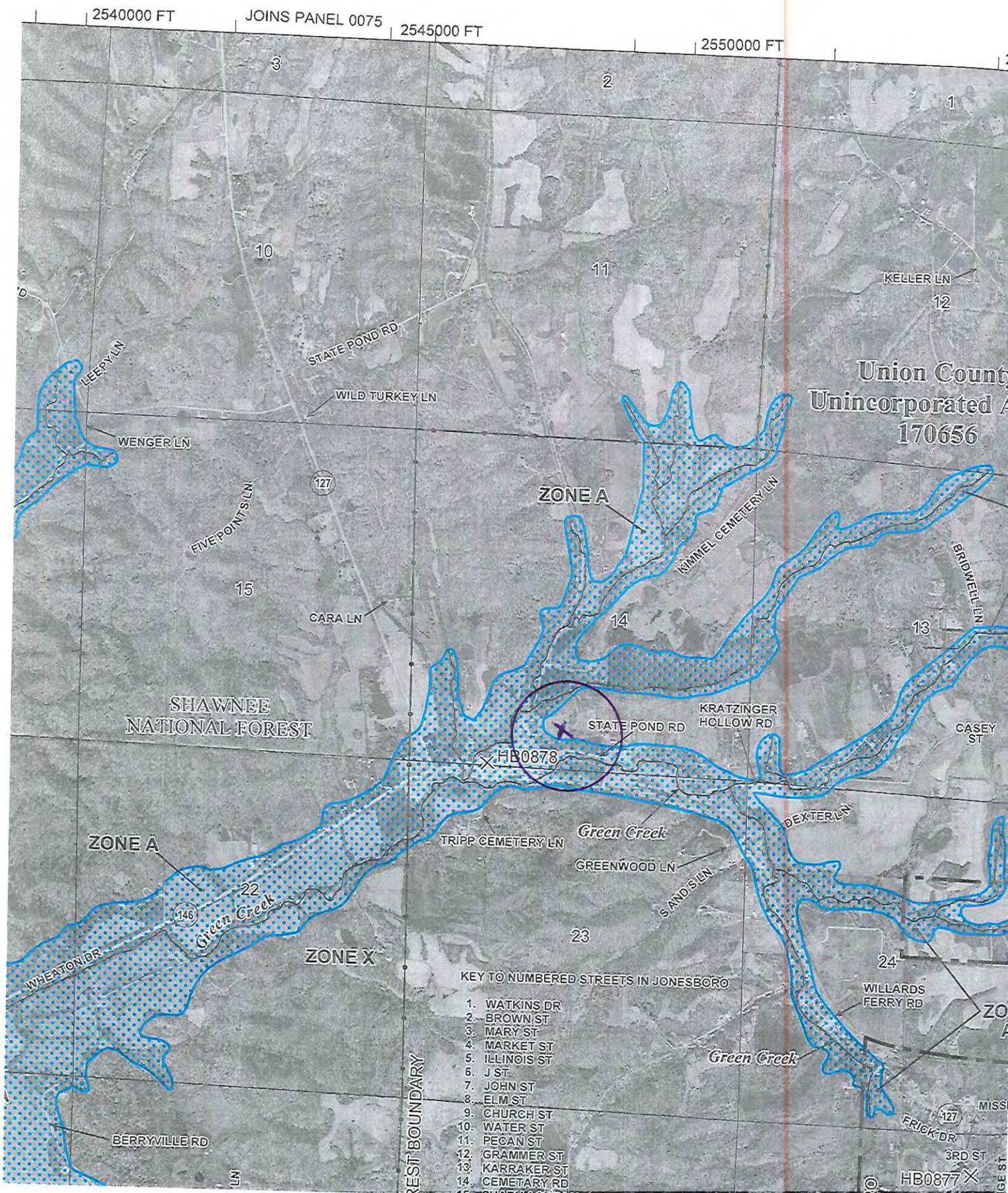
08-14-05-858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KELLER LN
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WENGER LN
Union County
Unincorporated A
170656
127
ZONE A
KIMMEL CEMETERY LN
FIVE POINTS LN
BRIDWELL LN
15
CARA LN
14
13
SHAWNEE
NATIONAL FOREST
STATE POND RD
KRATZINGER
HOLLOW RD
CASEY
ST
HB0878
DEXTER LN
Green Creek
TRIPP CEMETERY LN
ZONE A
GREENWOOD LN
SANDS LN
22
146
Green Creek
23
ZONE X
24
WHEATON DR
KEY TO NUMBERED STREETS IN JONESBORO
1. WATKINS DR
2. BROWN ST
3. MARY ST
4. MARKET ST
5. ILLINOIS ST
6. J ST
7. JOHN ST
8. ELM ST
9. CHURCH ST
10. WATER ST
11. PECAN ST
12. GRAMMER ST
13. KARRAKER ST
14. CEMETARY RD
WILLARDS
FERRY RD
Green Creek
FRICK DR
127
3RD ST
BERRYVILLE RD
HB0877
REST BOUNDARY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-18-03-295

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

I. LOCATION OF BUILDING

Number and street: 820

Subdivision or Addition | Lot | Block | Census track

Legal Description: Township 12 South, Range 1 West W3/4 S1/2 NW & E SD SW

N S 94.08 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	$
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	$ 180,000

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* _____

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* Restaurant

Beginning construction date _____

Completion construction date _____

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

- No floodplain
- No subdivision
- Rec. for approval

Restaurant Expansion

III. SELECTED CHARACTERISTICS OF BUILDING – *For new building for wrecking, com*

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories: 1.5
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 4550
- 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 Fombelle	820 Kratzinger Hollow Rd. Cobden, Il	62920	618-833-6100
2. Contractor or Builder	David Fombelle			
3. Architect				

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

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

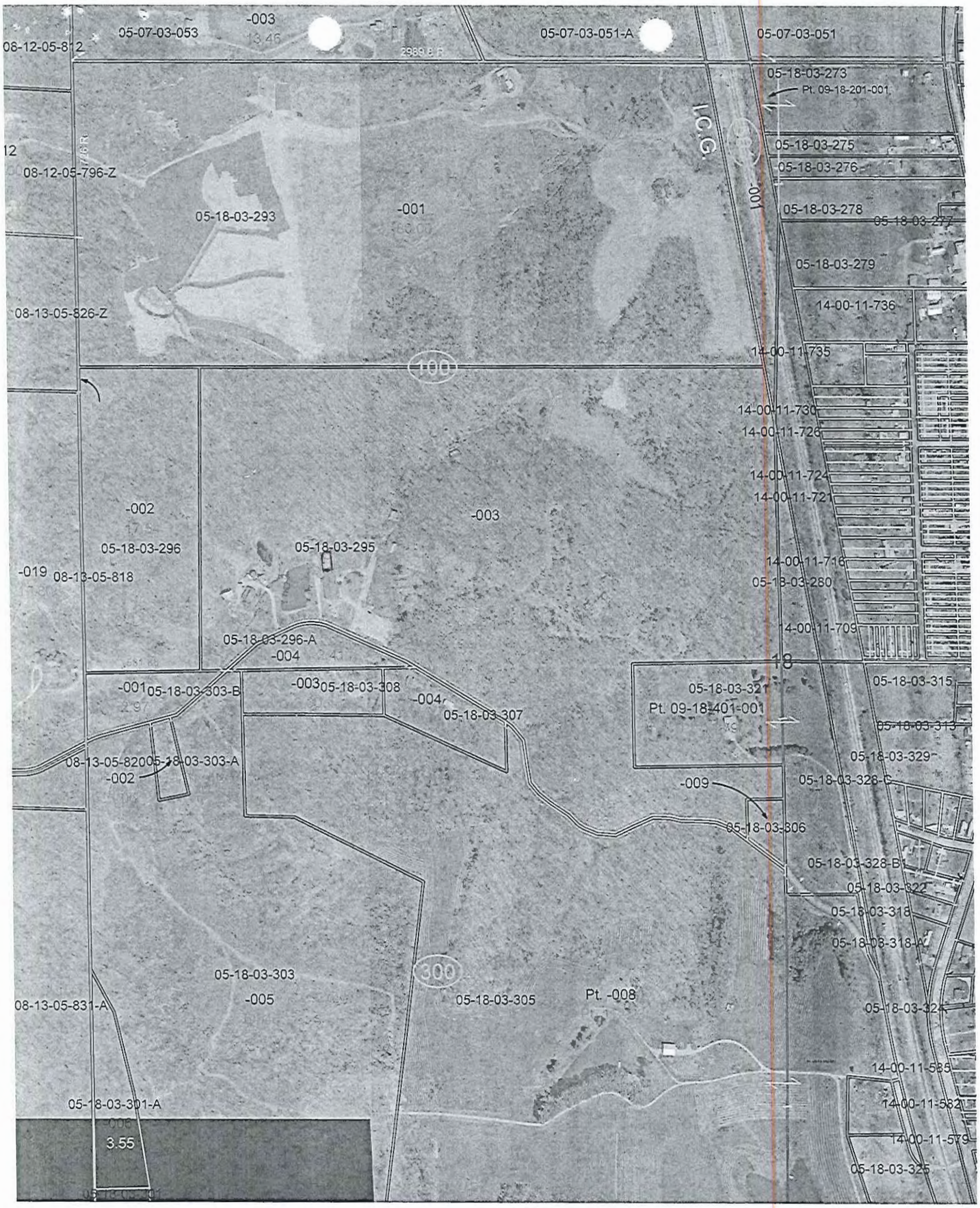
Signature of applicant	Address	Application date
David Fombelle	820 Kratzinger Hollow Rd.	7-7-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stam	$ 370.00	7-7-09	09-52

Payment of CK # 13379 $370.00 received by Union County Treasurer

Date 8-12-09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-003
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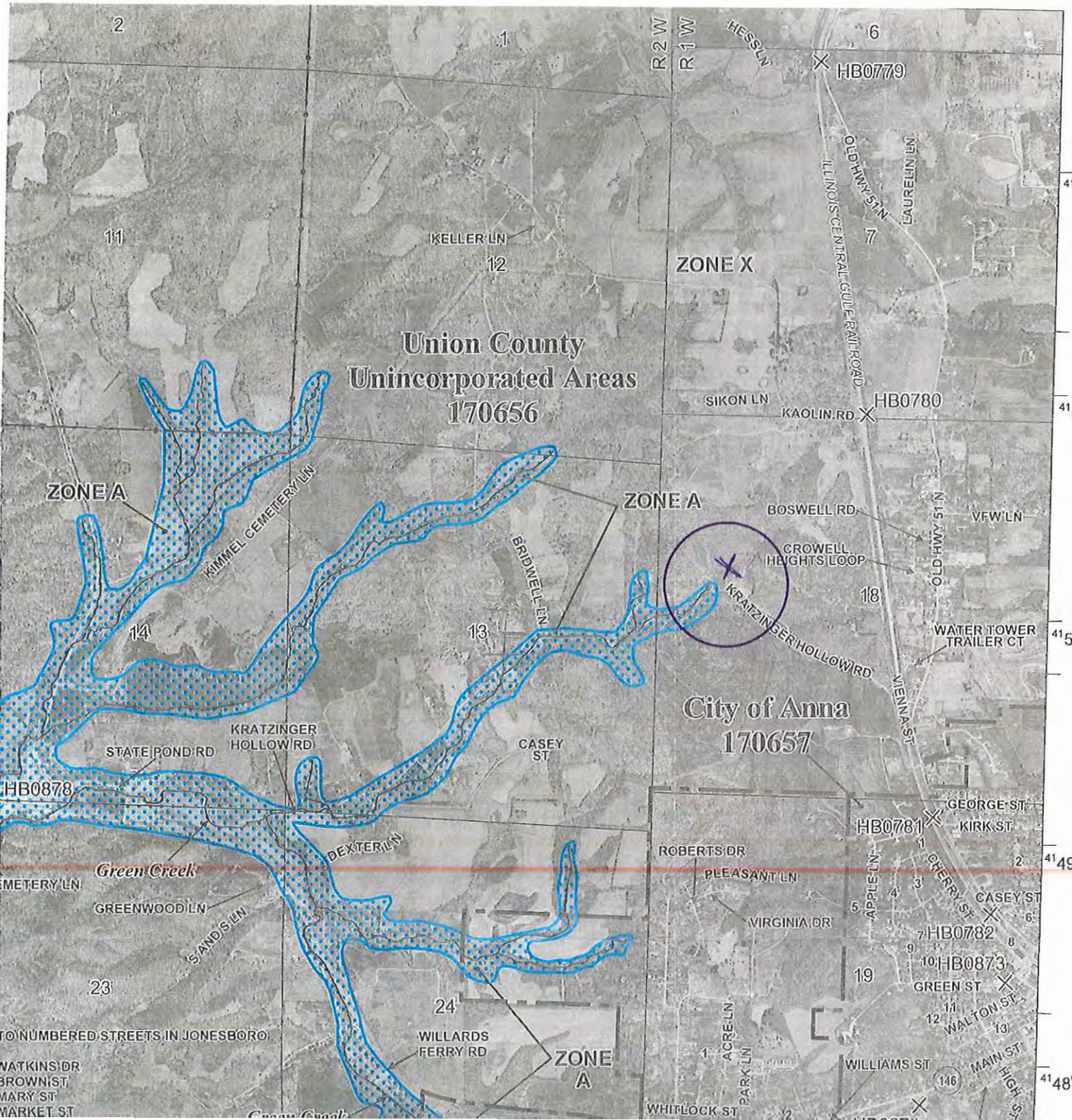

Union County
Unincorporated Areas
170656
City of Anna
170657
ZONE X
ZONE A
ZONE A
ZONE A
HB0779
HB0780
HB0781
HB0782
HB0873
HB0878
HESS LN
R 2 W
R 1 W
OLD HWY 51 N
LAURELIN LN
ILLINOIS CENTRAL GULF RAILROAD
KELLER LN
SIKON LN
KAOLIN RD
BOSWELL RD
VFW LN
CROWELL HEIGHTS LOOP
KRATZINGER HOLLOW RD
WATER TOWER TRAILER CT
VIENNA ST
KIMMEL CEMETERY LN
BRIDWELL LN
STATE POND RD
CASEY ST
DEXTER LN
Green Creek
GREENWOOD LN
SANDS LN
GEORGE ST
KIRK ST
ROBERTS DR
PLEASANT LN
VIRGINIA DR
APPLE LN
CHERRY ST
GREEN ST
WALTON ST
ACRE LN
PARK LN
WILLIAMS ST
MAIN ST
HIGH ST
WHITLOCK ST
WILLARDS FERRY RD
TO NUMBERED STREETS IN JONESBORO
WATKINS DR
BROWN ST
MARY ST
MARKET ST
41 52 000CM N
41 51 000CM N
41 50 000CM N
41 49 000CM N
41 48 000CM N
KEY TO NUMBERED STREETS IN ANNA
1. ORCHARD DR
2. HILLSIDE TER
3. PEACH DR
4. APPLE LN
5. PLUM ST
6. NORRIS ST
7. DICKINSON RD
8. DAVIE ST
9. FAIRVIEW AVE
10. HIGHMORE AVE
11. SPRING ST
12. SANBORN DR
13. MORGAN ST

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 03-30-01-927

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

I. LOCATION OF BUILDING

Number and street: 815 SWAN POND ROAD
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S30 T13 R1E E SD NW SW

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 1200
To be installed but not included in the above cost	
a. Electrical	100
b. ~~Plumbing~~ Carport	500
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 1800

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

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

Beginning construction date 7/6/09

Completion construction da

Pole barn
- No Floodplain
- No subdivision
- Rec. for approval

MOBILE H
Date MH
Make
Previous
Previous
Current M
Current M
Current L

III. SELECTED CHARACTERISTICS OF BUILDING – *For for w*

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. Total land area, sq. ft. 1000

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	LAWRENCE UCHLE	815 SWAN POND Rd DONGOLA IL	62926	827-1016
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant: [signature] Address: 815 SWAN POND ROAD Application date: 7/6/09

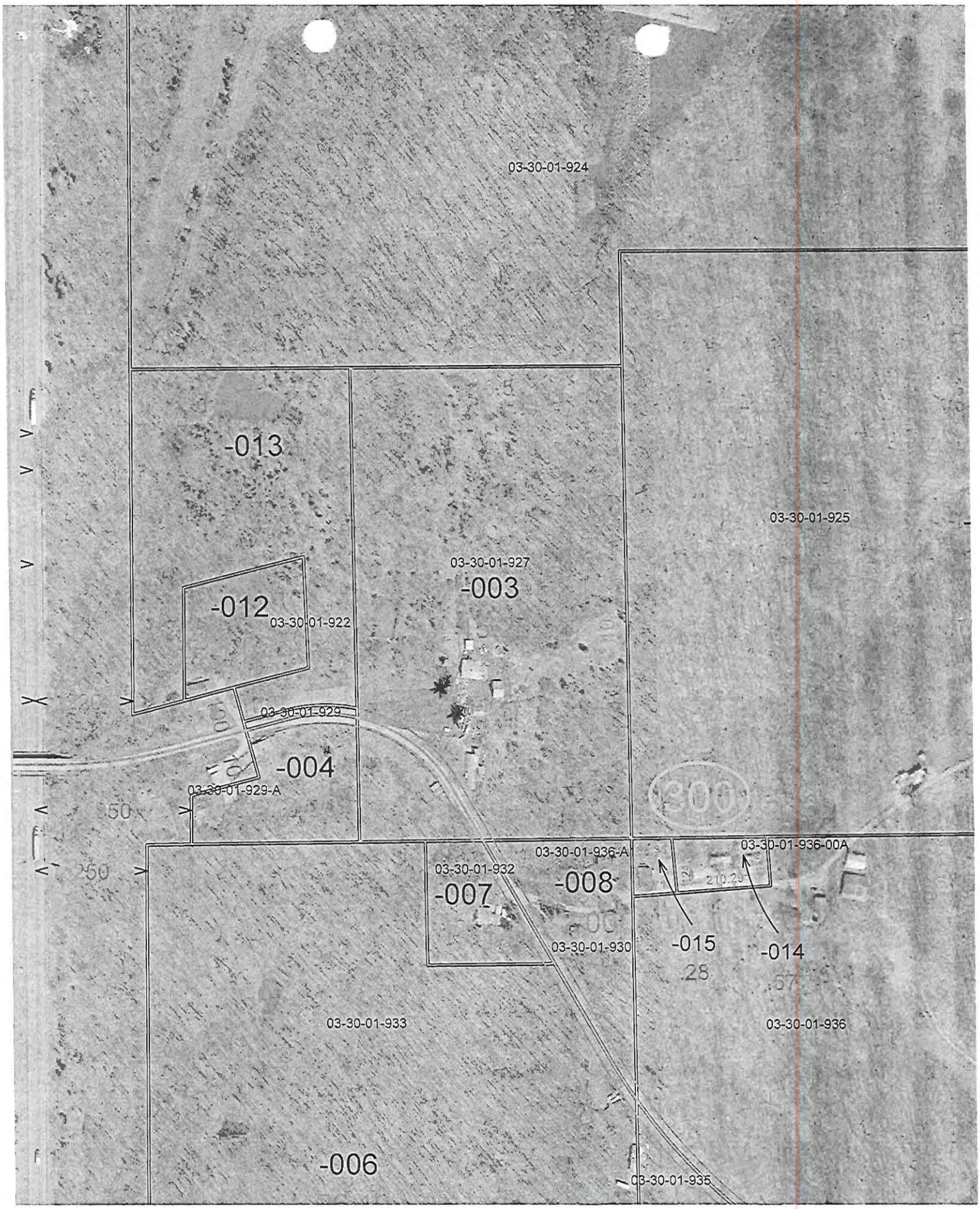
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bindy Rudolph acting director	$ 13.60	7-6-09	09-51

Payment of $13.60 CK #967 received by Union County Treasurer

Date 7/24/09

Billy A. Wagner mg.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-013
03-30-01-925
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-003
-012
03-30-01-922
03-30-01-929
-004
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03-30-01-936-A
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-007
-008
03-30-01-930
-015
-014
03-30-01-933
03-30-01-936
-006
03-30-01-935

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-23-05-483

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
1425 Skyline Dr.				

Legal Description: 11-20 S.23 E PT SE NE, PT 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 [ ] New Building
- 2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 200 SF
- 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 [ ] 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 7-15-09

Completion construction date 10-01-09

Beginning construction date _____

Completion construction date _____

converting a portion of living area into a restaurant & increasing square footage

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 [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	Brian Gains	1425 Skyline Dr Cobden IL	62920	697-9173
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 Gains		6-25-09

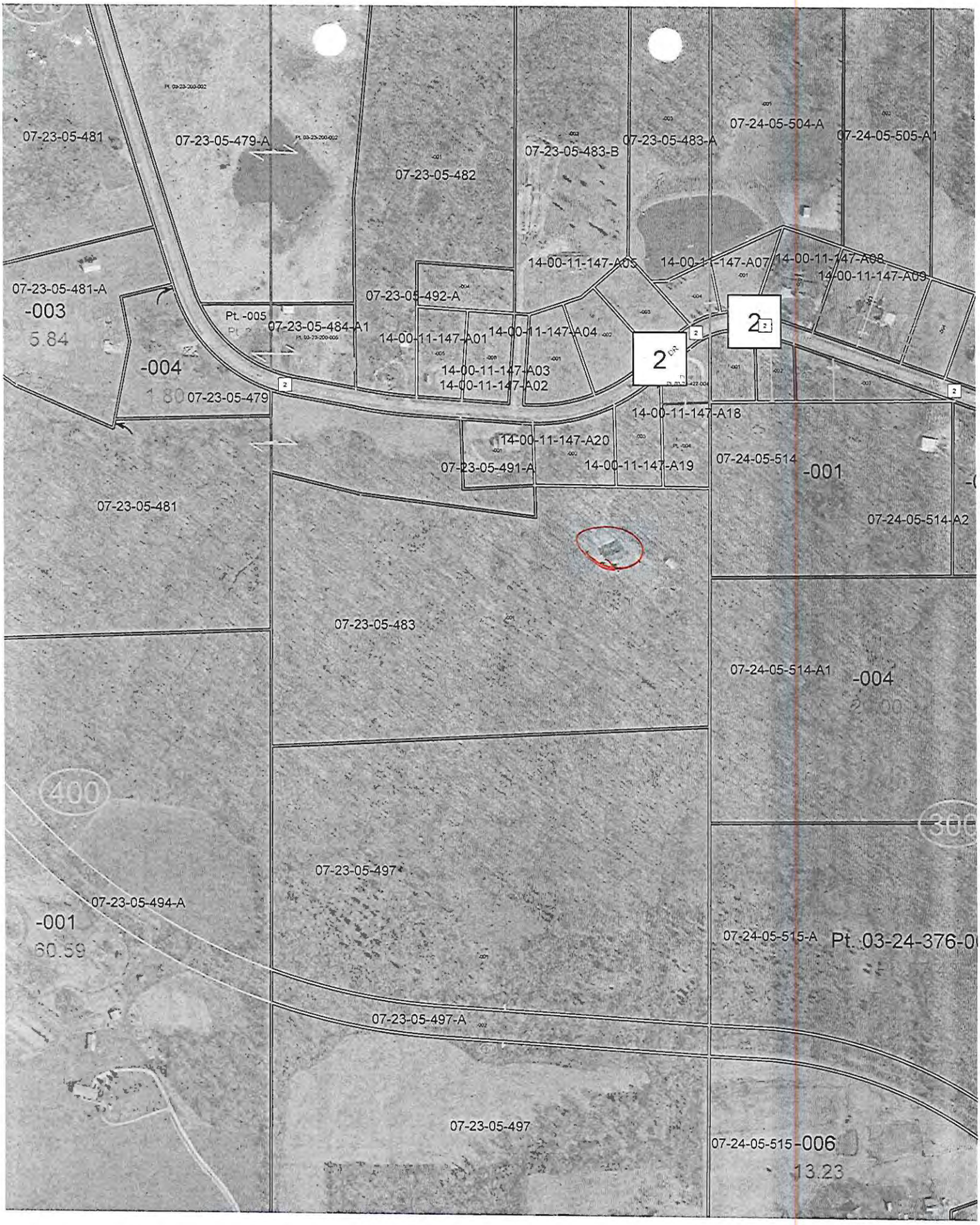
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hunn	$ 50.00	6-25-09	09-50

Payment of $50.00 CK # 215 received by Union County Treasurer

Date 7/6/09

Billy [illegible]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14-00-11-147-A05
14-00-11-147-A07
14-00-11-147-A08
14-00-11-147-A09
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Pt. -005
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14-00-11-147-A01
14-00-11-147-A04
2
2
-004
1.80
07-23-05-479
14-00-11-147-A03
14-00-11-147-A02
14-00-11-147-A18
14-00-11-147-A20
07-23-05-491-A
14-00-11-147-A19
07-24-05-514
-001
07-23-05-481
07-24-05-514-A2
07-23-05-483
07-24-05-514-A1
-004
2.00
400
300
07-23-05-497
07-23-05-494-A
-001
60.59
07-24-05-515-A
Pt. 03-24-376-0
07-23-05-497-A
07-23-05-497
07-24-05-515
-006
13.23

UNION COUNTY Prop. ...o. 04-22-02-441

BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 585 Williams Ridge Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1W S. 22 70.00 a c PT NW SE, (PT SE SW, 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 [X] One family 2900 SF
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage 1240 SF
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6-8-09
Completion construction date 2-1-09

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	$ 350,000

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 [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 foot 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 3; Partial _____

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Scott Rice	585 Williams Ridge Rd Caldwell	63920	618 201 6860
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: Scott Rice | Address | Application date: 6-22-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hom	$ 710.00	6-22-09	09-49

Payment of $710.00 CK # 1383 received by Union County Treasurer

Date 7/6/09

Bobby L. Thomas
mg

04-22-02-439-A
04-22-02-439
22
04-22-02-436-Z
04-22-02-444
04-22-02-443
-001
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-002
70.00
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-002
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04-27-02-543-Z
-002
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-001
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-005
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53.30
-006
-001

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-36-04-216-A

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

I. LOCATION OF BUILDING

Number and street: 3035 FRIENDSHIP SCHOOL RD.

Subdivision or Addition | Lot | Block | Census tract

Legal Description: S 36 T12 R1W PT W SD NW NE N of County Rd 24.25

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 [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	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 13,974.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

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

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

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

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 960
- 50. Total land area, sq. ft.: 960

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	TERRY SHADOWENS	3035 Friendship School Rd		618-967-3967
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
Terry Shadowens		6-19-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stump	$ 37.80	6-19-09	09-48

Payment of $37.80 Cash #0932 received by Union County Treasurer

Date 7-6-09

Betty L. Meyer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-16-05-763

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

I. LOCATION OF BUILDING

Number and street: 1400 STATE RT 127 N Jonesboro

Subdivision or Addition | Lot | Block | Census track

Legal Description: South 2/3 of the W1/2 SE 1/4 lying E. of State Hwy S10 T12 R2W 12.44ac

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 Home Burn

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 _____

May 13 2009

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 42,000.00
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	$ 42,000.00

MOBILE HOME INFO:

Date MH was set-up: July 1 - Aug 1
Make Fleetwood Size 52 x 24 Yr. Model 2009
Previous MH Owner new
Previous MH Location —
Current MH Owner Herman Ralls
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	Herman Ralls	P.O. 75 Jonesboro IL	62952	833-5444
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: Herman Ralls
Address:
Application date: 6-18-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stan	$ 94.00	6-18-09	09-47

Payment of $94.00 Cash #0927 received by Union County Treasurer

Date 7/6/09

Bonny L. Rupp
mg.

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.56
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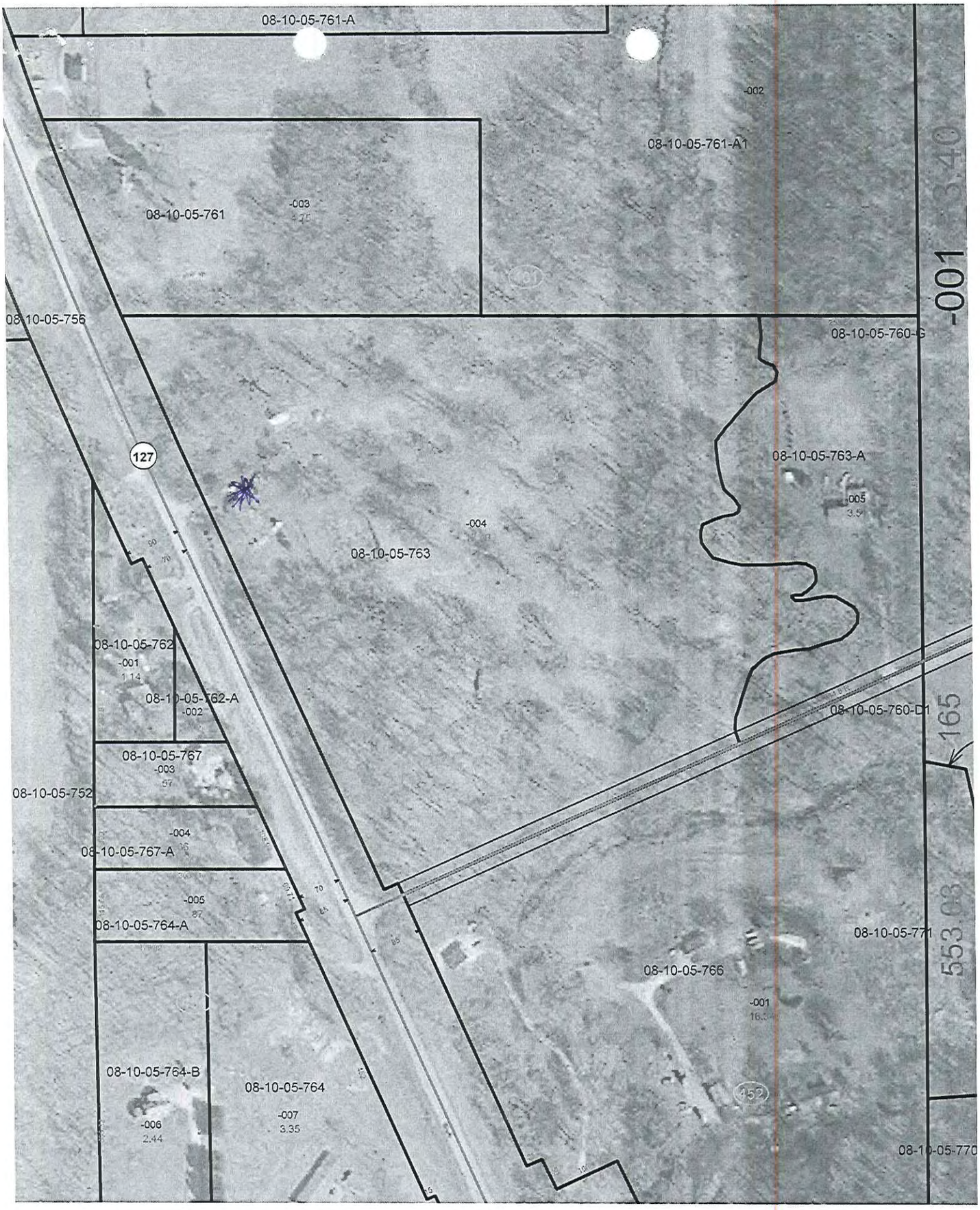
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-002
08-10-05-760-D1
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08-10-05-767-A
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08-10-05-766
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-007
3.35
452
08-10-05-770

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-26-04-881-02

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

I. LOCATION OF BUILDING

Number and street: 795 Howell Lane
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S26 T3-N10 PT NW NE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [X] New Building pole bldg 20X24
2 [X] Addition (if Residential enter number of new housing units added, if any, in Part D, 13) 14X40
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 6-16-09
Completion construction date 1-1-10

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 ..... $ 15,000

MOBILE HOME INFO:

Date MH was set-up: 6-16-09
Make _____ Size 14X70 Yr. Model 1995
Previous MH Owner Don Reynolds
Previous MH Location ?
Current MH Owner Ron Mayo
Current MH Location 795 Howell Lane
Current Land Owner Don Kraatz

III. SELECTED 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 [ ] 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	Ron Mayo	795 Howell LA Dongola	62926	697 0585
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
		6-16-09

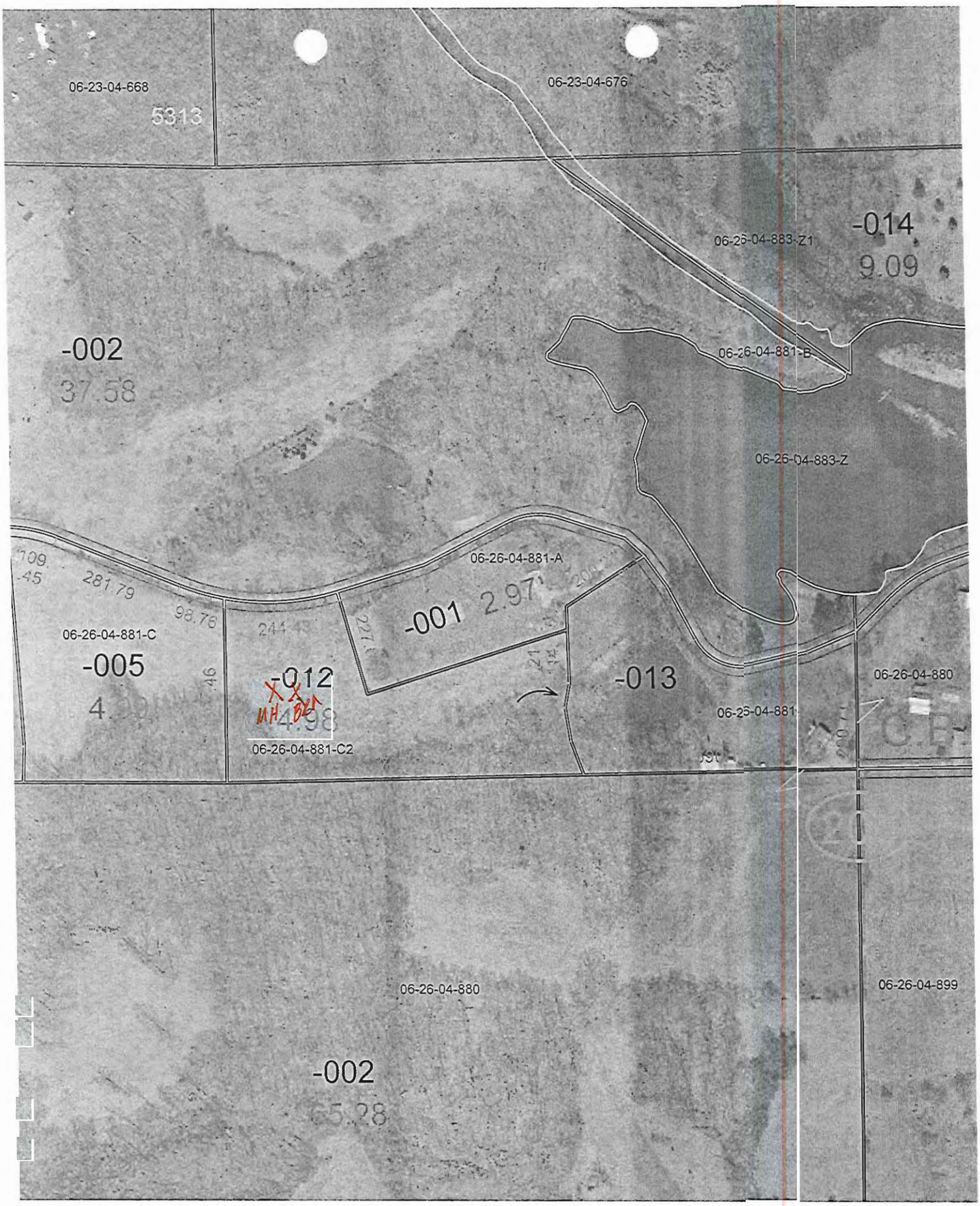
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 40.00	6-16-09	09-46

Payment of $40.00 Cash # 0915 received by Union County Treasurer

Date 7/6/09

Brenda L. Morgan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06-26-04-883-Z
06-26-04-881-A
-001 2.97
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-012
4.98
06-26-04-881-C2
-013
06-26-04-881
06-26-04-880
06-26-04-880
06-26-04-899
-002
65.28

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION PT of 4-16-02-271

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

I. LOCATION OF BUILDING

Number and street: 205 Shiloh Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: S16 T11 R1W S1/2 NE NE 4 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	$ 8,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make Franklin Size 10'36 SQ FT Yr. Model 91
Previous MH Owner Michael Clutts
Previous MH Location 680 Bradshaw Rd Anna IL.
Current MH Owner Justin & Christine Clutts
Current MH Location 205 Shiloh Rd. Cobden
Current Land Owner Justin & Christine 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 [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 _____
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	Justin Clutts Christine Clutts	605 Shiloh Rd.	62920	(618) 697-5855
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
Christine Clutts	605 Shiloh Rd. Cobden, IL	6/11/09

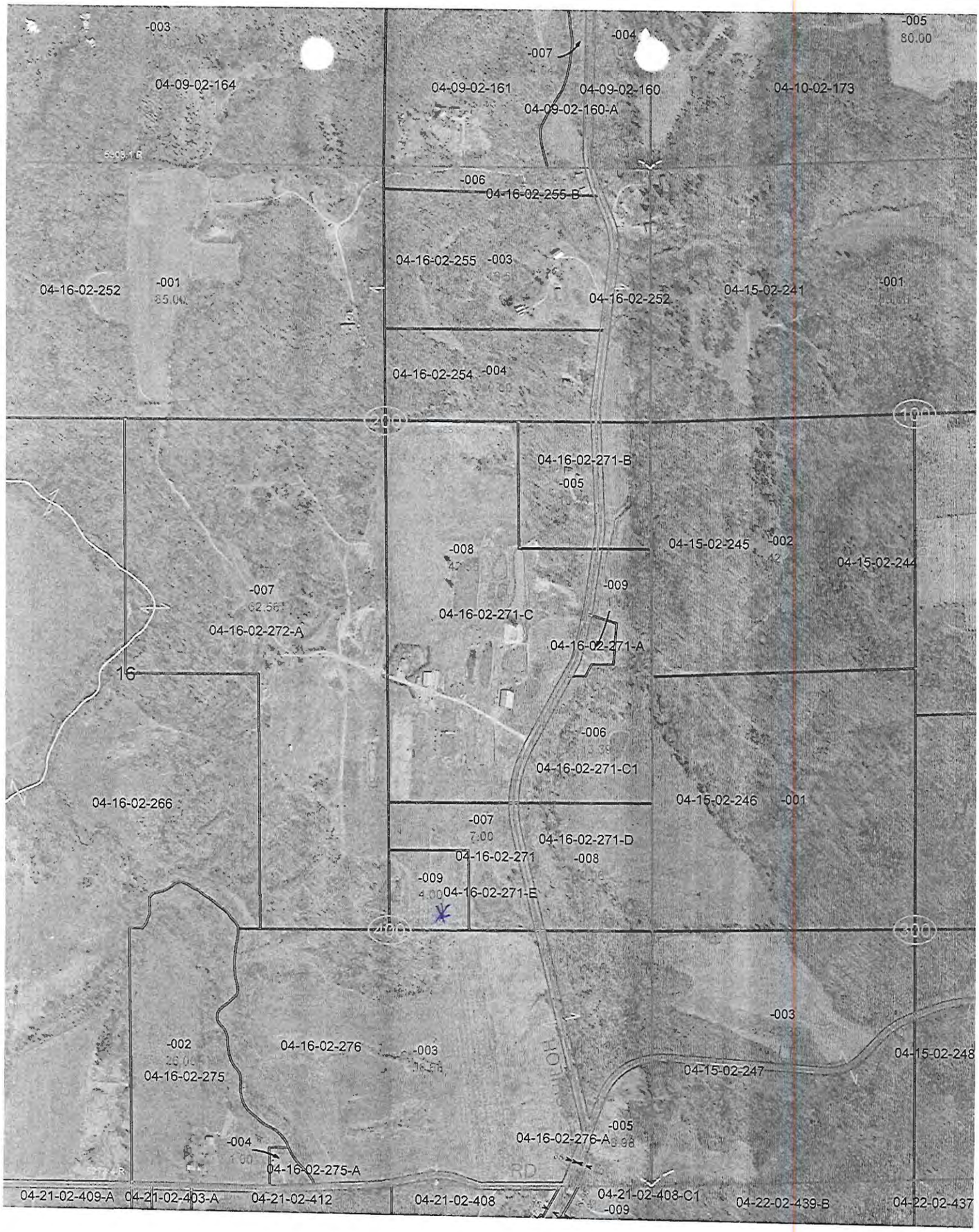
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 26.00	6-11-09	09-45

Payment of $36.00 CK # 2468 received by Union County Treasurer

Date 6-15-09

Betty L. Mason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-007
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-003
-002
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-003
04-15-02-248
04-16-02-275
04-15-02-247
-005
04-16-02-276-A
-004
04-16-02-275-A
RD
04-21-02-409-A
04-21-02-403-A
04-21-02-412
04-21-02-408
04-21-02-408-C1
-009
04-22-02-439-B
04-22-02-437

UNION COUNTY Prop. No. 05-12-03-152
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 820 Woods Lane
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S12 T12 R1W
NE NW PT NW NE SE NW 118 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 ..... $ 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 ..... $ 7,000.00

MOBILE HOME INFO:
Date MH was set-up: 6-11-09
Make Champion Size _____ Yr. Model 1992
Previous MH Owner _____
Previous MH Location Saline County 3645 Cedar Point Rd
Current MH Owner Carl E. Woods
Current MH Location 820 Woods Lane
Current Land Owner Carl E Woods

III. SELECTED 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	Carl Woods	820 Woods Lane	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: carl woods
Address:
Application date: 06-09-09

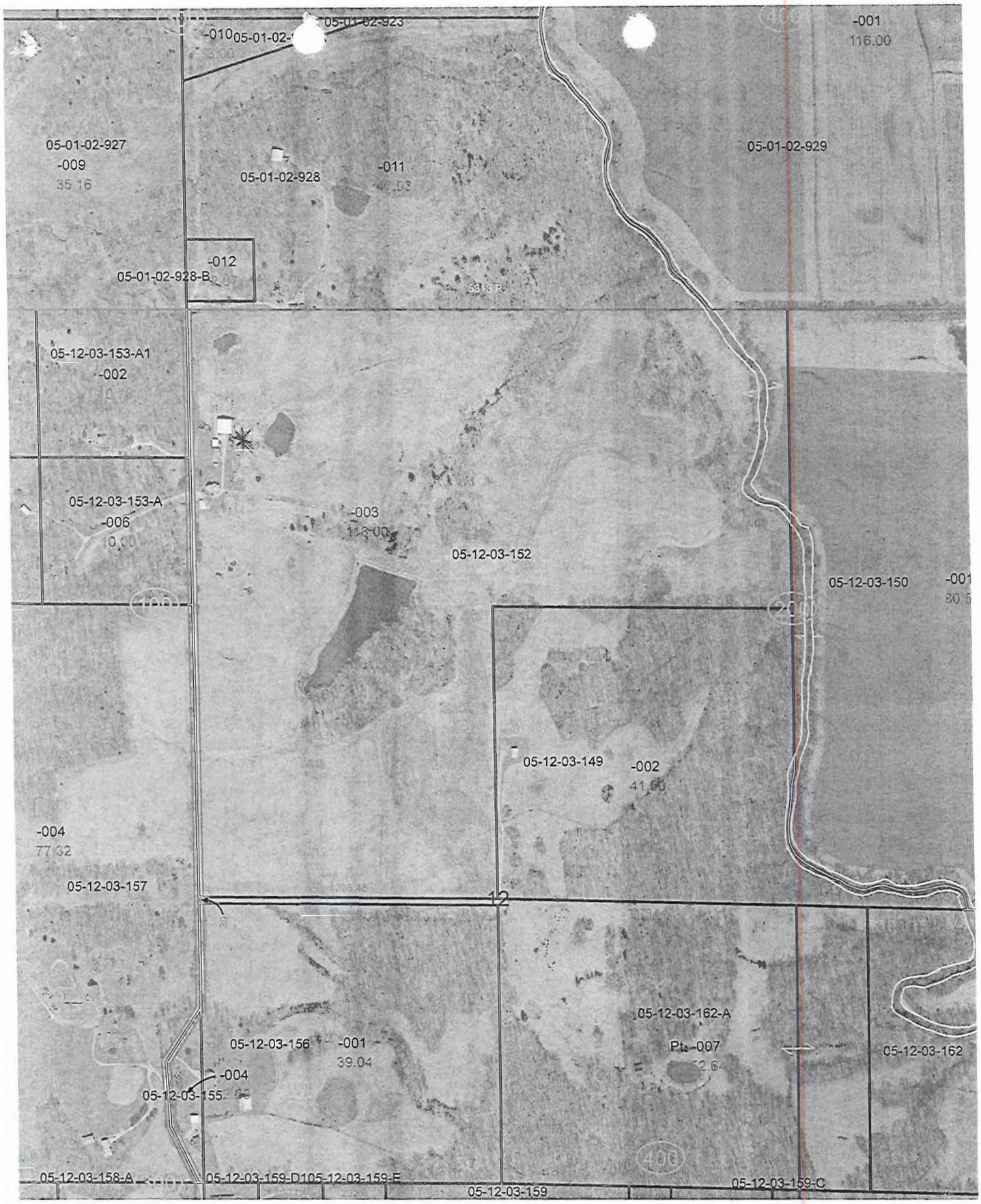
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Garner	$ 24.00	6-9-09	09-44

Payment of $24.00 Cash received by Union County Treasurer

Date 6-15-09

Billy L. Mayer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05-12-03-155
05-12-03-158-A
05-12-03-159-D
05-12-03-159-E
05-12-03-159
05-12-03-159-C

UNION COUNTY BUILDING PERMIT APPLICATION

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

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

I. LOCATION OF BUILDING

Number and street: 2730 Buffalo Gap Rd

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

Legal Description: 11-1E S.18 PT NE SE . 26 | 90 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [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 6-10-09

Completion construction date 7-10-09

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	$ 1,500.00
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	$ 1,500.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] 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: 20x36
50. Total land area, sq. ft.: 720

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 Dillow	2730 Buffalo Gap Rd. Cobden IL	62920	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant: David Dillow

Address:

Application date: 6-09-09

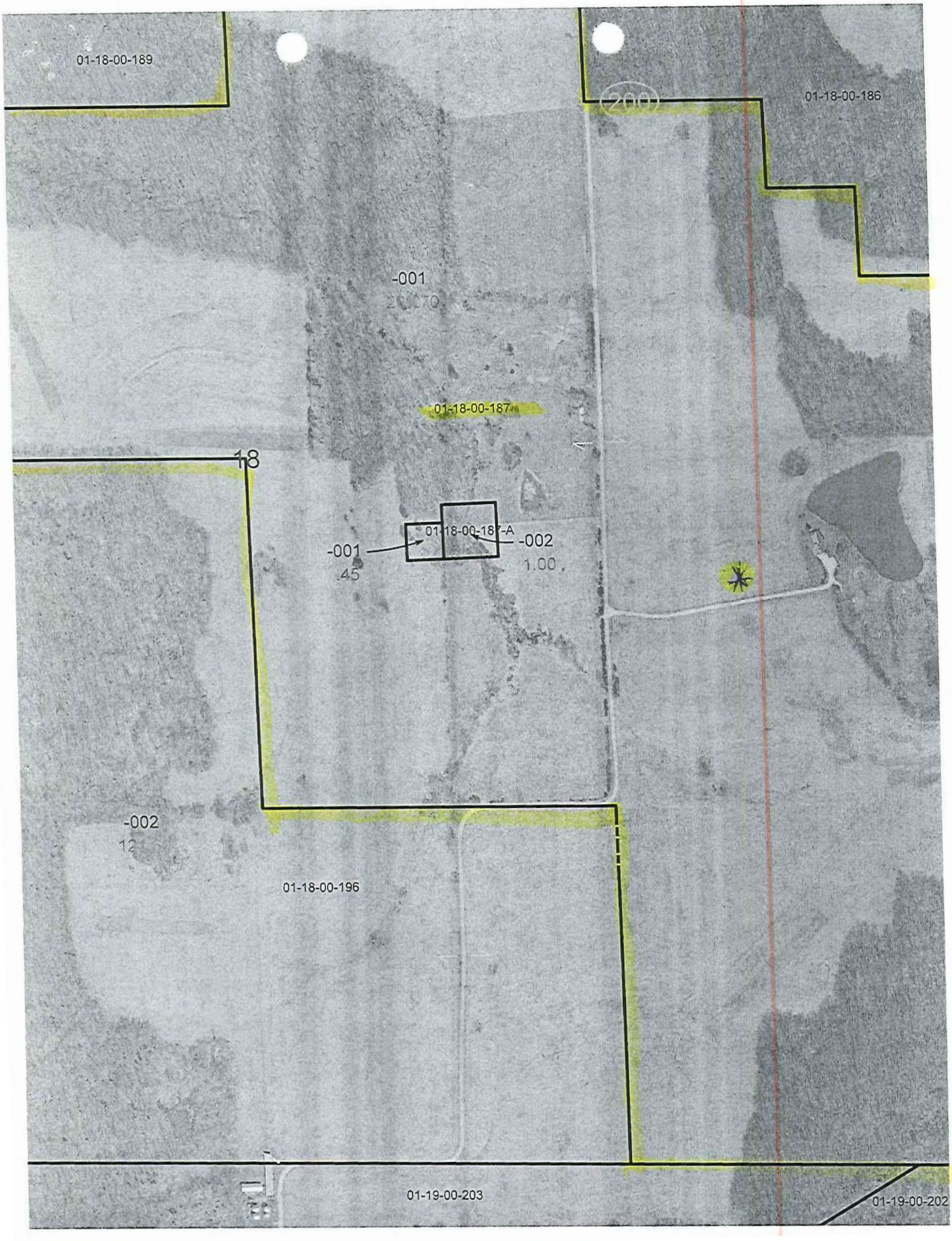
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hum	$ 13.00	6-09-09	09-43

Payment of $13.00 Cash received by Union County Treasurer

Date 6-15-09

Barry L. Mason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-002
01-18-00-196
01-19-00-203
01-19-00-202

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-13-04-493-A

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

I. LOCATION OF BUILDING

Number and street: 6395 U.S. Hwy 51 - South

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 13 T13 R1W PT NE NW 2 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 _____
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	$ 5000
To be installed but not included in the above cost	
a. Electrical	400
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 5400

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 576
50. Total land area, sq. ft. 576

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	Jerry Duckworth	6395 U.S. Hwy 51 - Dongola, IL	62926	618 2010950
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
Jerry Duckworth	6395 Hwy 51 - Dongola, IL 62926	6-3-0[illegible]

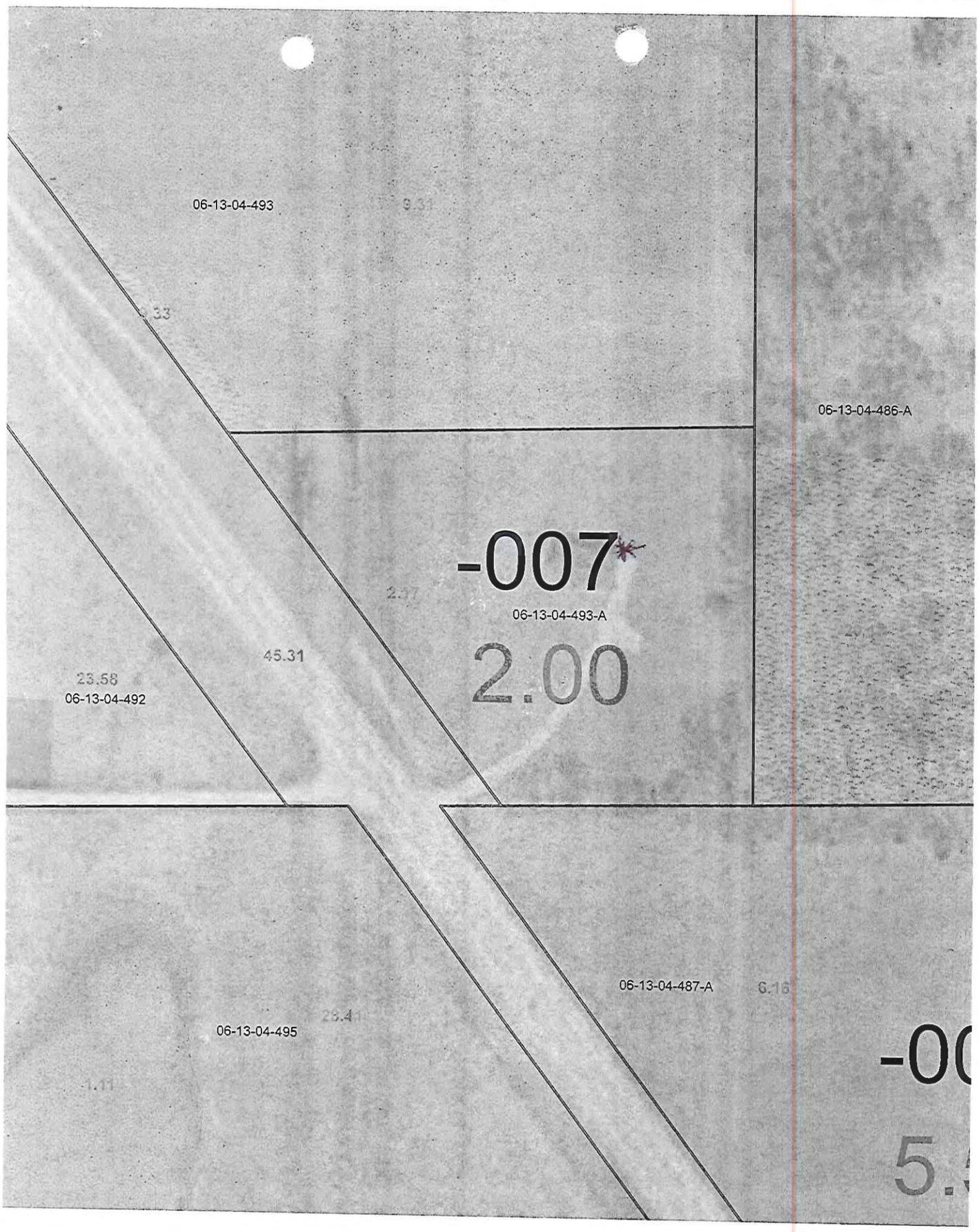
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stone	$ 20.00	6-3-09	09-42

Payment of $20.00 CK# 1141 received by Union County Treasurer

Date 6-15-09

Betty L. Mason mng.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1.11
-00
5.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-07-05-741

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

I. LOCATION OF BUILDING

Number and street: 145 Clear Creek Levee Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 7 12-2W W.1/2 SW 68.50 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 [ ] 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* _____

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

Beginning construction date June 8, 09

Completion construction date July 8, 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	$ 34,000

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size 16X80 Yr. Model 1997
Previous MH Owner	Terry Reynolds
Previous MH Location	
Current MH Owner	Jimmy Cousert
Current MH Location	08-07-05-741
Current Land Owner	Mitchell McKane

III. SELECTED 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	Jimmy Cousert	145 Clear Creek Levee Rd Jonesboro IL	62952	833-9870
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
Jimmy L Cousert		6-1-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Moore	$ 78 00	6-1-09	09-41

Payment of $78.00 Cash received by Union County Treasurer

Date 6-15-09

Bruce L Mayer mg.

11-12-06-947
WALNUT TREE RD
08-07-05-741

UNION COUNTY Pr. .o.
BUILDING PERMIT APPLICATION 05-10-03-134-A

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

I. LOCATION OF BUILDING

Number and street: 430 New Saratoga Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 510 T12 R1W
PT SE SE TRACT 1 1.54ac

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* Stable

Beginning construction date 6/7/2009
Completion construction date 6/21/2009

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

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 none

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 614
50. Total land area, sq. ft.: 614

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	Doug Simmons	430 New Saratoga Rd, Anna, IL	62906	833-7055
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: Doug Simmons
Address: 430 New Saratoga Rd
Application date: 6/1/2009

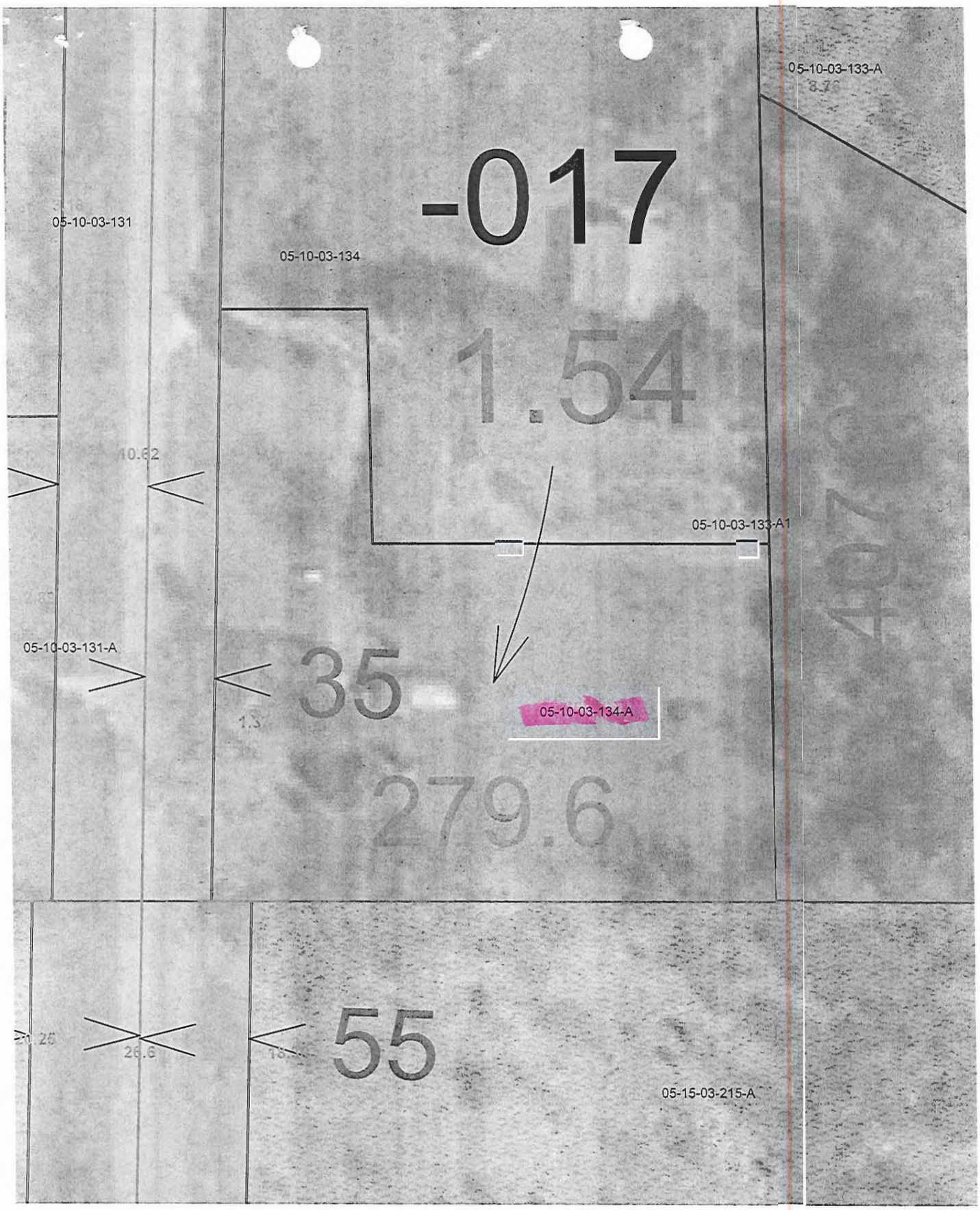
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 10.00	6-1-09	09-40

Payment of $10.00 CK# 4485 received by Union County Treasurer

Date 6-15-09

[signature]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279.6
55
05-15-03-215-A

UNION COUNTY Prop. No. 08-25-06-158-B4
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: TWN 12 R2W
Real Estate ID 08-25-06-158-B4

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 5-09
Completion construction date 7-09

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	$ 8000

MOBILE HOME INFO:
Date MH was set-up:
Make ENERGY Size 48X58 Yr. Model 2010
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner TERRY & LINDA 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 [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 623
50. Total land area, sq. ft. 1.196 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	TERRY REYNOLDS	PO BOX 728 2875 RT 146W	62952	833-6296
2. Contractor or Builder	REYNOLDS SERVICE CO, INC.	" " " JONESBORO	62952	833-2327
3. Architect				

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

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

Signature of applicant	Address	Application date
Terry L Reynolds	JONESBORO ILLINOIS	5-15-09

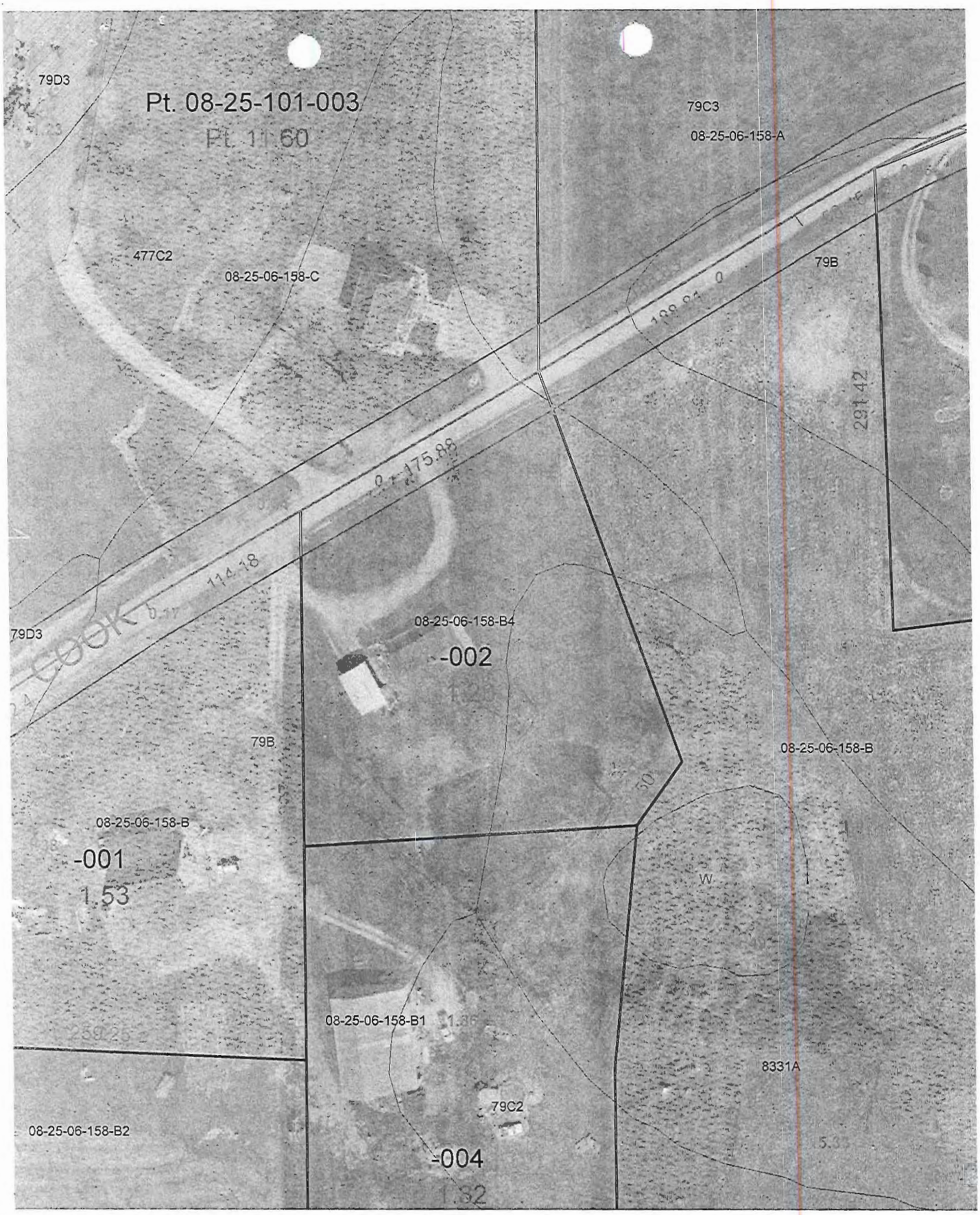
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gram	$ 172.00	5-15-09	09-39

Payment of $172.00 Cash received by Union County Treasurer

Date 6-3-09

Barbara L Mayne
Mg.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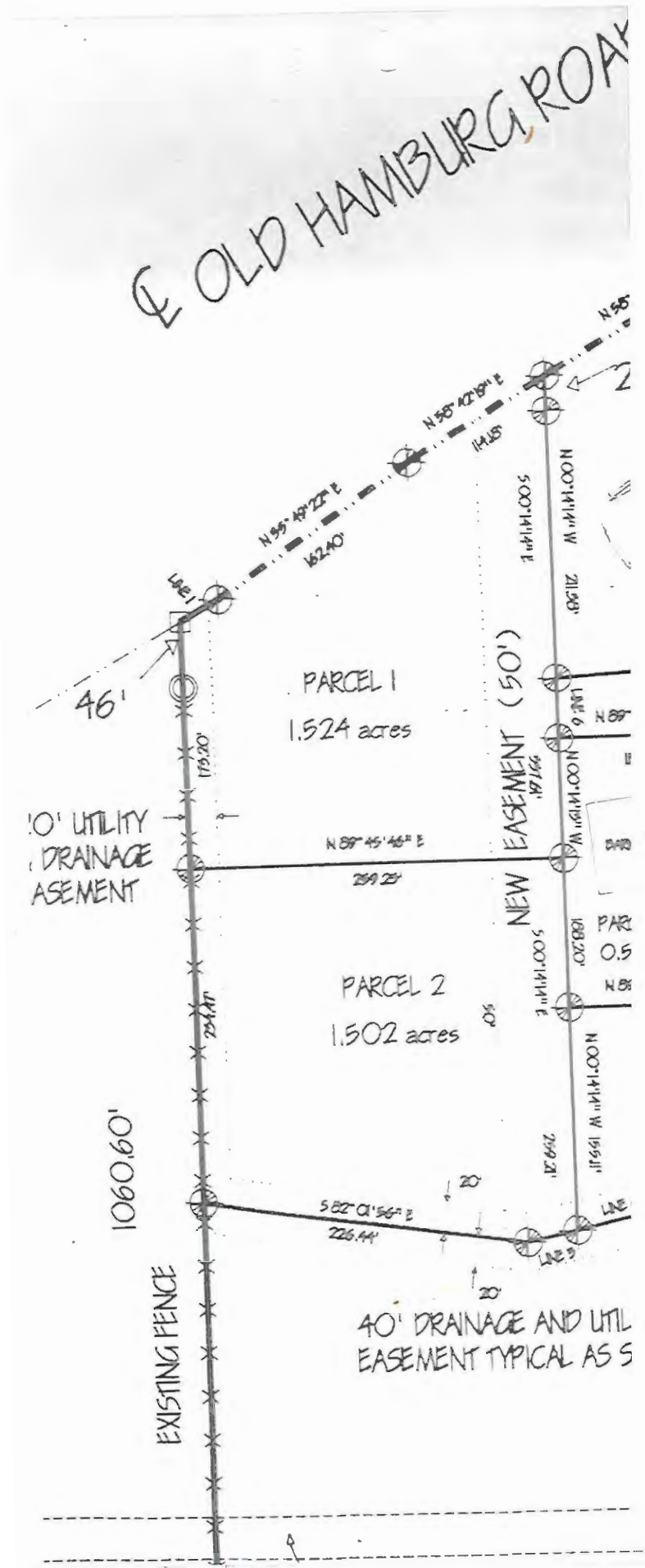


DESCRIPTION OF SURVEY - PARCEL 4A

A PARCEL OF LAND BEING IN THE NORTHWEST QUARTER OF SECTION 2, 12 SOUTH, RANGE 2 WEST OF THE THIRD PRINCIPAL MERIDIAN. SAID PARCE PART OF PROPERTY DESCRIBED AND RECORDED IN BOOK 154, PAGE 267 I COUNTY COURT HOUSE IN THE NAME OF LOUIS RAY HOGLE (NOW DECEAS HOGLE, DATED OCTOBER 22, 1979. SAID PARCEL BEING MORE PARTICUL AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID QUARTER SECTION BY AN IRON ROD FOUND; THENCE N 88° 01'52"E 1223.12 FEET ALONG OF SAID QUARTER SECTION TO AN IRON ROD FOUND AT THE SOUTHEAST C 10 IN VALLEY VIEW ESTATES AS RECORDED IN PLAT BOOK 9, PAGE 47 IN COUNTY COURT HOUSE; THENCE N 0°14'14"W 1060.60 FEET ALONG TH SAID VALLEY VIEW ESTATES, PASSING AN IRON ROD FOUND AT 1014.60 F IRON ROD FOUND IN THE CENTERLINE OF THE "OLD HAMBURG ROAD"; TH SAID CENTERLINE THE FOLLOWING THREE CALLS: THENCE N 60° 41'35" TO AN IRON ROD SET; THENCE N 55°49'22"E 162.40 FEET TO AN IRO THENCE N 58°42'19"E 114.18 FEET TO AN IRON ROD SET; THENCE S 0 211.58 FEET, PASSING AN IRON ROD SET AT 25.00 FEET, TO AN IRON RO THE POINT OF BEGINNING OF SAID PARCEL; THENCE ALONG NEW LINES T TEN CALLS: THENCE N 86°46'46"E 210.31 FEET TO AN IRON ROD SE S 5°46'00"W 154.91 FEET TO AN IRON ROD SET; THENCE S 0°14'14" TO AN IRON ROD SET; THENCE N 69°15'56"W 145.68 FEET TO AN IRO THENCE S 77°34'56"W 61.27 FEET TO AN IRON ROD SET; THENCE N 155.11 FEET TO AN IRON ROD SET; THENCE N 89°45'46"E 118.42 FEET ROD SET; THENCE N 0°00'00"E 188.20 FEET TO AN IRON ROD SET. S 89°45'46"W 119.20 FEET TO AN IRON ROD SET; THENCE N 0°14'14 TO THE POINT OF BEGINNING.

SAID PARCEL TO CONTAIN 1.297 ACRES, MORE OR LESS, PER SURVEY MITCHELL R. GARRETT, IL PROFESSIONAL LAND SURVEYOR NO. 3085, DA

SAID PARCEL SUBJECT TO ANY RIGHT-OF-WAYS AND / OR EASEMENTS OTHERWISE. ALL SITUATED IN THE COUNTY OF UNION, STATE OF ILLINOIS

DESCRIPTION OF SURVEY - NEW EASEMENT (50 FOR INGRESS AND EGRESS AND UTILITIES

SERVES ALL PARCELS

AN EASEMENT FOR INGRESS, EGRESS AND UTILITIES, BEING A PART OF NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 12 SOUTH, RANGE 2 WE PRINCIPAL MERIDIAN. SAID EASEMENT IS A PART OF PROPERTY DESCRIBED RECORDED IN BOOK 154, PAGE 267 IN THE UNION COUNTY COURT HOUSE LOUIS RAY HOGLE (NOW DECEASED) AND DOROTHY HOGLE, DATED OCT SAID EASEMENT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID QUARTER SECTION BY AN IRON ROD FOUND; THENCE N 88° 01'52"E 1223.12 FEET ALONG OF SAID QUARTER SECTION TO AN IRON ROD FOUND AT THE SOUTHEAST C

175.88 FT
75FT
204.5 FT
111.58
50 FT
143 FT
7.65
100 FT
50 FT
310.51 FT

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-34-02-875-A

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

I. LOCATION OF BUILDING

Number and street: 1690 John Rich School Rd Anna IL 62906

Subdivision or Addition | Lot | Block | Census track

Legal Description: S34 T11 R1W PT NW SE 32.19ac

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 5-20-09

Completion construction date 6-20-09

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	$ 100,000.00

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 [X] Other – Specify Post Building

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: 3200
- 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	Dale Mills	1690 John Rich School Rd Anna	62906	618 924 5757
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
Dale Mills	1690 John Rich School Rd Anna IL 62906	5-13-09

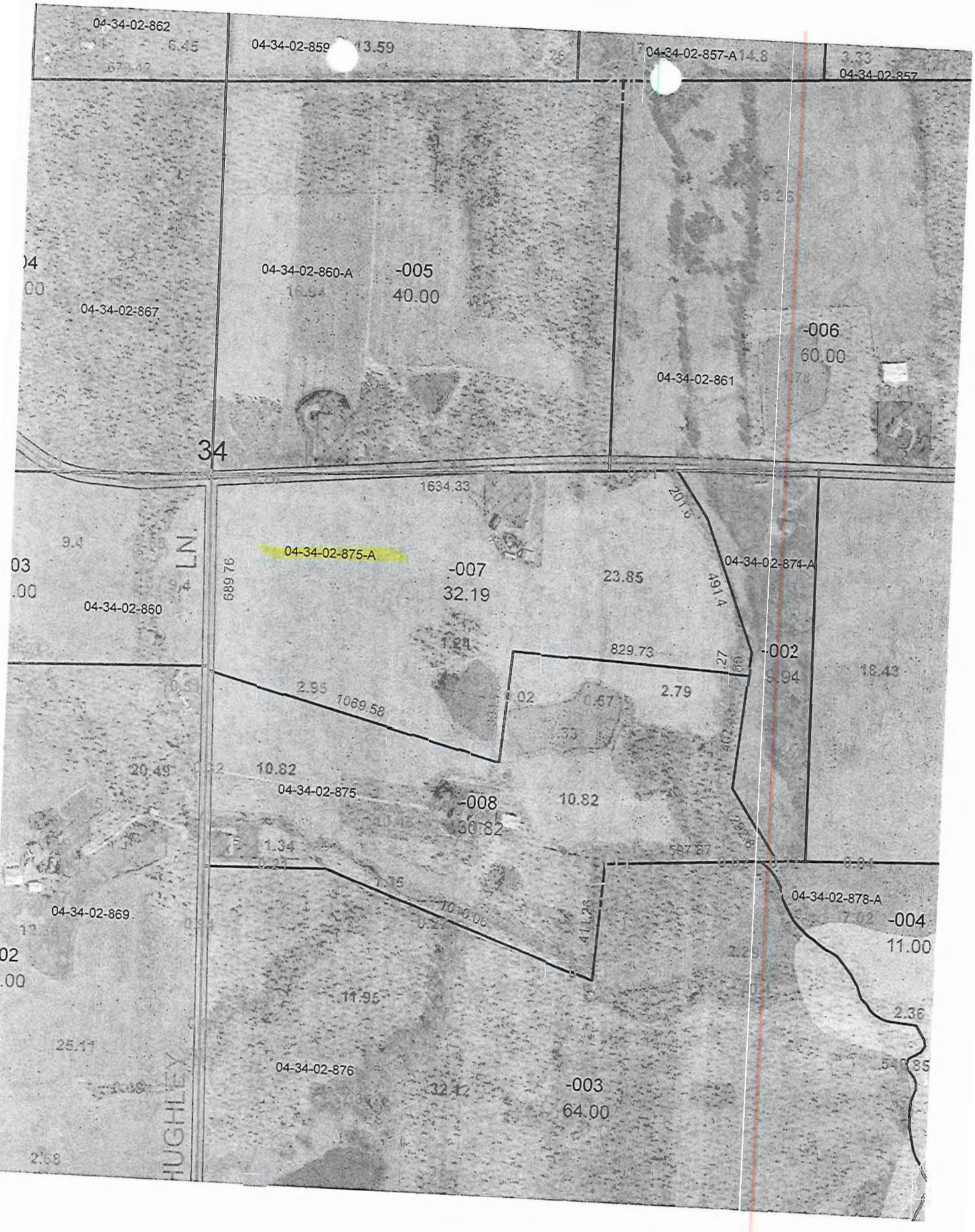
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Horn	$ 210.00	5-13-09	08-38

Payment of $210.00 CK #3078 received by Union County Treasurer

Date 5/18/09

Bailey L. Mayer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-003
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HUGHLEY
LN

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-15-30-224

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

I. LOCATION OF BUILDING

Number and street: 352 Old Saratoga

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

Legal Description: S15 T12 R1W SW CR SW NW 5ac

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

Applicable Zoning District _____

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

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	$ 1,000.00
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	$ 1,000.00

MOBILE HOME INFO:

Date MH was set-up: 6-1-09

Make _____ Size 14 x 65 Yr. Model 99

Previous MH Owner DENNIS KILMER

Previous MH Location 530 ALLYDGE ROAD CARBONDALE IL.

Current MH Owner BRYAN BASLER

Current MH Location 352 OLD SARATOGA RD. ANNA IL

Current Land Owner GILBERT WEST

III. SELECTED 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	Bryan Basler	352 Old Saratoga Rd	62906	618 697-5896
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: Bryan S. Basler | Address | Application date: 5-13-09

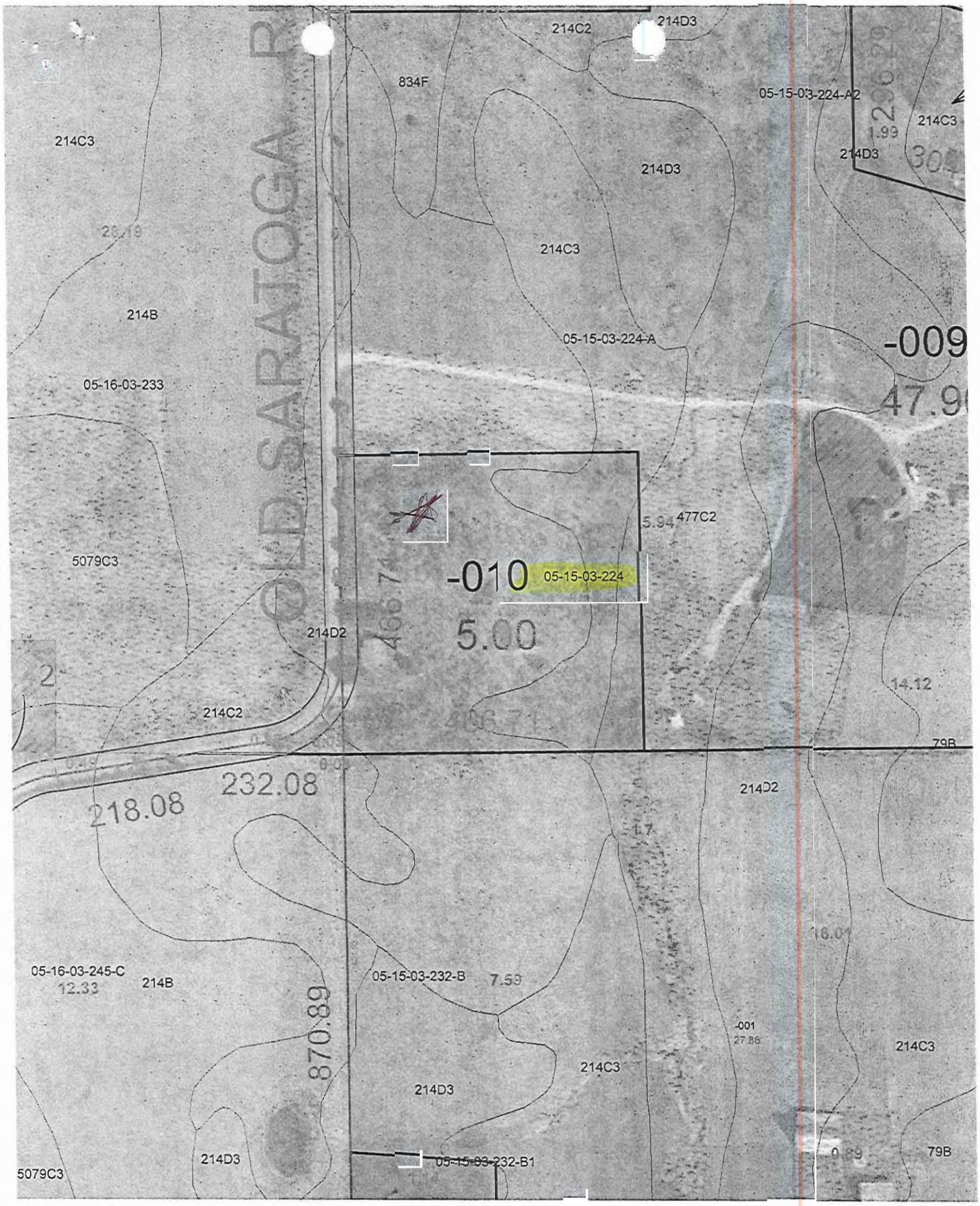
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gunn	$ 24.00	5-13-09	09-37

Payment of #24.00 CK #169 received by Union County Treasurer

Date 5/18/09

Barry L. Wagner Treas.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14.12
214C2
79B
218.08
232.08
214D2
05-16-03-245-C
12.33
214B
05-15-03-232-B
7.59
870.89
-001
27.86
214C3
214C3
214D3
214D3
05-15-03-232-B1
79B
5079C3

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-31-01-045-L

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

I. LOCATION OF BUILDING

Number and street: 490 FISHER LANE

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

Legal Description: Sec 31 T13 R1E SW PT NW (Leasehold)

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, merchantile
28 [ ] Tanks, towers
29 [x] Other – *Specify* GENERATOR INSTALL

Beginning construction date _____

Completion construction date _____

Beginning construction date T.B.D.

Completion construction date T.B.D.

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

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	ALLTEL COMMUNICATIONS	18300 EAST 71st AVENUE, SUITE 120 DENVER, CO 80249		(303) 577-3416
2. Contractor or Builder	T.B.D.			
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: 3703 JUNCTION BLVD., RALEIGH, NC Application date: 05-08-09

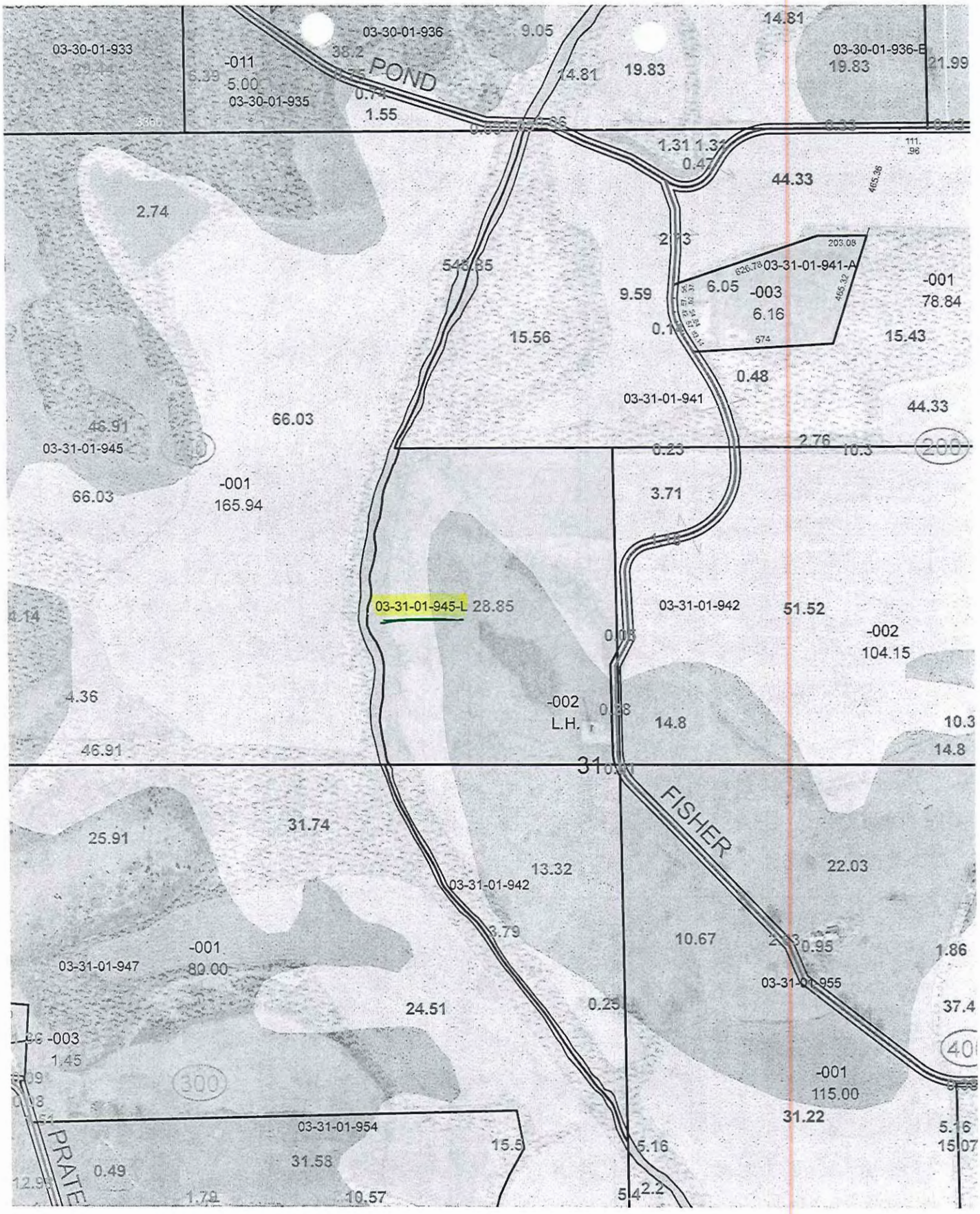
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE 24603

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 20.00	5-13-09	09-36

Payment of $20.00 CK# 9284 received by Union County Treasurer

Date 6-3-09

[signature] Mg.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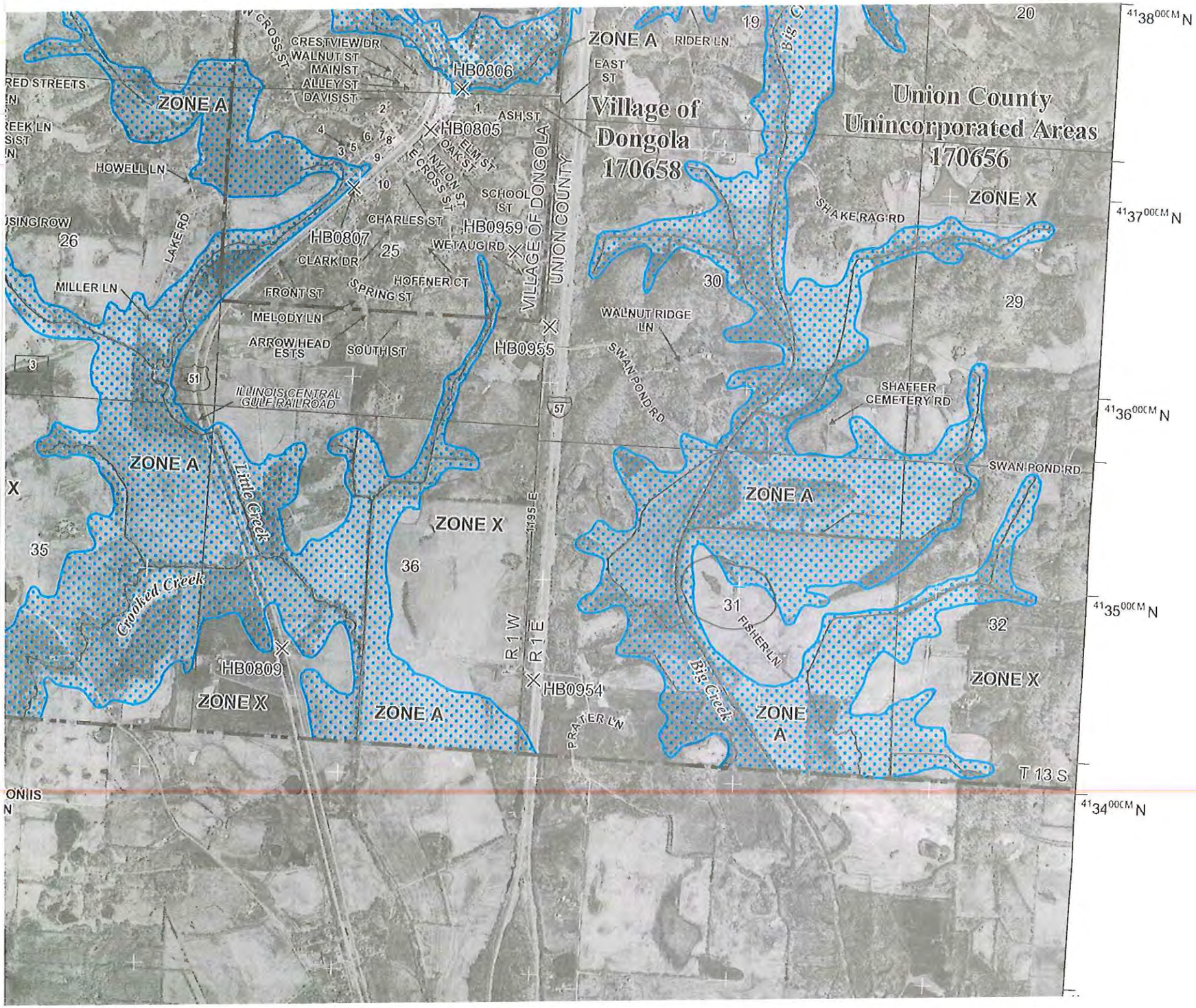
03-30-01-936
9.05
14.81
03-30-01-936-B
19.83
21.99
-011
5.00
03-30-01-935
POND
14.81
19.83
1.55
1.31
44.33
2.74
203.08
626.78
03-31-01-941-A
6.05
-003
6.16
9.59
-001
78.84
15.56
15.43
0.48
03-31-01-941
44.33
46.91
66.03
03-31-01-945
2.76
10.3
200
66.03
-001
165.94
3.71
03-31-01-945-L
28.85
03-31-01-942
51.52
-002
104.15
4.36
-002
L.H.
14.8
10.3
46.91
14.8
31
FISHER
31.74
25.91
13.32
22.03
03-31-01-942
3.79
10.67
0.95
1.86
03-31-01-947
-001
80.00
03-31-01-955
24.51
0.25
37.4
-003
1.45
300
-001
115.00
31.22
03-31-01-954
15.5
5.16
5.16
15.07
PRATE
0.49
31.58
1.79
10.57
54
2.2


Village of Dongola 170658
Union County Unincorporated Areas 170656
ZONE A
ZONE X
HB0806
HB0805
HB0807
HB0959
HB0955
HB0954
HB0809
CRESTVIEW DR
WALNUT ST
MAIN ST
ALLEY ST
DAVIS ST
ASH ST
EAST ST
RIDER LN
ELM ST
OAK ST
NYLON ST
E CROSS ST
W CROSS ST
SCHOOL ST
CHARLES ST
WETAUG RD
CLARK DR
HOFFNER CT
FRONT ST
SPRING ST
MELODY LN
ARROWHEAD ESTS
SOUTH ST
HOWELL LN
LAKE RD
MILLER LN
ILLINOIS CENTRAL GULF RAILROAD
VILLAGE OF DONGOLA
UNION COUNTY
SHAKE RAG RD
WALNUT RIDGE LN
SWAN POND RD
SHAFFER CEMETERY RD
FISHER LN
PRATER LN
Little Creek
Crooked Creek
Big Creek
R 1 W
R 1 E
T 13 S
41°38'00"N
41°37'00"N
41°36'00"N
41°35'00"N
41°34'00"N

ALLTEL SITE NAME:	DONGOLA
PROJECT DESCRIPTION:	PROPOSED GENERATOR
GENERATOR TYPE:	KOHLER-DIESEL
SITE ADDRESS:	490 FISHER LANE DONGOLA, IL 62926 (UNION COUNTY)
JURISDICTION:	UNION COUNTY
AREA OF CONSTRUCTION:	32 ± SQ. FT.
PRESENT OCCUPANCY TYPE:	TELECOMMUNICATION FACILITY

PROJECT INFORMATION

LATITUDE N 37° 20' 29.53" *
LONGITUDE W 89° 08' 43.69" *

GROUND ELEVATION = UNKNOWN

* INFORMATION PROVIDED BY ALLTEL

TOWER LOCATION

alltel

18300 East 71st Avenue, Suite 120
Denver, Colorado 80249
Office: (303) 373-3416

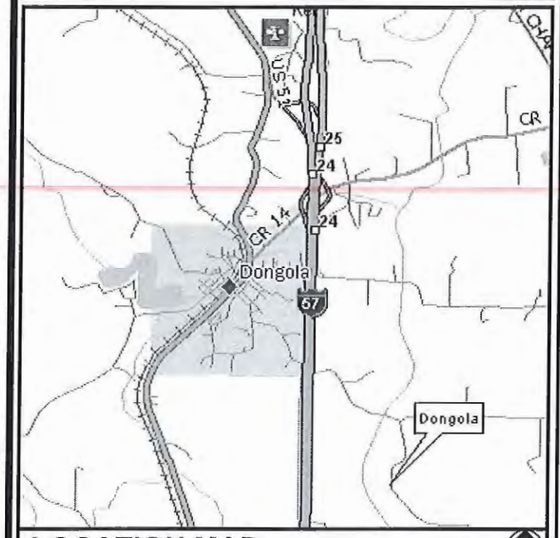
SITE NAME: IL08_DONGOLA

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
919.661.6351

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: KRA CHECKED BY: GMA



LOCATION MAP

FROM ALLTEL OFFICE IN SESSER, IL, TAKE PREFERRED ROUTE TO I-57 AND PROCEED SOUTH. TAKE EXIT 24 AND TURN RIGHT ONTO CYPRESS ROAD. KEEP LEFT ON US-51 (BECOMES FRONT STREET). TURN LEFT ONTO CROSS ST. TURN LEFT ONTO WETAUG RD. TURN LEFT ONTO SWAN POND RD. TURN RIGHT ONTO FISHER LANE. SITE IIS ON THE RIGHT.

DRIVING DIRECTIONS

SITE CONSTRUCTION MANAGER:

NAME:	ALLTEL COMMUNICATIONS, INC.
ADDRESS:	18300 EAST 71ST AVE, SUITE 120
CITY, STATE, ZIP:	DENVER, CO 80249
CONTACT:	MIKE SANCHEZ
PHONE:	(303) 373-3416

SITE APPLICANT:

NAME:	ALLTEL COMMUNICATIONS, INC.
ADDRESS:	7592 GRAMMER ROAD
CITY, STATE, ZIP:	SESSER, IL 62884
CONTACT:	LES RAY
PHONE:	(618) 525-0009

ORIGINAL SURVEYOR:

NAME:	UNKNOWN
ADDRESS:	UNKNOWN
CITY, STATE, ZIP:	UNKNOWN
CONTACT:	UNKNOWN
PHONE:	UNKNOWN

CIVIL ENGINEER:

NAME:	TOWER ENGINEERING PROFESSIONALS
ADDRESS:	3703 JUNCTION BOULEVARD
CITY, STATE, ZIP:	RALEIGH, NC 27603
CONTACT:	PETE JERNIGAN, P.E.
PHONE:	(919) 661-6351

ELECTRICAL ENGINEER:

NAME:	TOWER ENGINEERING PROFESSIONALS
ADDRESS:	3703 JUNCTION BOULEVARD
CITY, STATE, ZIP:	RALEIGH, NC 27603
CONTACT:	PETE JERNIGAN, P.E.
PHONE:	(919) 661-6351

PROPERTY OWNER:

NAME:	UNKNOWN
ADDRESS:	UNKNOWN
CITY, STATE, ZIP:	UNKNOWN
CONTACT:	UNKNOWN
PHONE:	UNKNOWN

CONTACT INFORMATION

ALL WORK AND MATERIALS SHALL BE PERFORMED AND INSTALLED IN ACCORDANCE WITH THE CURRENT EDITIONS OF THE FOLLOWING CODES AS ADOPTED BY THE LOCAL GOVERNING AUTHORITIES. NOTHING IN THESE PLANS IS TO BE CONSTRUED TO PERMIT WORK NOT CONFORMING TO THE LATEST EDITIONS OF THE FOLLOWING:

1. INTERNATIONAL BUILDING CODE (2003 EDITION)
2. ANSI/TIA/EIA-222-F
3. INTERNATIONAL ELECTRIC CODE (2003 EDITION)
4. LOCAL BUILDING CODE
5. CITY/COUNTY ORDINANCES

CODE COMPLIANCE

UTILITIES:

POWER COMPANY:	SOUTHERN IL ELEC COOP
CONTACT:	CUSTOMER SERVICE
PHONE:	618-827-3555
METER # NEAR SITE:	75 869 316
TELEPHONE COMPANY:	VERIZON NORTH
CONTACT:	CUSTOMER SERVICE
PHONE:	(800) 483-5000
PHONE # NEAR SITE:	UNKNOWN
PEDESTAL # NEAR SITE:	1302

SHEET	DESCRIPTION	REV
T1	TITLE SHEET	1
C1	COMPOUND DETAIL	1
C2	GENERATOR FOUNDATION DETAILS	1
E1	ELECTRICAL NOTES	1
E2	ONE-LINE DIAGRAM AND POWER PANEL SCHEDULE	1
E3	POWER PLAN	1
E4	GROUNDING PLAN	1
E5	GROUNDING DETAILS	1

INDEX OF SHEETS

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

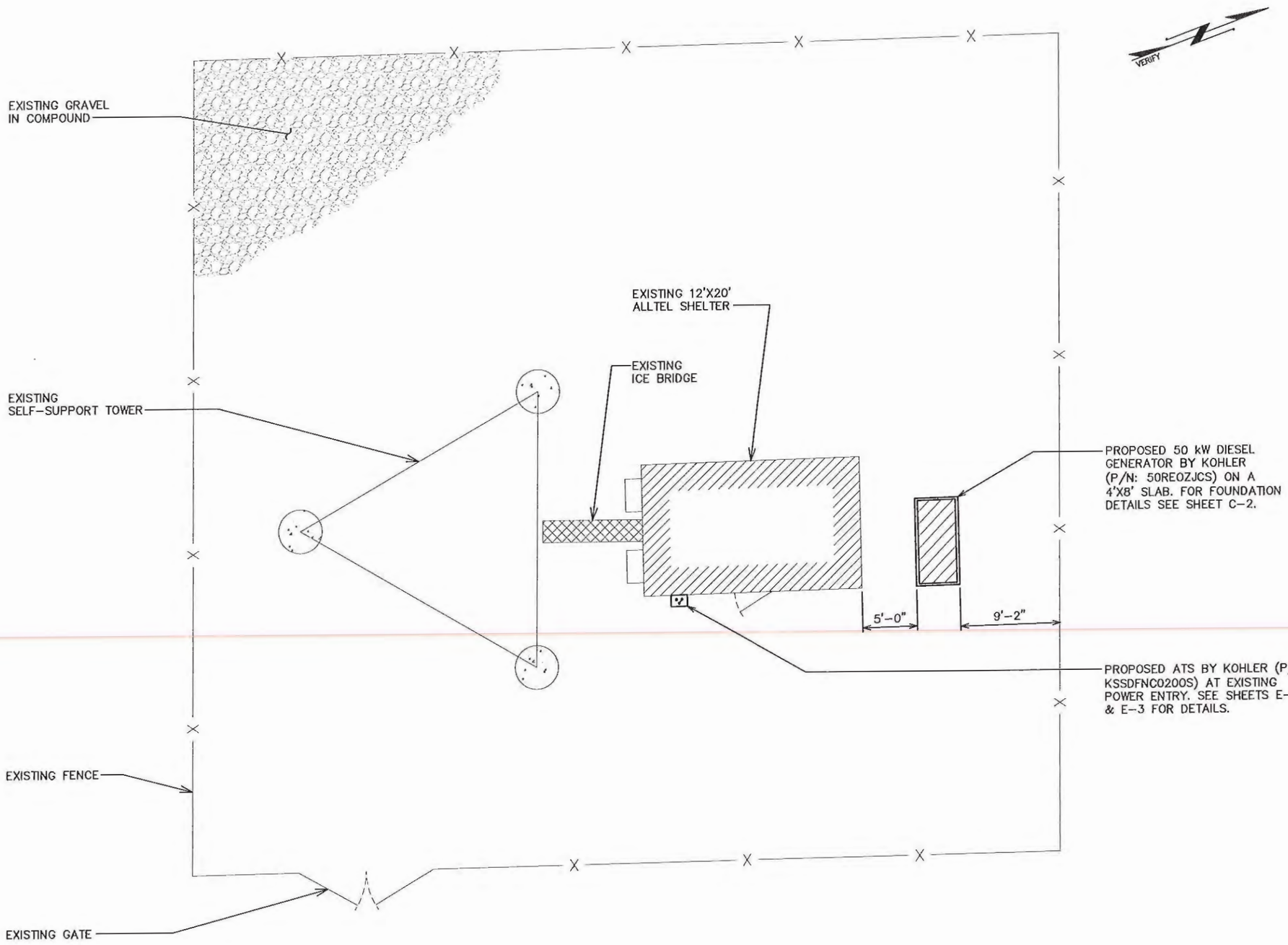
May 08, 2009

SEAL:

SHEET NUMBER: **T-1**

REVISION: 1

TEP #: 091095



COMPOUND DETAIL

SCALE: 1" = 10'

0 10 20
SCALE IN FEET

PLANS PREPARED FOR:

alltel
18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS
May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: KRA CHECKED BY: GMA

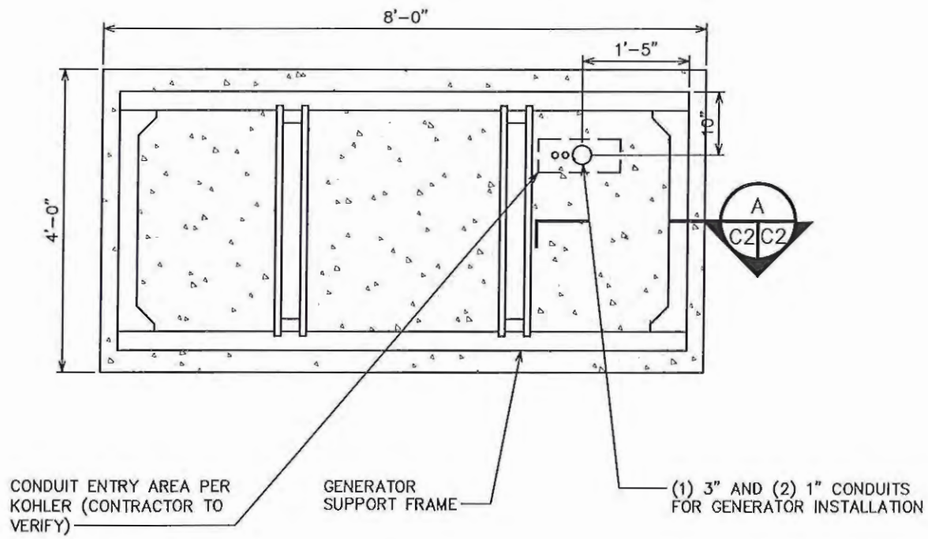
SHEET TITLE:

COMPOUND DETAIL

SHEET NUMBER: **C-1**

REVISION: 1

TEP #: 091095



GENERATOR PAD PLAN

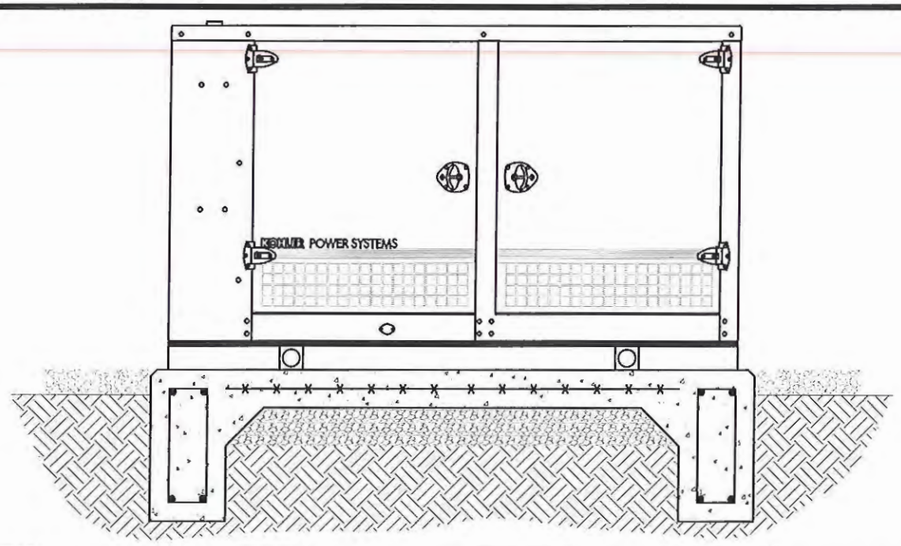
SCALE: ¾" = 1'-0"

0 1 2
SCALE IN FEET

1. FOUNDATION DESIGN IS BASED ON A 2000 PSF SOIL BEARING CAPACITY. IF OTHER CONDITIONS EXIST, FOUNDATION SHALL BE REDESIGNED. CONTRACTOR SHALL HAVE SOIL BEARING CAPACITY VERIFIED BY A LICENSED PROFESSIONAL GEOTECHNICAL ENGINEER PRIOR TO INITIATION OF CONSTRUCTION ACTIVITIES.
2. CONCRETE SHALL BE 2500 PSI @ 28 DAYS.
3. REBAR Fy = 60,000 PSI ASTM A615 GRADE 60
4. ALL BACKFILL SHALL BE THOROUGHLY COMPACTED TO A MINIMUM OF 95% DENSITY USING THE MODIFIED PROCTOR METHOD.
5. SURFACE OF FINISHED SLAB SHALL BE LEVEL AND FLAT WITHIN ¼".
6. CONTRACTOR SHALL VERIFY WITH THE MANUFACTURER ACTUAL DIMENSIONS OF THE GENERATOR PRIOR TO LAYING OUT FOUNDATION.
7. CONTRACTOR SHALL VERIFY LOCATION OF CUT-OUTS PRIOR TO INSTALLATION.
8. REINFORCING STEEL SHALL BE PLACED IN ACCORDANCE WITH THE CONCRETE REINFORCING STEEL INSTITUTE (CRSI), "MANUAL OF STANDARD PRACTICE".
9. ALL CONCRETE WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE LATEST EDITION OF THE AMERICAN CONCRETE INSTITUTE (ACI) BUILDING CODE.

FOUNDATION NOTES

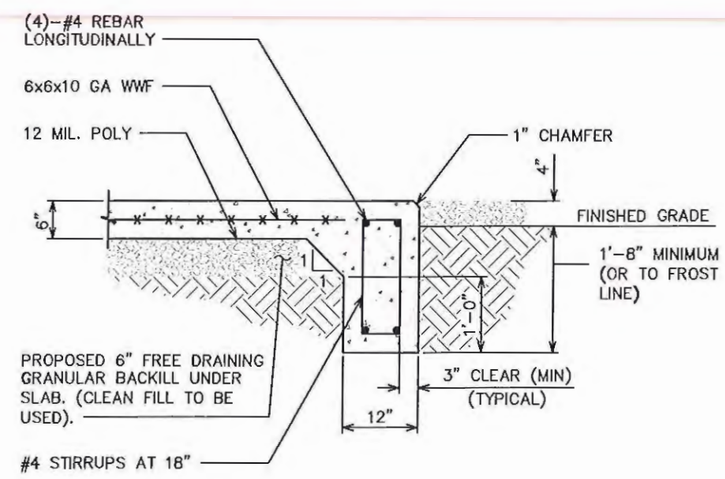
SCALE: N.T.S.



GENERATOR ELEVATION

SCALE: ¾" = 1'-0"

0 1 2
SCALE IN FEET



PAD SECTION

A
C2 C2

SCALE: ½" = 1'-0"

0 2 4
SCALE IN FEET

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
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OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: EBM CHECKED BY: GMA

SHEET TITLE:

GENERATOR FOUNDATION DETAILS

SHEET NUMBER: **C-2**

REVISION: 1

TEP #: 091095

ELECTRICAL NOTES:

SCOPE:

1. SHALL INCLUDE ALL LABOR, MATERIALS AND APPLIANCES REQUIRED FOR THE FURNISHING, INSTALLING AND TESTING, COMPLETE AND READY FOR OPERATION OF ALL WORK SHOWN ON THE DRAWING AS SPECIFIED HEREIN:
   1. ELECTRIC SERVICE
   2. CONDUIT AND RACEWAY
   3. CONDUCTORS
   4. MISCELLANEOUS MATERIALS
   5. TELEPHONE CONDUITS
   6. LIGHTNING ARRESTING SYSTEM

CODES

1. THE INSTALLATION SHALL COMPLY WITH ALL APPLICABLE LAWS AND CODES. THESE INCLUDE BUT ARE NOT LIMITED TO THE LATEST EDITIONS OF:
   A. THE NATIONAL ELECTRICAL SAFETY CODE
   B. THE NATIONAL ELECTRIC CODE – NFPA–70
   C. THE INTERNATIONAL ELECTRIC CODE – IBC
   D. LOCAL AND STATE AMENDMENTS
   E. REGULATIONS OF THE SERVING UTILITY COMPANY
2. ALL PERMITS REQUIRED SHALL BE OBTAINED BY THE CONTRACTOR.
3. AFTER COMPLETION AND FINAL INSPECTION OF THE WORK, THE OWNER SHALL BE FURNISHED A CERTIFICATE OF COMPLETION AND APPROVAL.

TESTING

1. UPON COMPLETION OF THE INSTALLATION, OPERATE AND ADJUST ALL EQUIPMENT AND SYSTEMS TO MEET SPECIFIED PERFORMANCE REQUIREMENTS. ALL TESTING SHALL BE DONE BY QUALIFIED PERSONNEL.

GUARANTEE

1. IN ADDITION TO THE GUARANTEE OF THE EQUIPMENT BY THE MANUFACTURER, EACH PIECE OF EQUIPMENT SPECIFIED HEREIN SHALL ALSO BE GUARANTEED FOR DEFECTS OF MATERIAL OR WORKMANSHIP OCCURRING DURING A PERIOD OF ONE (1) YEAR FROM FINAL ACCEPTANCE OF THE WORK BY THE OWNER. WITHOUT EXPENSE TO THE OWNER ALL WARRANTEE CERTIFICATES & GUARANTEES FURNISHED BY THE MANUFACTURERS SHALL BE TURNED OVER TO THE OWNER.

CO-ORDINATION:

1. CONTRACTOR SHALL COORDINATE ALL WORK WITH THE POWER AND TELEPHONE COMPANIES AND SHALL COMPLY WITH ALL SERVICE REQUIREMENTS OF EACH UTILITY COMPANY.

EXAMINATION OF SITE

1. PRIOR TO BEGINNING WORK, THE CONTRACTOR SHALL VISIT THE SITE OF THE JOB AND SHALL FAMILIARIZE HIMSELF WITH ALL CONDITIONS AFFECTING THE PROPOSED ELECTRICAL INSTALLATION AND SHALL MAKE PROVISIONS AS TO THE COST THEREOF. FAILURE TO COMPLY WITH THE INTENT OF THIS PARAGRAPH WILL IN NO WAY RELIEVE THE CONTRACTOR OF PERFORMING ALL WORK NECESSARY FOR A COMPLETE AND WORKING SYSTEM OR SYSTEMS.

CUTTING, PATCHING AND EXCAVATION:

1. COORDINATION OF ALL SLEEVES, CHASES, ETC., WILL BE REQUIRED PRIOR TO THE CONSTRUCTION OF ANY PORTION OF THE WORK. ALL CUTTING AND PATCHING OF WALLS, PARTITIONS, FLOORS, AND CHASES IN CONCRETE, WOOD, STEEL OR MASONRY SHALL BE DONE AS PROVIDED ON THE DRAWINGS.
2. ALL NECESSARY EXCAVATIONS AND BACKFILLING INCIDENTAL TO THE WORK UNLESS SPECIFICALLY NOTED OTHERWISE ON THE DRAWING SHALL BE PROVIDED BY THIS CONTRACTOR.
3. SEAL ALL PENETRATION THROUGH WALL AND FLOORS WITH APPROVED GROUT.

EXTERIOR CONDUIT:

1. ALL EXPOSED CONDUIT SHALL BE NEATLY INSTALLED AND RUN PARALLEL OR PERPENDICULAR TO STRUCTURAL ELEMENTS. SUPPORTS AND MOUNTING HARDWARE SHALL BE HOT DIPPED GALVANIZED STEEL.

RACEWAYS

1. ALL CONDUCTORS SHALL BE INSTALLED IN CONDUIT. ALL CONDUIT SHALL BE RIGID STEEL, EMT OR SCH40 PVC AS INDICATED ON THE DRAWINGS.
2. WHERE INSTALLED ON EXTERIORS AND EXPOSED TO DAMAGE, ALL CONDUIT SHALL BE RIGID STEEL. ALUMINUM CONDUIT SHALL NOT BE ALLOWED.
3. CONCEALED CONDUIT IN WALLS OR INTERIOR SPACES ABOVE GRADE MAY BE EMT.
4. UNDERGROUND CONDUITS SHALL BE RIGID STEEL OR SCHEDULE 40 PVC AS INDICATED ON THE DRAWINGS.
5. ALL CONDUIT RUNS SHALL USE APPROVED COUPLINGS AND CONNECTORS. PROVIDE INSULATED BUSHING FOR ALL CONDUIT TERMINATIONS. ALL CONDUIT RUNS IN A WET LOCATION SHALL HAVE WATERPROOF FITTINGS.
6. PROVIDE SUPPORTS FOR ALL CONDUITS IN ACCORDANCE WITH NEC REQUIREMENTS. ALL CONDUITS SHALL BE SIZED AS REQUIRED BY NEC.
7. BURIAL DEPTH OF ALL CONDUITS SHALL BE AS REQUIRED BY CODE FOR EACH SPECIFIC CONDUIT TYPE AND APPLICATION.
8. CONDUIT ROUTES ARE SCHEMATIC. CONTRACTOR SHALL FIELD VERIFY BEFORE BID. COORDINATE ROUTE WITH WIRELESS CARRIER AND BUILDING OWNER.

EQUIPMENT:

1. ALL DISCONNECT SWITCHES SHALL BE SERVICE ENTRANCE RATED, HEAVY DUTY TYPE.
2. NEW CIRCUIT BREAKERS SHALL BE RATED TO WITHSTAND THE MAXIMUM AVAILABLE FAULT CURRENT AS DETERMINED BY THE LOCAL UTILITY. CONTRACTOR SHALL VERIFY MAXIMUM AVAILABLE FAULT CURRENT, AND COORDINATE INSTALLATION WITH THE LOCAL UTILITY BEFORE STARTING WORK.

CONDUCTORS

1. FURNISH AND INSTALL CONDUCTORS CALLED FOR IN THE DRAWINGS. ALL CONDUCTORS SHALL HAVE TYPE THWN (MIN) (75 DEGREE) INSULATION, RATED FOR 600 VOLTS.
2. ALL CONDUCTORS SHALL BE COPPER, THE USE OF ALUMINUM CONDUCTORS SHALL NOT BE ALLOWED. ALL CONDUCTORS SHALL BE UL LISTED AND SHALL BE PROVIDED AND INSTALLED AS FOLLOWS:
   A. MINIMUM WIRE SIZE SHALL BE #12 AWG.
   B. ALL CONDUCTORS SIZE #8 AND LARGER SHALL BE STRANDED. CONDUCTORS SIZED #10 AND SMALLER SHALL BE SOLID OR STRANDED.
   C. CONNECTION FOR #10 AWG AND SMALLER SHALL BE BY TWISTING TIGHT AND INSTALLING INSULATED PRESSURE OR WIRE NUT CONNECTIONS.
   D. CONNECTION FOR #8 AWG AND LARGER SHALL BE BY USE OF STEEL CRIMP–ON SLEEVES WITH NYLON INSULATOR.
3. ALL CONDUCTORS SHALL BE COLOR CODED IN ACCORDANCE WITH NEC STANDARDS.
4. THE RACEWAY SYSTEM SHALL BE COMPLETE BEFORE INSTALLING CONDUCTORS

PENETRATIONS:

1. CONTRACTOR SHALL COMPLY WITH UL PENETRATION DETAILS FOR PENETRATIONS OF ALL RATED WALLS, ROOF, ETC.

GROUNDING

1. ALL ELECTRICAL NEUTRALS, RACEWAYS AND NON–CURRENT CARRYING PARTS OF ELECTRICAL EQUIPMENT AND ASSOCIATED ENCLOSURES SHALL BE GROUNDED IN ACCORDANCE WITH NEC ARTICLE 250. THIS SHALL INCLUDE NEUTRAL CONDUCTORS, CONDUITS, SUPPORTS, CABINETS, BOXES, GROUND BUSSES, ETC. THE NEUTRAL CONDUCTOR FOR EACH SYSTEM SHALL BE GROUNDED BY ONE POINT ONLY.
2. PROVIDE GROUND CONDUCTOR IN ALL RACEWAYS.
3. PROVIDE BONDING AND GROUND TO MEET NFPA 780 – LIGHTNING PROTECTION AS A MINIMUM.
4. PROVIDE GROUNDING SYSTEM AS INDICATED ON THE DRAWINGS, AS REQUIRED BY THE NATIONAL ELECTRIC CODE AND RADIO EQUIPMENT MANUFACTURER.

ABBREVIATIONS AND LEGEND

A	–	AMPERE
AFG	–	ABOVE FINISHED GRADE
ATS	–	AUTOMATIC TRANSFER SWITCH
AWG	–	AMERICAN WIRE GAUGE
BCW	–	BARE COPPER WIRE
BFG	–	BELOW FINISHED GRADE
BKR	–	BREAKER
C	–	CONDUIT
CKT	–	CIRCUIT
DISC	–	DISCONNECT
EGR	–	EXTERNAL GROUND RING
EMT	–	ELECTRIC METALLIC TUBING
FSC	–	FLEXIBLE STEEL CONDUIT
GEN	–	GENERATOR
GPS	–	GLOBAL POSITIONING SYSTEM
GRD	–	GROUND
IGB	–	ISOLATED GROUND BAR
IGR	–	INTERIOR GROUND RING (HALO)
KW	–	KILOWATTS
NEC	–	NATIONAL ELECTRIC CODE
PCS	–	PERSONAL COMMUNICATION SYSTEM
PH	–	PHASE
PNL	–	PANEL
PNLBD	–	PANELBOARD
PVC	–	SCH40 RIGID NON–METALLIC CONDUIT
RGS	–	RIGID GALVANIZED STEEL CONDUIT
SW	–	SWITCH
TGB	–	TOWER GROUND BAR
UL	–	UNDERWRITERS LABORATORIES
V	–	VOLTAGE
W	–	WATTS
XFMR	–	TRANSFORMER
XMTR	–	TRANSMITTER

----E----	UNDERGROUND ELECTRICAL CONDUIT
----T----	UNDERGROUND TELEPHONE CONDUIT
	KILOWATT–HOUR METER
---------	UNDERGROUND BONDING AND GROUNDING CONDUCTOR.
⌀	GROUND ROD
●	CADWELD
⊠	GROUND ROD WITH INSPECTION WELL

PLANS PREPARED FOR:

alltel

183DD E 71st Street Suite 120
Denver, CO 80249
(303) 373–3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: EBM CHECKED BY: JRH

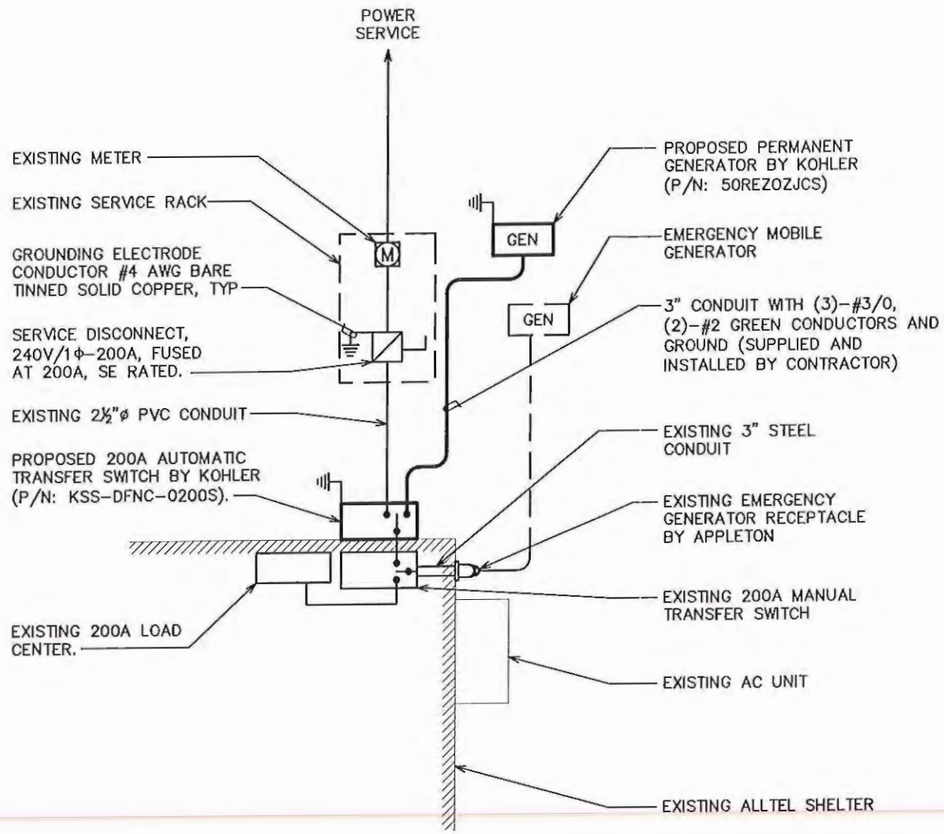
SHEET TITLE:

ELECTRICAL NOTES

SHEET NUMBER: **E-1**

REVISION: 1

TEP #: 091095



NOTES:

1. EXISTING ELECTRICAL SERVICE IS 200A, 240/120V, 1ø/3W.
2. EXISTING SERVICE ENTRANCE RATED FUSIBLE SERVICE DISCONNECT SWITCH (200A, 3W, 1ø, FUSED AT 200A)
3. ALL EXTERIOR PANELS TO BE NEMA 3 RATED.

ONE-LINE DIAGRAM

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
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May 08, 2009

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DRAWN BY: EBM | CHECKED BY: JRH

SHEET TITLE:

ONE-LINE DIAGRAM

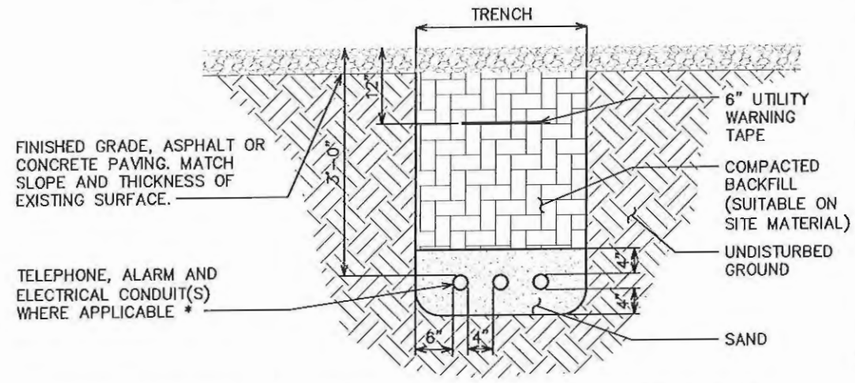
SHEET NUMBER: **E-2**

REVISION: 1

TEP #: 091095

NOTES:

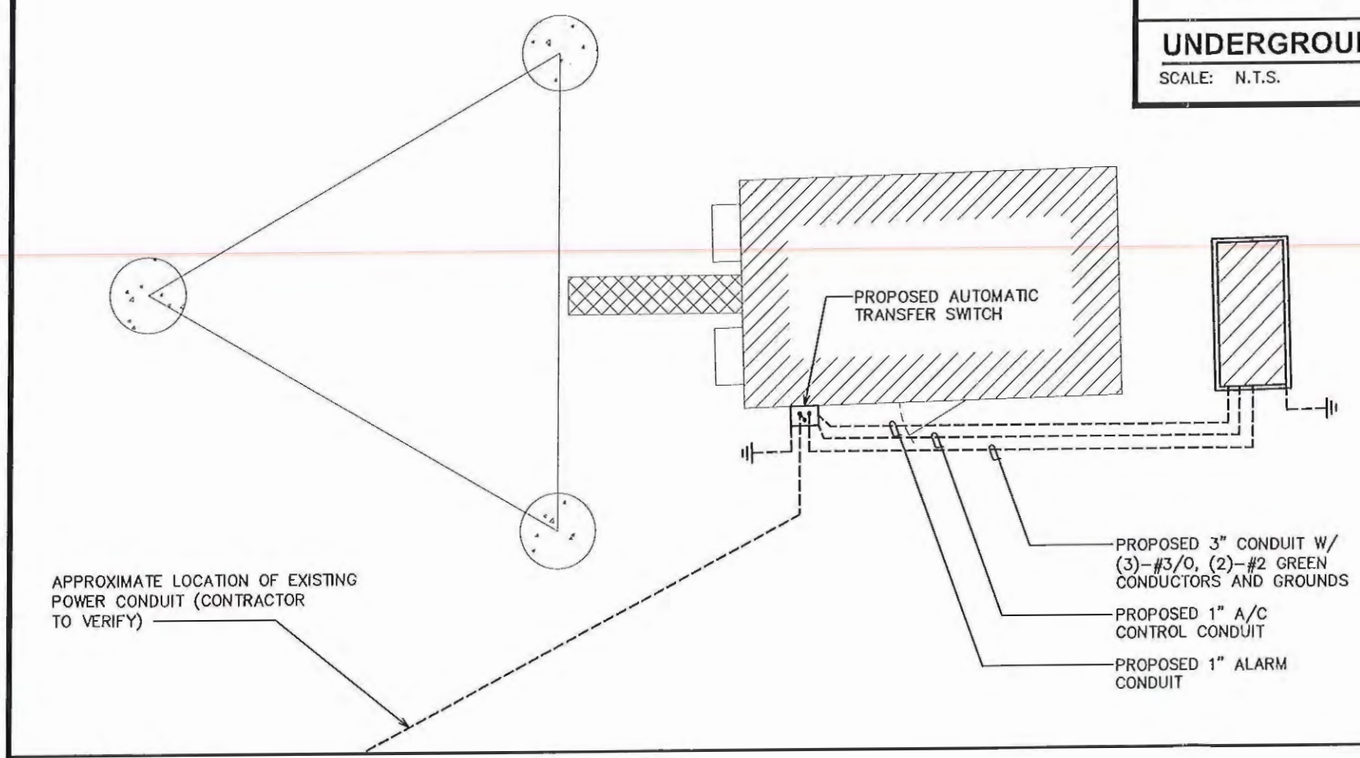
1. ACTUAL SEPARATION OF CONDUITS TO BE DETERMINED BY SITE SPECIFIC REQUIREMENTS.
2. PROVIDE PVC CONDUIT BEOLOW GRADE EXCEPT AS NOTEO BELOW.
3. PROVIDE RGS CONDUIT AND ELBOWS AT STUB UP LOCATIONS (I.E. SERVICE POLES, EQUIPMENT, ETC.)
4. PROVIDE RGS CONDUIT FOR INSTALLATIONS BELOW PARKING LOTS AND ROADWAYS.



* SEPARATION DIMENSIONS TO BE VERIFIED WITH LOCAL UTILITY COMPANY REQUIREMENTS.

UNDERGROUND CONDUIT(S) TRENCH DETAIL

SCALE: N.T.S.



POWER PLAN

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
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DRAWN BY: EBM CHECKED BY: JRH

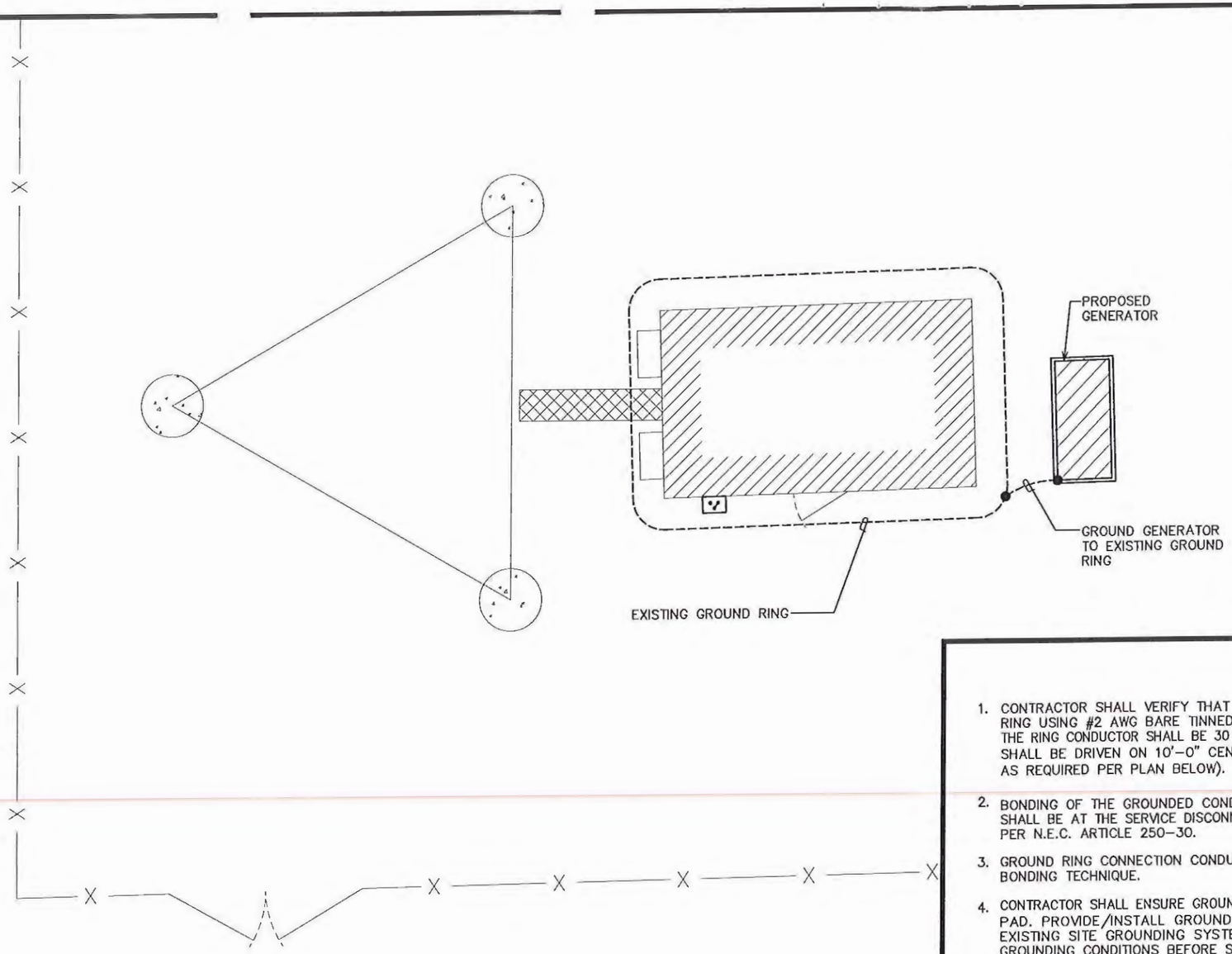
SHEET TITLE:

POWER PLAN

SHEET NUMBER: **E-3**

REVISION: 1

TEP #: 091095



TYPICAL GROUNDING PLAN

SCALE: N.T.S.

1. CONTRACTOR SHALL VERIFY THAT GROUNDING ELECTRODES SHALL BE CONNECTED IN A RING USING #2 AWG BARE TINNED COPPER WIRE. THE TOP OF THE GROUND RODS AND THE RING CONDUCTOR SHALL BE 30 INCHES BELOW FINISHED GRADE. GROUNDING ELECTRODES SHALL BE DRIVEN ON 10'-0" CENTERS. (MINIMUM; 15'-0" MAX, PROVIDE AND INSTALL AS REQUIRED PER PLAN BELOW).
2. BONDING OF THE GROUNDED CONDUCTOR (NEUTRAL) AND THE GROUNDING CONDUCTOR SHALL BE AT THE SERVICE DISCONNECTING MEANS. BONDING JUMPER SHALL BE INSTALLED PER N.E.C. ARTICLE 250-30.
3. GROUND RING CONNECTION CONDUCTORS SHALL BE OF EQUAL LENGTH, MATERIAL, AND BONDING TECHNIQUE.
4. CONTRACTOR SHALL ENSURE GROUND RING IS WITHIN 12 TO 36 INCHES OF THE EQUIPMENT PAD. PROVIDE/INSTALL GROUNDING CONNECTIONS SHOWN ABOVE AS NEEDED PER EXISTING SITE GROUNDING SYSTEM. CONTRACTOR SHALL VERIFY ALL EXISTING SITE GROUNDING CONDITIONS BEFORE STARTING WORK OR PURCHASING EQUIPMENT.
5. BONDING CONDUCTORS SHALL BE ROUTED THROUGH A ½" PVC CONDUIT SLEEVE RUN UNDER THE EQUIPMENT PAD. REFER TO EQUIPMENT BONDING CONDUCTOR ROUTING DETAIL.
6. CONTRACTOR SHALL VERIFY EXISTING GROUNDING BOND TO THE FENCE IN AT LEAST (2) OTHER PLACES IN ADDITION TO NEW CONNECTION SHOWN ABOVE. CONTRACTOR SHALL ALSO VERIFY EXISTING GROUNDING CONNECTION TO ACCESS GATE. PROVIDE AND INSTALL GROUNDING CONNECTIONS AS REQUIRED TO MEET THESE REQUIREMENTS.

GROUNDING NOTES

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: TRG | CHECKED BY: JRH

SHEET TITLE:

GROUNDING PLAN

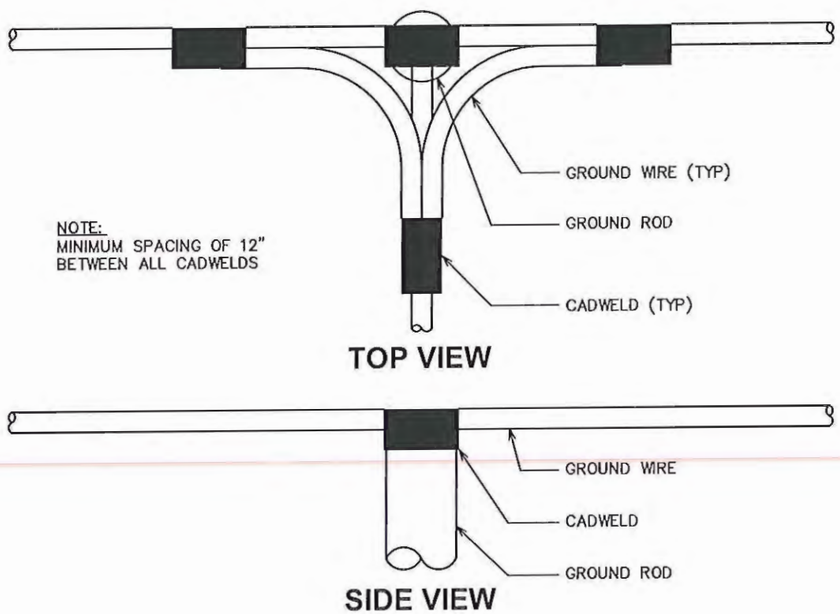
SHEET NUMBER: **E-4**

REVISION: 1

TEP #: 091095

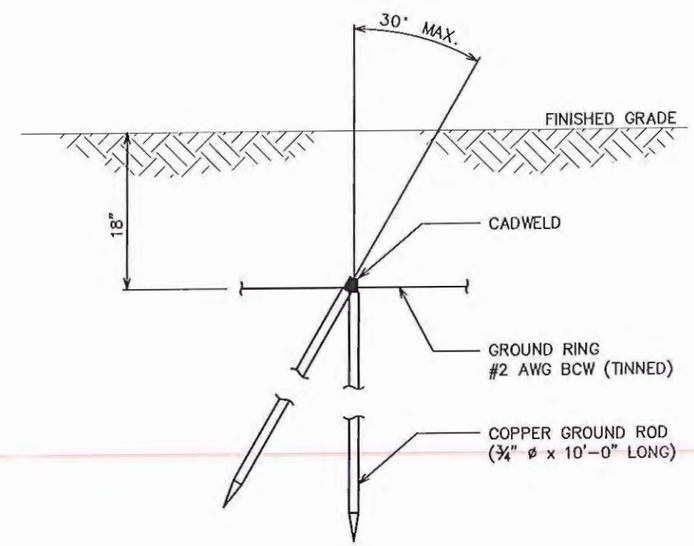
GROUNDING NOTES:

1. GROUNDING ELECTRODES SHALL BE CONNECTED IN A RING USING #2 SOLID COPPER WIRE. THE TOP OF THE GROUND RODS AND THE RING CONDUCTOR SHALL BE 30" (MIN) BELOW FINISHED GRADE.
2. BONDING OF THE GROUNDED CONDUCTOR (NEUTRAL) AND THE GROUNDING CONDUCTOR SHALL BE AT THE SERVICE DISCONNECTING MEANS. BONDING JUMPER SHALL BE INSTALLED PER N.E.C. ARTICLE 250.30.



CADWELD GROUNDING DETAIL

SCALE: N.T.S.



COPPER-CLAD STEEL GROUND ROD

SCALE: N.T.S.

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_DONGOLA

490 FISHER LANE
DONGOLA, IL 62926
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
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SEAL:

PETER G. JERNIGAN, JR.
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May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: EBM | CHECKED BY: JRH

SHEET TITLE:

GROUNDING DETAILS

SHEET NUMBER: **E-5**

REVISION: 1

TEP #: 091095

UNION COUNTY Prop. No. 04-29-02-587-L
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 977 BEN HILL ROAD
Subdivision or Addition: | Lot: | Block: | Census tract:
Legal Description: 11 1W S28 NE¼ NW¼
Leasehold
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

C. COST *(Estimated)*

	(Omit cents)
10 Cost of Improvement	$ 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

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* GENERATOR INSTALL

Beginning construction date T.B.D.
Completion construction date T.B.D.

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 DIESEL

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 living 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	ALLTEL COMMUNICATIONS	18300 EAST 71st AVENUE, SUITE 120 DENVER, CO 80249		(303) 373-3416
2. Contractor or Builder				
3. Architect				

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

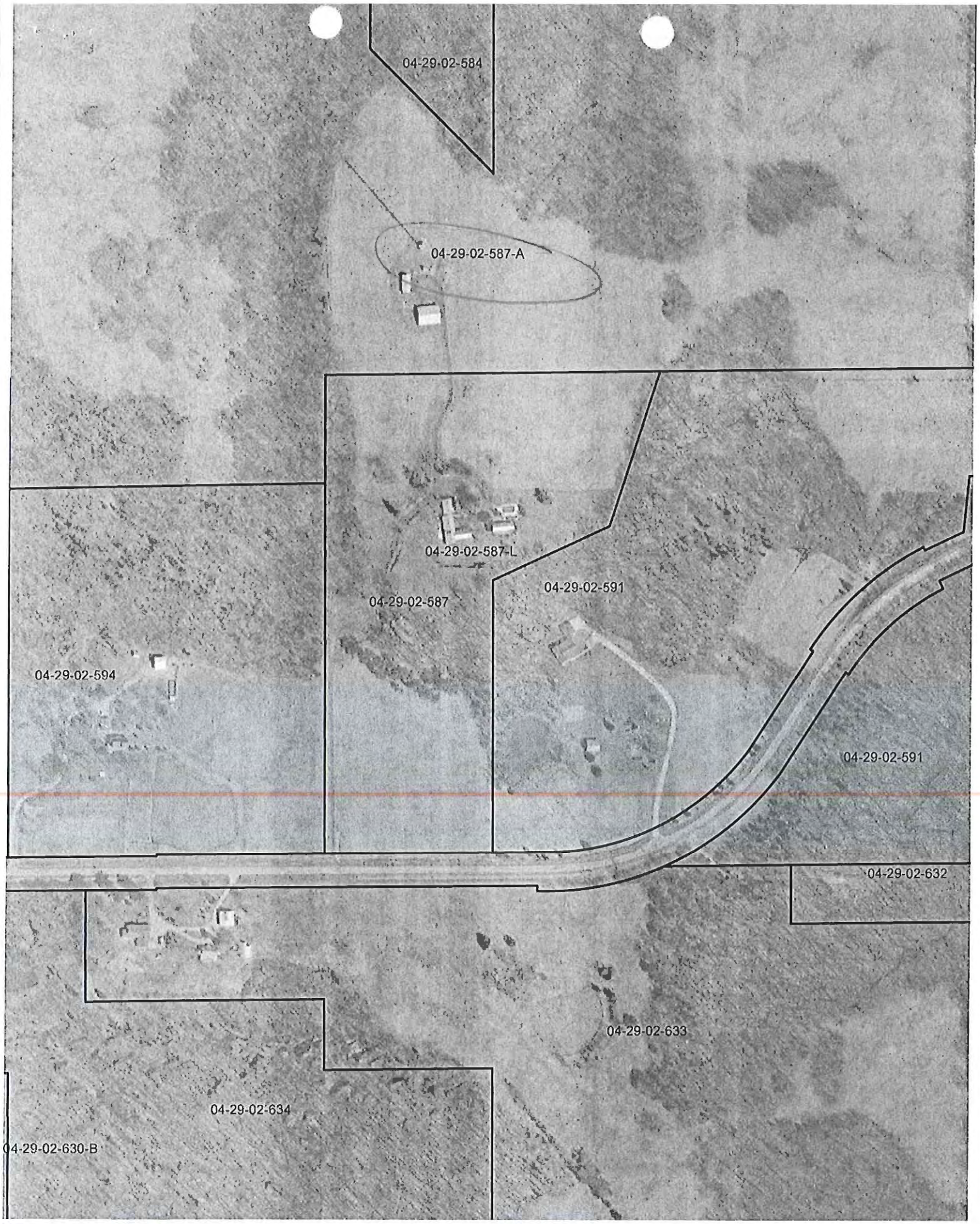
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: [signature]
Address: 3703 JUNCTION BLVD. RALEIGH, NC 27603
Application date: 05-08-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Perm't number
[signature]	$ 20.00	5-13-09	09-35

Payment of $30.00 CK # 9283 received by Union County Treasurer
Date 6-3-09
[signature]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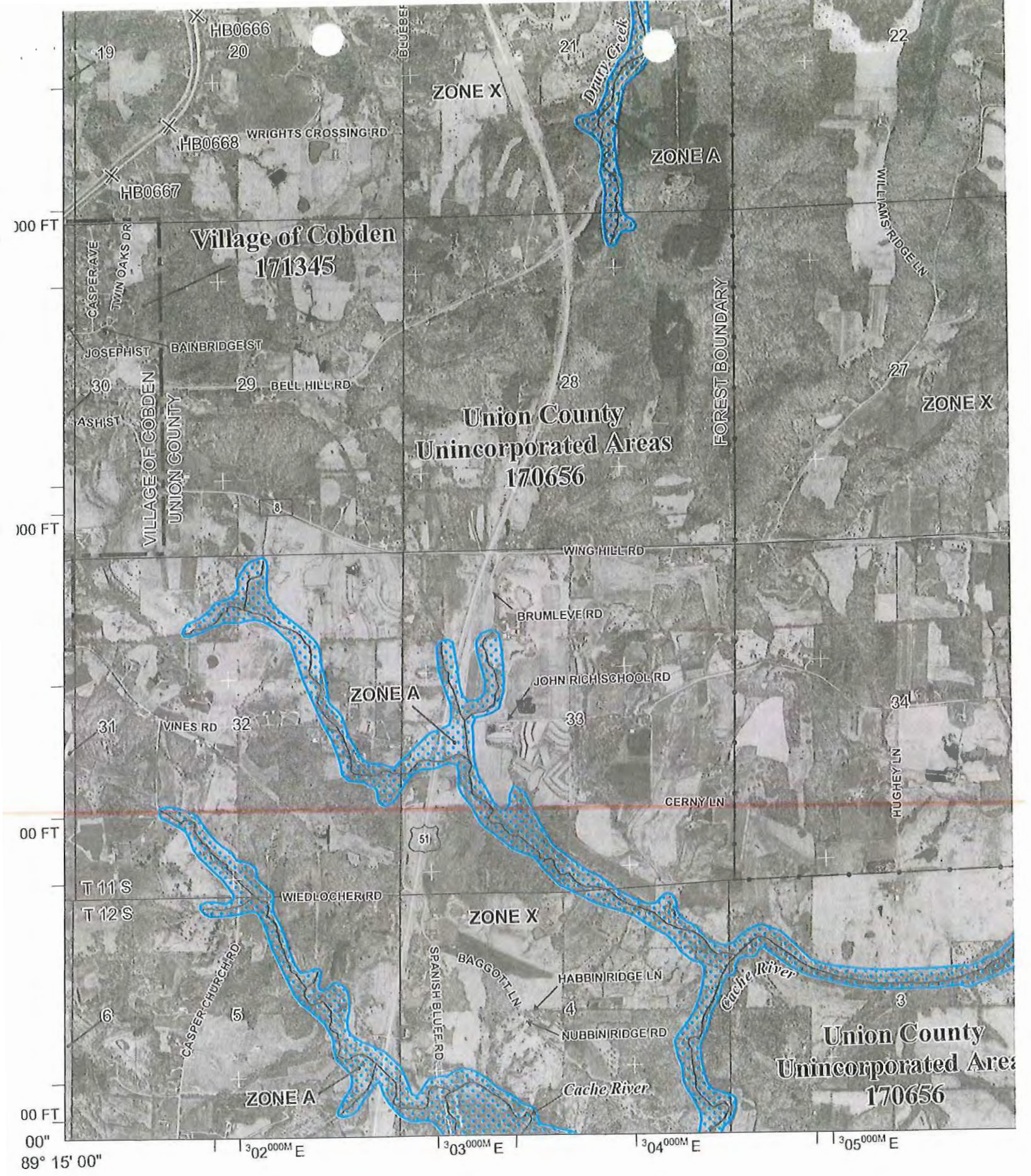
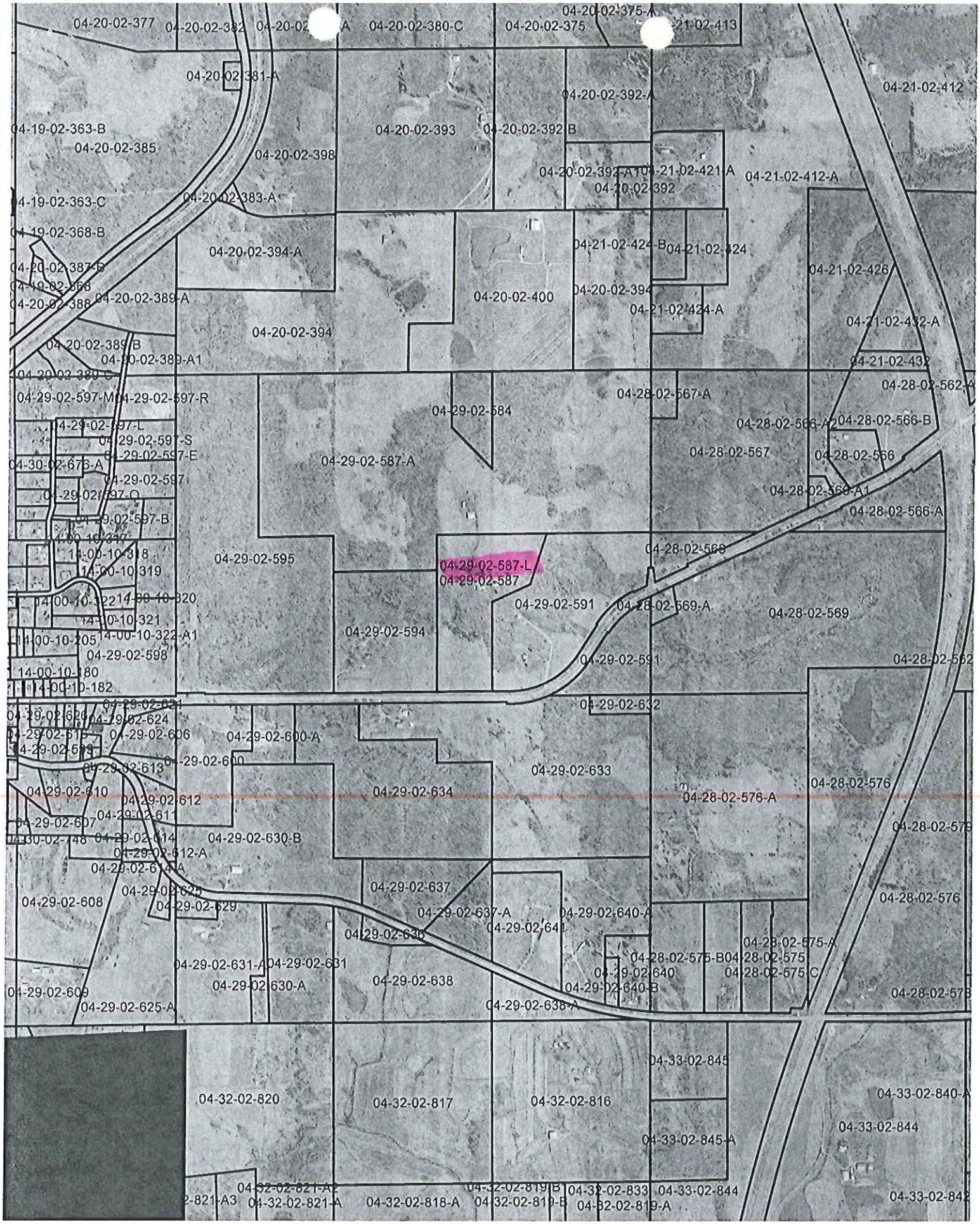

HB0666
HB0668
HB0667
WRIGHTS CROSSING RD
ZONE X
ZONE A
Drury Creek
Village of Cobden
171345
CASPER AVE
TWIN OAKS DR
JOSEPH ST
BAINBRIDGE ST
BELL HILL RD
ASH ST
VILLAGE OF COBDEN
UNION COUNTY
Union County
Unincorporated Areas
170656
FOREST BOUNDARY
WILLIAMS RIDGE LN
ZONE X
WING HILL RD
BRUMLEVE RD
JOHN RICH SCHOOL RD
ZONE A
VINES RD
CERNY LN
HUGHEY LN
51
T 11 S
T 12 S
WIEDLOCHER RD
ZONE X
CASPER CHURCH RD
SPANISH BLUFF RD
BAGGOTT LN
HABBIN RIDGE LN
NUBBIN RIDGE RD
Cache River
Union County
Unincorporated Area
170656
ZONE A
Cache River
302000M E
303000M E
304000M E
305000M E
89° 15' 00"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04-33-02-842

ALLTEL SITE NAME:	COBDEN
PROJECT DESCRIPTION:	PROPOSED GENERATOR
GENERATOR TYPE:	KOHLER-DIESEL
SITE ADDRESS:	977 BEN HILL ROAD COBDEN, IL 62920 (UNION COUNTY)
JURISDICTION:	UNION COUNTY
AREA OF CONSTRUCTION:	32 ± SQ. FT.
PRESENT OCCUPANCY TYPE:	TELECOMMUNICATION FACILITY

PROJECT INFORMATION

LATITUDE N 37° 32' 18.99" *
LONGITUDE W 89° 14' 8.99" *

GROUND ELEVATION = UNKNOWN

* INFORMATION PROVIDED BY ALLTEL

TOWER LOCATION

alltel

18300 East 71st Avenue, Suite 120
Denver, Colorado 80249
Office: (303) 373-3416

SITE NAME: IL08_COBDEN

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
919.661.6351

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: KRA | CHECKED BY: GMA

LOCATION MAP

FROM THE ALLTEL OFFICE IN SESSER, IL, TAKE PREFERRED ROUTE TO I-57 AND PROCEED SOUTH. TAKE EXIT 36 AND TURN RIGHT ON LICK CREEK RD. TURN RIGHT ONTO HALL CHURCH RD. TURN LEFT ONTO WING HILL RD. TURN RIGHT ONTO US-51. TURN LEFT ONTO BELL HILL RD. SITE IS ON THE RIGHT UP A DRIVEWAY.

DRIVING DIRECTIONS

SITE CONSTRUCTION MANAGER:

NAME: ALLTEL COMMUNICATIONS, INC.
ADDRESS: 18300 EAST 71ST AVE, SUITE 120
CITY, STATE, ZIP: DENVER, CO 80249
CONTACT: MIKE SANCHEZ
PHONE: (303) 373-3416

SITE APPLICANT:

NAME: ALLTEL COMMUNICATIONS, INC.
ADDRESS: 7592 GRAMMER ROAD
CITY, STATE, ZIP: SESSER, IL 62884
CONTACT: LES RAY
PHONE: (618) 525-0009

ORIGINAL SURVEYOR:

NAME: UNKNOWN
ADDRESS: UNKNOWN
CITY, STATE, ZIP: UNKNOWN
CONTACT: UNKNOWN
PHONE: UNKNOWN

CIVIL ENGINEER:

NAME: TOWER ENGINEERING PROFESSIONALS
ADDRESS: 3703 JUNCTION BOULEVARD
CITY, STATE, ZIP: RALEIGH, NC 27603
CONTACT: PETE JERNIGAN, P.E.
PHONE: (919) 661-6351

ELECTRICAL ENGINEER:

NAME: TOWER ENGINEERING PROFESSIONALS
ADDRESS: 3703 JUNCTION BOULEVARD
CITY, STATE, ZIP: RALEIGH, NC 27603
CONTACT: PETE JERNIGAN, P.E.
PHONE: (919) 661-6351

PROPERTY OWNER:

NAME: UNKNOWN
ADDRESS: UNKNOWN
CITY, STATE, ZIP: UNKNOWN
CONTACT: UNKNOWN
PHONE: UNKNOWN

CONTACT INFORMATION

ALL WORK AND MATERIALS SHALL BE PERFORMED AND INSTALLED IN ACCORDANCE WITH THE CURRENT EDITIONS OF THE FOLLOWING CODES AS ADOPTED BY THE LOCAL GOVERNING AUTHORITIES. NOTHING IN THESE PLANS IS TO BE CONSTRUED TO PERMIT WORK NOT CONFORMING TO THE LATEST EDITIONS OF THE FOLLOWING:

1. INTERNATIONAL BUILDING CODE (2003 EDITION)
2. ANSI/TIA/EIA-222-F
3. INTERNATIONAL ELECTRIC CODE (2003 EDITION)
4. LOCAL BUILDING CODE
5. CITY/COUNTY ORDINANCES

CODE COMPLIANCE

UTILITIES:

POWER COMPANY: SOUTHERN IL ELEC COOP
CONTACT: CUSTOMER SERVICE
PHONE: 618-827-3555
METER # NEAR SITE: 25 786 023

TELEPHONE COMPANY: VERIZON NORTH
CONTACT: CUSTOMER SERVICE
PHONE: 800-483-5000
PHONE # NEAR SITE: 618-893-2893
PEDESTAL # NEAR SITE: UNKNOWN

SHEET	DESCRIPTION	REV
T1	TITLE SHEET	1
C1	COMPOUND DETAIL	1
C2	GENERATOR FOUNDATION DETAILS	1
E1	ELECTRICAL NOTES	1
E2	ONE-LINE DIAGRAM	1
E3	POWER PLAN	1
E4	GROUNDING PLAN	1
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INDEX OF SHEETS

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

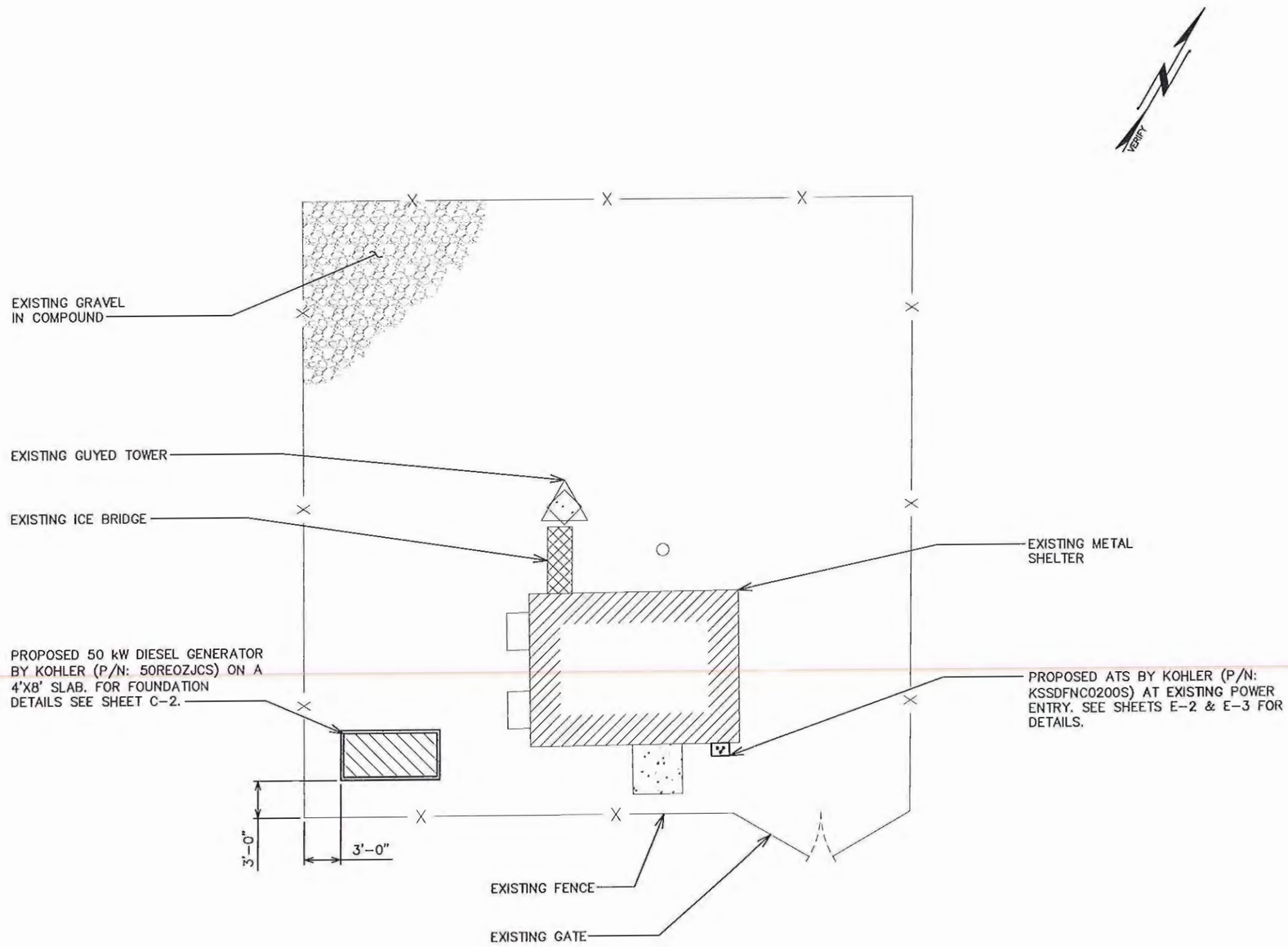
May 8, 2009

SEAL:

SHEET NUMBER: **T-1**

REVISION: 1

TEP #: 091092



COMPOUND DETAIL

SCALE: 1" = 10'

0 10 20
SCALE IN FEET

PLANS PREPARED FOR:

alltel

18300 E 71st Street Suite 120
Denver, CO 80249
(303) 373-3416

PROJECT INFORMATION:

IL08_COBDEN

977 BEN HILL ROAD
COBDEN, IL 62920
(UNION COUNTY)

PLANS PREPARED BY:

TOWER ENGINEERING PROFESSIONALS
3703 JUNCTION BOULEVARD
RALEIGH, NC 27603-5263
OFFICE: (919) 661-6351
FAX: (919) 661-6350

SEAL:

PETER G. JERNIGAN, JR.
062-055543
LICENSED PROFESSIONAL ENGINEER OF ILLINOIS

May 08, 2009

REV	DATE	ISSUED FOR:
1	05-08-09	CONSTRUCTION
0	05-06-09	PRELIMINARY

DRAWN BY: KRA | CHECKED BY: GMA

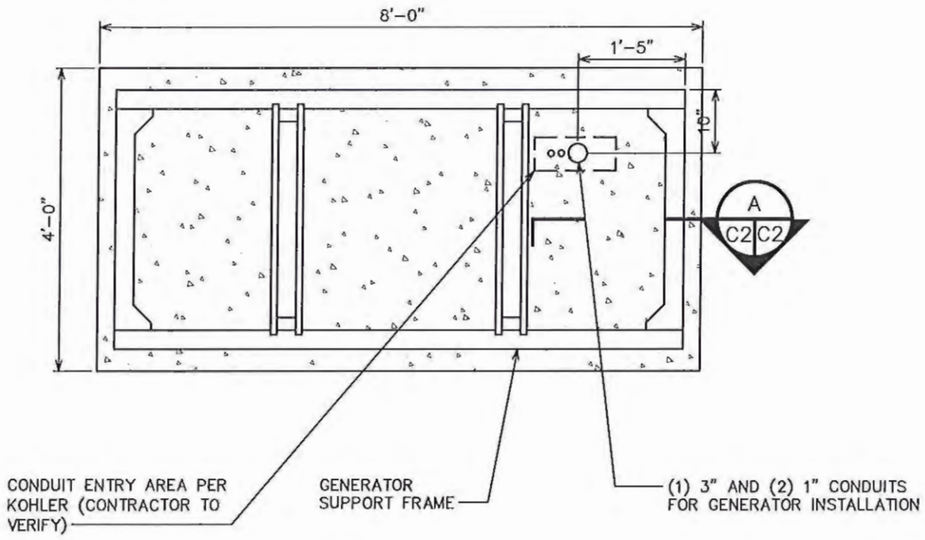
SHEET TITLE:

COMPOUND DETAIL

SHEET NUMBER: **C-1**

REVISION: 1

TEP #: 091092



GENERATOR PAD PLAN

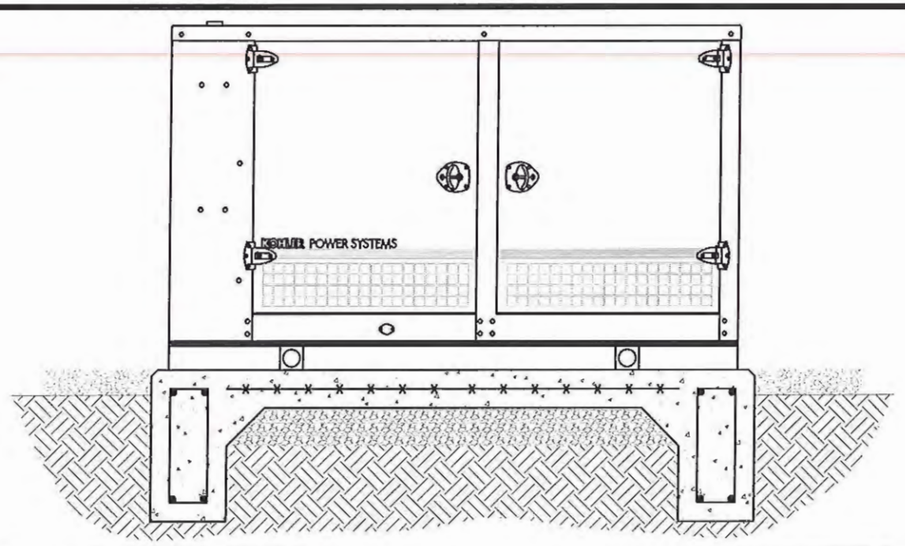
SCALE: ¾" = 1'-0"

0 1 2 SCALE IN FEET

1. FOUNDATION DESIGN IS BASED ON A 2000 PSF SOIL BEARING CAPACITY. IF OTHER CONDITIONS EXIST, FOUNDATION SHALL BE REDESIGNED. CONTRACTOR SHALL HAVE SOIL BEARING CAPACITY VERIFIED BY A LICENSED PROFESSIONAL GEOTECHNICAL ENGINEER PRIOR TO INITIATION OF CONSTRUCTION ACTIVITIES.
2. CONCRETE SHALL BE 2500 PSI @ 28 DAYS.
3. REBAR Fy = 60,000 PSI ASTM A615 GRADE 60
4. ALL BACKFILL SHALL BE THOROUGHLY COMPACTED TO A MINIMUM OF 95% DENSITY USING THE MODIFIED PROCTOR METHOD.
5. SURFACE OF FINISHED SLAB SHALL BE LEVEL AND FLAT WITHIN ¼".
6. CONTRACTOR SHALL VERIFY WITH THE MANUFACTURER ACTUAL DIMENSIONS OF THE GENERATOR PRIOR TO LAYING OUT FOUNDATION.
7. CONTRACTOR SHALL VERIFY LOCATION OF CUT-OUTS PRIOR TO INSTALLATION.
8. REINFORCING STEEL SHALL BE PLACED IN ACCORDANCE WITH THE CONCRETE REINFORCING STEEL INSTITUTE (CRSI), "MANUAL OF STANDARD PRACTICE".
9. ALL CONCRETE WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE LATEST EDITION OF THE AMERICAN CONCRETE INSTITUTE (ACI) BUILDING CODE.

FOUNDATION NOTES

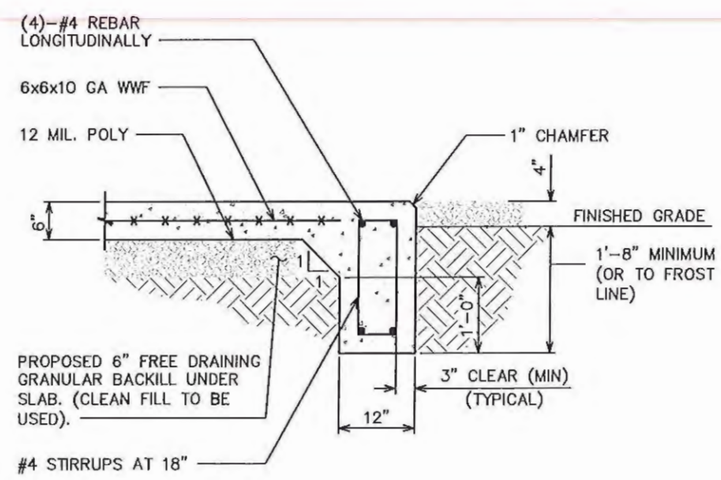
SCALE: N.T.S.



GENERATOR ELEVATION

SCALE: ¾" = 1'-0"

0 1 2 SCALE IN FEET



PAD SECTION

A C2 C2

SCALE: ½" = 1'-0"

0 2 4 SCALE IN FEET

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DRAWN BY: EBM CHECKED BY: GMA

SHEET TITLE:

GENERATOR FOUNDATION DETAILS

SHEET NUMBER: **C-2**

REVISION: 1

TEP #: 091092

ELECTRICAL NOTES:

SCOPE:

1. SHALL INCLUDE ALL LABOR, MATERIALS AND APPLIANCES REQUIRED FOR THE FURNISHING, INSTALLING AND TESTING, COMPLETE AND READY FOR OPERATION OF ALL WORK SHOWN ON THE DRAWING AS SPECIFIED HEREIN:
   1. ELECTRIC SERVICE
   2. CONDUIT AND RACEWAY
   3. CONDUCTORS
   4. MISCELLANEOUS MATERIALS
   5. TELEPHONE CONDUITS
   6. LIGHTNING ARRESTING SYSTEM

CODES

1. THE INSTALLATION SHALL COMPLY WITH ALL APPLICABLE LAWS AND CODES. THESE INCLUDE BUT ARE NOT LIMITED TO THE LATEST EDITIONS OF:
   A. THE NATIONAL ELECTRICAL SAFETY CODE
   B. THE NATIONAL ELECTRIC CODE – NFPA–70
   C. THE INTERNATIONAL ELECTRIC CODE – IBC
   D. LOCAL AND STATE AMENDMENTS
   E. REGULATIONS OF THE SERVING UTILITY COMPANY
2. ALL PERMITS REQUIRED SHALL BE OBTAINED BY THE CONTRACTOR.
3. AFTER COMPLETION AND FINAL INSPECTION OF THE WORK, THE OWNER SHALL BE FURNISHED A CERTIFICATE OF COMPLETION AND APPROVAL.

TESTING

1. UPON COMPLETION OF THE INSTALLATION, OPERATE AND ADJUST ALL EQUIPMENT AND SYSTEMS TO MEET SPECIFIED PERFORMANCE REQUIREMENTS. ALL TESTING SHALL BE DONE BY QUALIFIED PERSONNEL.

GUARANTEE

1. IN ADDITION TO THE GUARANTEE OF THE EQUIPMENT BY THE MANUFACTURER, EACH PIECE OF EQUIPMENT SPECIFIED HEREIN SHALL ALSO BE GUARANTEED FOR DEFECTS OF MATERIAL OR WORKMANSHIP OCCURRING DURING A PERIOD OF ONE (1) YEAR FROM FINAL ACCEPTANCE OF THE WORK BY THE OWNER. WITHOUT EXPENSE TO THE OWNER ALL WARRANTEE CERTIFICATES & GUARANTEES FURNISHED BY THE MANUFACTURERS SHALL BE TURNED OVER TO THE OWNER.

CO-ORDINATION:

1. CONTRACTOR SHALL COORDINATE ALL WORK WITH THE POWER AND TELEPHONE COMPANIES AND SHALL COMPLY WITH ALL SERVICE REQUIREMENTS OF EACH UTILITY COMPANY.

EXAMINATION OF SITE

1. PRIOR TO BEGINNING WORK, THE CONTRACTOR SHALL VISIT THE SITE OF THE JOB AND SHALL FAMILIARIZE HIMSELF WITH ALL CONDITIONS AFFECTING THE PROPOSED ELECTRICAL INSTALLATION AND SHALL MAKE PROVISIONS AS TO THE COST THEREOF. FAILURE TO COMPLY WITH THE INTENT OF THIS PARAGRAPH WILL IN NO WAY RELIEVE THE CONTRACTOR OF PERFORMING ALL WORK NECESSARY FOR A COMPLETE AND WORKING SYSTEM OR SYSTEMS.

CUTTING, PATCHING AND EXCAVATION:

1. COORDINATION OF ALL SLEEVES, CHASES, ETC., WILL BE REQUIRED PRIOR TO THE CONSTRUCTION OF ANY PORTION OF THE WORK. ALL CUTTING AND PATCHING OF WALLS, PARTITIONS, FLOORS, AND CHASES IN CONCRETE, WOOD, STEEL OR MASONRY SHALL BE DONE AS PROVIDED ON THE DRAWINGS.
2. ALL NECESSARY EXCAVATIONS AND BACKFILLING INCIDENTAL TO THE WORK UNLESS SPECIFICALLY NOTED OTHERWISE ON THE DRAWING SHALL BE PROVIDED BY THIS CONTRACTOR.
3. SEAL ALL PENETRATION THROUGH WALL AND FLOORS WITH APPROVED GROUT.

EXTERIOR CONDUIT:

1. ALL EXPOSED CONDUIT SHALL BE NEATLY INSTALLED AND RUN PARALLEL OR PERPENDICULAR TO STRUCTURAL ELEMENTS. SUPPORTS AND MOUNTING HARDWARE SHALL BE HOT DIPPED GALVANIZED STEEL.

RACEWAYS

1. ALL CONDUCTORS SHALL BE INSTALLED IN CONDUIT. ALL CONDUIT SHALL BE RIGID STEEL, EMT OR SCH40 PVC AS INDICATED ON THE DRAWINGS.
2. WHERE INSTALLED ON EXTERIORS AND EXPOSED TO DAMAGE, ALL CONDUIT SHALL BE RIGID STEEL. ALUMINUM CONDUIT SHALL NOT BE ALLOWED.
3. CONCEALED CONDUIT IN WALLS OR INTERIOR SPACES ABOVE GRADE MAY BE EMT.
4. UNDERGROUND CONDUITS SHALL BE RIGID STEEL OR SCHEDULE 40 PVC AS INDICATED ON THE DRAWINGS.
5. ALL CONDUIT RUNS SHALL USE APPROVED COUPLINGS AND CONNECTORS. PROVIDE INSULATED BUSHING FOR ALL CONDUIT TERMINATIONS. ALL CONDUIT RUNS IN A WET LOCATION SHALL HAVE WATERPROOF FITTINGS.
6. PROVIDE SUPPORTS FOR ALL CONDUITS IN ACCORDANCE WITH NEC REQUIREMENTS. ALL CONDUITS SHALL BE SIZED AS REQUIRED BY NEC.
7. BURIAL DEPTH OF ALL CONDUITS SHALL BE AS REQUIRED BY CODE FOR EACH SPECIFIC CONDUIT TYPE AND APPLICATION.
8. CONDUIT ROUTES ARE SCHEMATIC. CONTRACTOR SHALL FIELD VERIFY BEFORE BID. COORDINATE ROUTE WITH WIRELESS CARRIER AND BUILDING OWNER.

EQUIPMENT:

1. ALL DISCONNECT SWITCHES SHALL BE SERVICE ENTRANCE RATED, HEAVY DUTY TYPE.
2. NEW CIRCUIT BREAKERS SHALL BE RATED TO WITHSTAND THE MAXIMUM AVAILABLE FAULT CURRENT AS DETERMINED BY THE LOCAL UTILITY. CONTRACTOR SHALL VERIFY MAXIMUM AVAILABLE FAULT CURRENT, AND COORDINATE INSTALLATION WITH THE LOCAL UTILITY BEFORE STARTING WORK.

CONDUCTORS

1. FURNISH AND INSTALL CONDUCTORS CALLED FOR IN THE DRAWINGS. ALL CONDUCTORS SHALL HAVE TYPE THWN (MIN) (75 DEGREE) INSULATION, RATED FOR 600 VOLTS.
2. ALL CONDUCTORS SHALL BE COPPER, THE USE OF ALUMINUM CONDUCTORS SHALL NOT BE ALLOWED. ALL CONDUCTORS SHALL BE UL LISTED AND SHALL BE PROVIDED AND INSTALLED AS FOLLOWS:
   A. MINIMUM WIRE SIZE SHALL BE #12 AWG.
   B. ALL CONDUCTORS SIZE #8 AND LARGER SHALL BE STRANDED. CONDUCTORS SIZED #10 AND SMALLER SHALL BE SOLID OR STRANDED.
   C. CONNECTION FOR #10 AWG AND SMALLER SHALL BE BY TWISTING TIGHT AND INSTALLING INSULATED PRESSURE OR WIRE NUT CONNECTIONS.
   D. CONNECTION FOR #8 AWG AND LARGER SHALL BE BY USE OF STEEL CRIMP–ON SLEEVES WITH NYLON INSULATOR.
3. ALL CONDUCTORS SHALL BE COLOR CODED IN ACCORDANCE WITH NEC STANDARDS.
4. THE RACEWAY SYSTEM SHALL BE COMPLETE BEFORE INSTALLING CONDUCTORS

PENETRATIONS:

1. CONTRACTOR SHALL COMPLY WITH UL PENETRATION DETAILS FOR PENETRATIONS OF ALL RATED WALLS, ROOF, ETC.

GROUNDING

1. ALL ELECTRICAL NEUTRALS, RACEWAYS AND NON–CURRENT CARRYING PARTS OF ELECTRICAL EQUIPMENT AND ASSOCIATED ENCLOSURES SHALL BE GROUNDED IN ACCORDANCE WITH NEC ARTICLE 250. THIS SHALL INCLUDE NEUTRAL CONDUCTORS, CONDUITS, SUPPORTS, CABINETS, BOXES, GROUND BUSSES, ETC. THE NEUTRAL CONDUCTOR FOR EACH SYSTEM SHALL BE GROUNDED BY ONE POINT ONLY.
2. PROVIDE GROUND CONDUCTOR IN ALL RACEWAYS.
3. PROVIDE BONDING AND GROUND TO MEET NFPA 780 – LIGHTNING PROTECTION AS A MINIMUM.
4. PROVIDE GROUNDING SYSTEM AS INDICATED ON THE DRAWINGS, AS REQUIRED BY THE NATIONAL ELECTRIC CODE AND RADIO EQUIPMENT MANUFACTURER.

ABBREVIATIONS AND LEGEND

A	– AMPERE	PVC	– SCH40 RIGID NON–METALLIC CONDUIT
AFG	– ABOVE FINISHED GRADE	RGS	– RIGID GALVANIZED STEEL CONDUIT
ATS	– AUTOMATIC TRANSFER SWITCH	SW	– SWITCH
AWG	– AMERICAN WIRE GAUGE	TGB	– TOWER GROUND BAR
BCW	– BARE COPPER WIRE	UL	– UNDERWRITERS LABORATORIES
BFG	– BELOW FINISHED GRADE	V	– VOLTAGE
BKR	– BREAKER	W	– WATTS
C	– CONDUIT	XFMR	– TRANSFORMER
CKT	– CIRCUIT	XMTR	– TRANSMITTER
DISC	– DISCONNECT		
EGR	– EXTERNAL GROUND RING		
EMT	– ELECTRIC METALLIC TUBING		
FSC	– FLEXIBLE STEEL CONDUIT		
GEN	– GENERATOR		
GPS	– GLOBAL POSITIONING SYSTEM		
GRD	– GROUND		
IGB	– ISOLATED GROUND BAR		
IGR	– INTERIOR GROUND RING (HALO)		
KW	– KILOWATTS		
NEC	– NATIONAL ELECTRIC CODE		
PCS	– PERSONAL COMMUNICATION SYSTEM		
PH	– PHASE		
PNL	– PANEL		
PNLBD	– PANELBOARD		

----E----	UNDERGROUND ELECTRICAL CONDUIT
----T----	UNDERGROUND TELEPHONE CONDUIT
	KILOWATT–HOUR METER
---------	UNDERGROUND BONDING AND GROUNDING CONDUCTOR.
⌀	GROUND ROD
●	CADWELD
⊠	GROUND ROD WITH INSPECTION WELL

PLANS PREPARED FOR:

alltel

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DRAWN BY: EBM | CHECKED BY: JRH

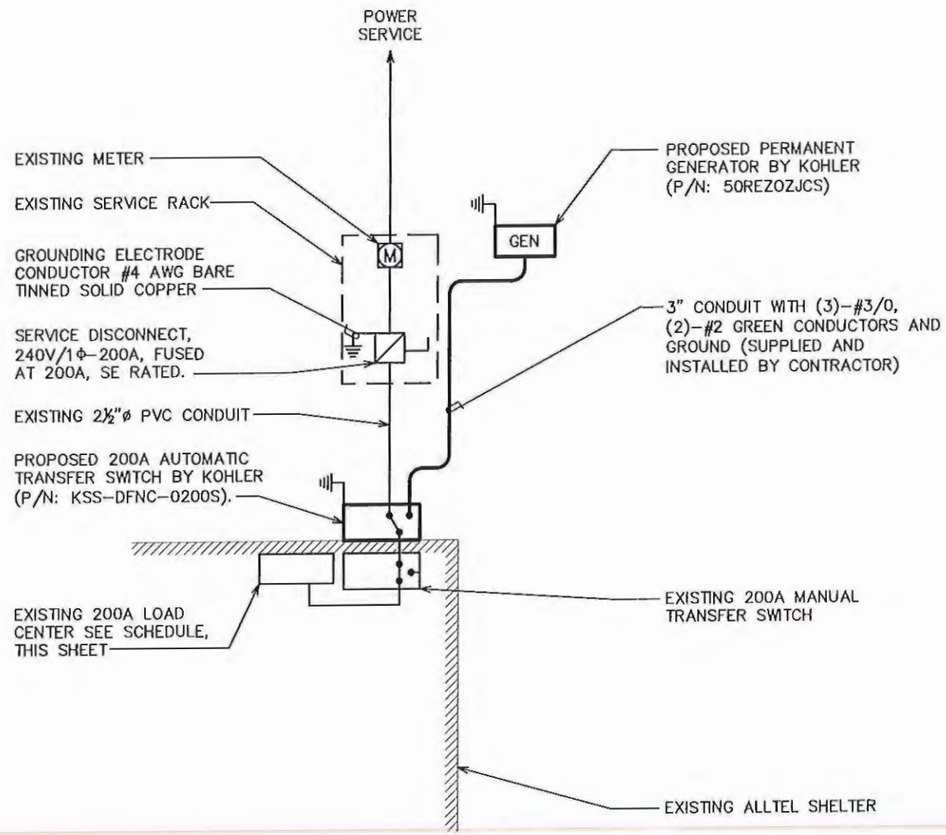
SHEET TITLE:

ELECTRICAL NOTES

SHEET NUMBER: **E-1**

REVISION: 1

TEP #: 091092



NOTES:

1. EXISTING ELECTRICAL SERVICE IS 200A, 240/120V, 1ø/3W.
2. EXISTING SERVICE ENTRANCE RATED FUSIBLE SERVICE DISCONNECT SWITCH (200A, 3W, 1ø, FUSED AT 200A)
3. FOR COMPLETE INTERNAL WIRING AND ARRANGEMENT OF SHELTER, REFER TO VENDOR PRINTS BY EQUIPMENT SHELTER MANUFACTURER.
4. ALL EXTERIOR PANELS TO BE NEMA 3 RATED.

ONE-LINE DIAGRAM

SCALE: N.T.S.

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DRAWN BY: EBM | CHECKED BY: JRH

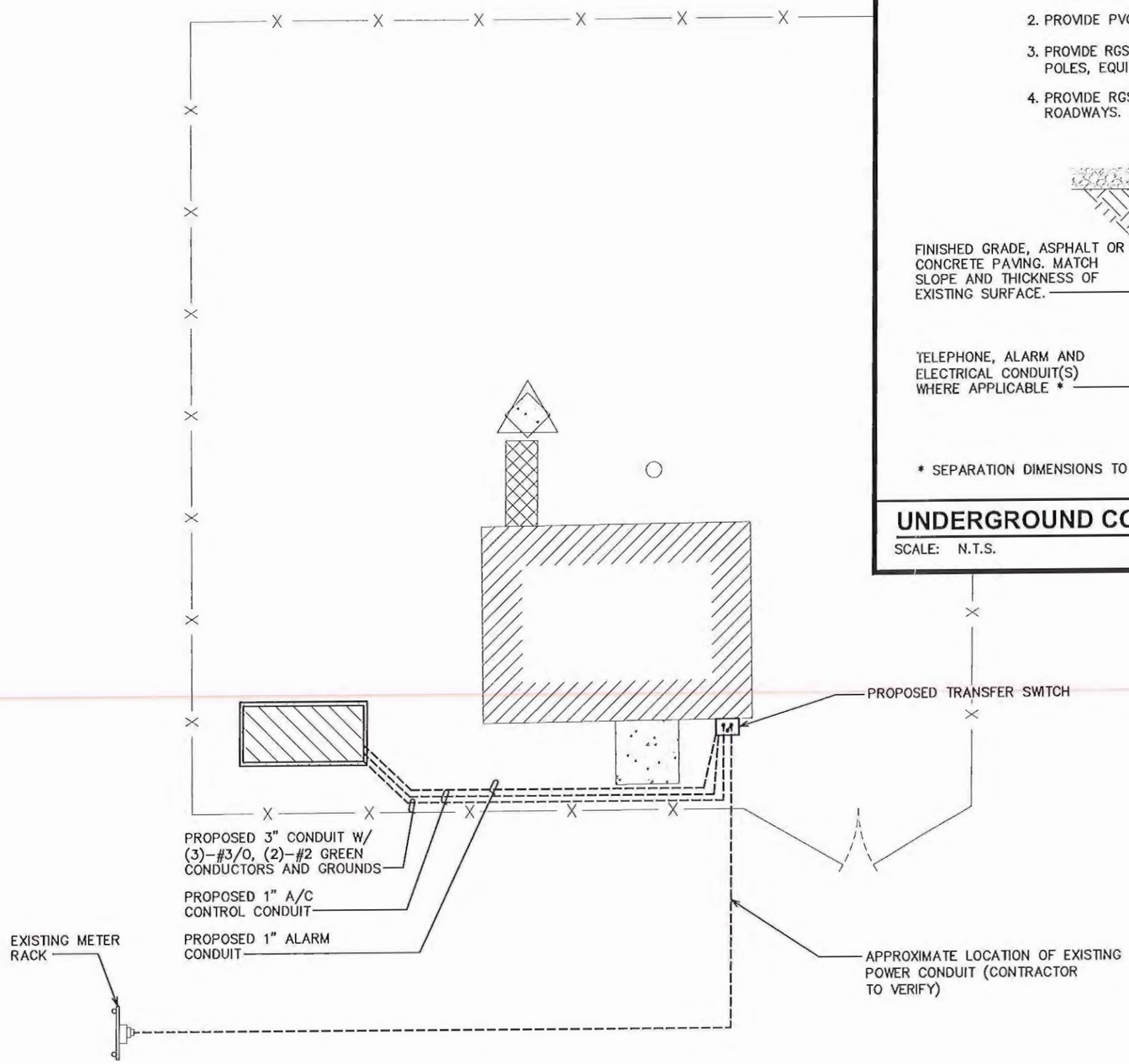
SHEET TITLE:

ONE-LINE DIAGRAM

SHEET NUMBER: **E-2**

REVISION: 1

TEP #: 091092

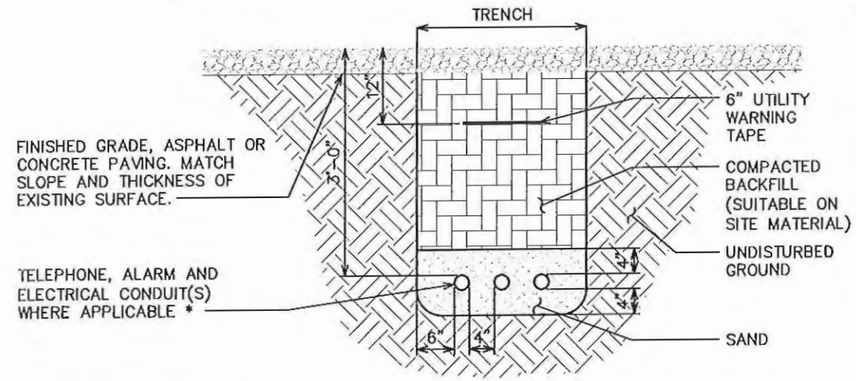


POWER PLAN

SCALE: N.T.S.

NOTES:

1. ACTUAL SEPARATION OF CONDUITS TO BE DETERMINED BY SITE SPECIFIC REQUIREMENTS.
2. PROVIDE PVC CONDUIT BEOLOW GRADE EXCEPT AS NOTED BELOW.
3. PROVIDE RGS CONDUIT AND ELBOWS AT STUB UP LOCATIONS (I.E. SERVICE POLES, EQUIPMENT, ETC.)
4. PROVIDE RGS CONDUIT FOR INSTALLATIONS BELOW PARKING LOTS AND ROADWAYS.



* SEPARATION DIMENSIONS TO BE VERIFIED WITH LOCAL UTILITY COMPANY REQUIREMENTS.

UNDERGROUND CONDUIT(S) TRENCH DETAIL

SCALE: N.T.S.

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DRAWN BY: TRG | CHECKED BY: JRH

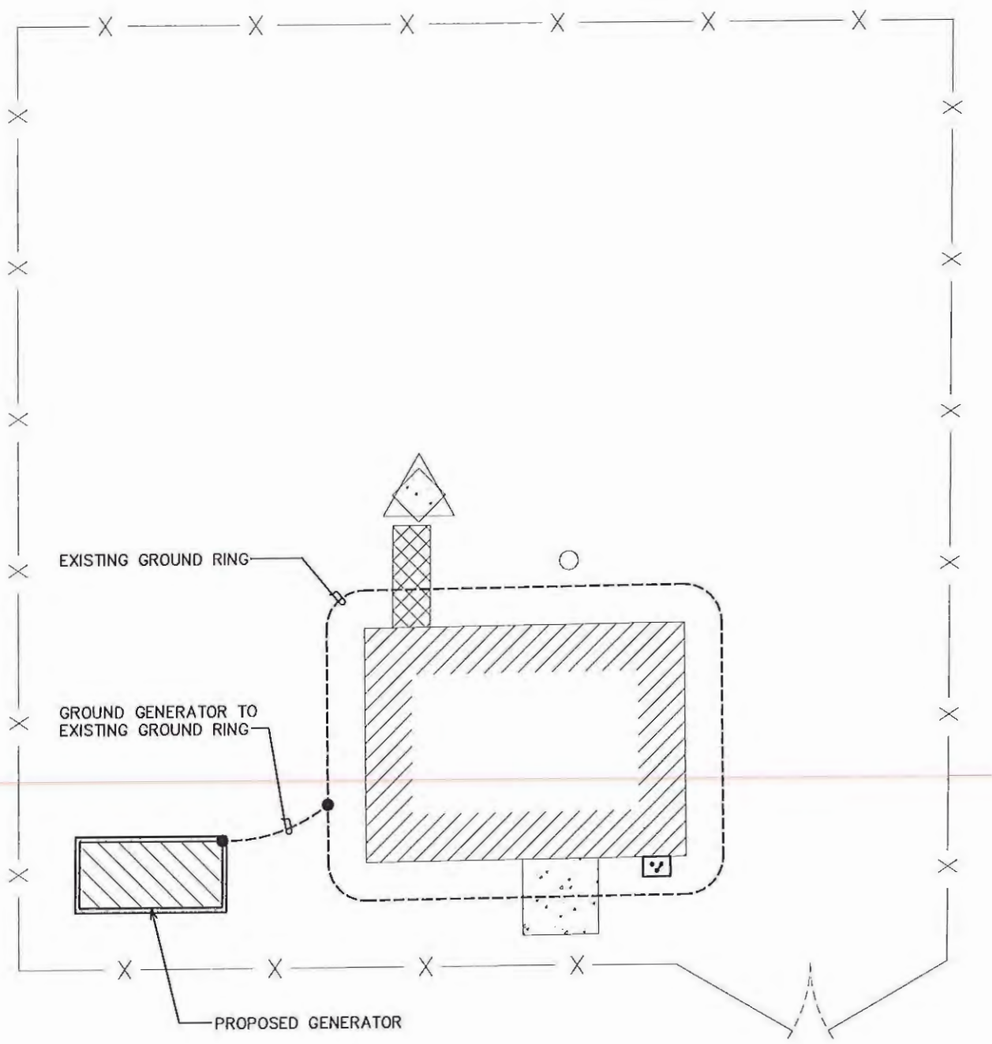
SHEET TITLE:

POWER PLAN

SHEET NUMBER: **E-3**

REVISION: 1

TEP #: 091092



TYPICAL GROUNDING PLAN

SCALE: N.T.S.

1. CONTRACTOR SHALL VERIFY THAT GROUNDING ELECTRODES SHALL BE CONNECTED IN A RING USING #2 AWG BARE TINNED COPPER WIRE. THE TOP OF THE GROUND RODS AND THE RING CONDUCTOR SHALL BE 30 INCHES BELOW FINISHED GRADE. GROUNDING ELECTRODES SHALL BE DRIVEN ON 10'–0" CENTERS. (MINIMUM; 15'–0" MAX, PROVIDE AND INSTALL AS REQUIRED PER PLAN BELOW).
2. BONDING OF THE GROUNDED CONDUCTOR (NEUTRAL) AND THE GROUNDING CONDUCTOR SHALL BE AT THE SERVICE DISCONNECTING MEANS. BONDING JUMPER SHALL BE INSTALLED PER N.E.C. ARTICLE 250–30.
3. GROUND RING CONNECTION CONDUCTORS SHALL BE OF EQUAL LENGTH, MATERIAL, AND BONDING TECHNIQUE.
4. CONTRACTOR SHALL ENSURE GROUND RING IS WITHIN 12 TO 36 INCHES OF THE EQUIPMENT PAD. PROVIDE/INSTALL GROUNDING CONNECTIONS SHOWN ABOVE AS NEEDED PER EXISTING SITE GROUNDING SYSTEM. CONTRACTOR SHALL VERIFY ALL EXISTING SITE GROUNDING CONDITIONS BEFORE STARTING WORK OR PURCHASING EQUIPMENT.
5. BONDING CONDUCTORS SHALL BE ROUTED THROUGH A ½" PVC CONDUIT SLEEVE RUN UNDER THE EQUIPMENT PAD. REFER TO EQUIPMENT BONDING CONDUCTOR ROUTING DETAIL.
6. CONTRACTOR SHALL VERIFY EXISTING GROUNDING BOND TO THE FENCE IN AT LEAST (2) OTHER PLACES IN ADDITION TO NEW CONNECTION SHOWN ABOVE. CONTRACTOR SHALL ALSO VERIFY EXISTING GROUNDING CONNECTION TO ACCESS GATE. PROVIDE AND INSTALL GROUNDING CONNECTIONS AS REQUIRED TO MEET THESE REQUIREMENTS.

GROUNDING NOTES

SCALE: N.T.S.

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DRAWN BY: TRG CHECKED BY: JRH

SHEET TITLE:

GROUNDING PLAN

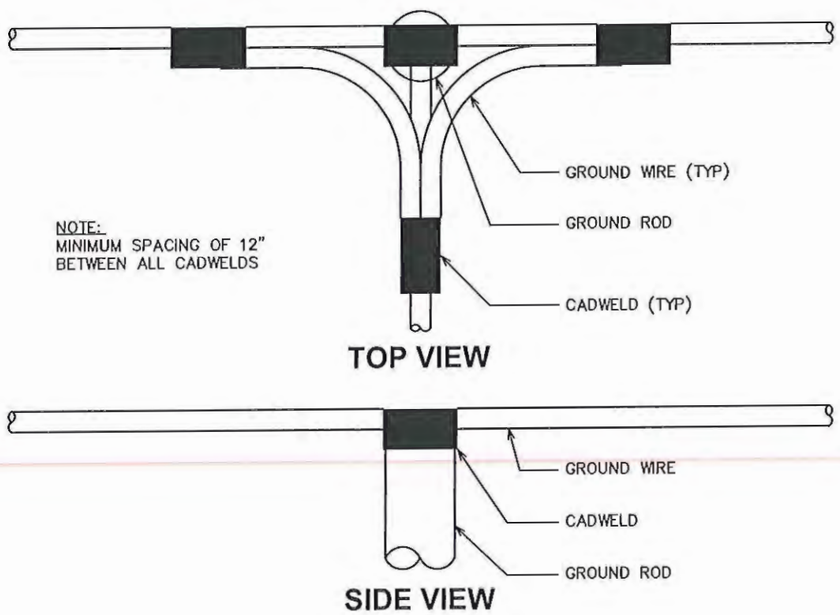
SHEET NUMBER: **E-4**

REVISION: 1

TEP #: 091092

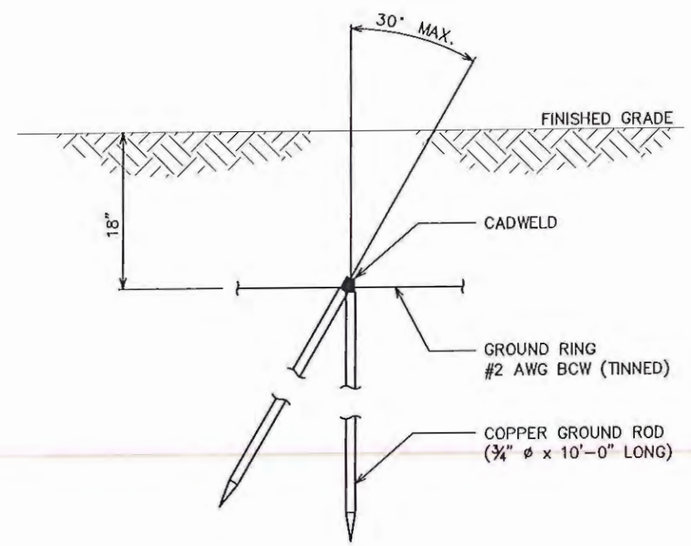
GROUNDING NOTES:

1. GROUNDING ELECTRODES SHALL BE CONNECTED IN A RING USING #2 SOLID COPPER WIRE. THE TOP OF THE GROUND RODS AND THE RING CONDUCTOR SHALL BE 30" (MIN) BELOW FINISHED GRADE.
2. BONDING OF THE GROUNDED CONDUCTOR (NEUTRAL) AND THE GROUNDING CONDUCTOR SHALL BE AT THE SERVICE DISCONNECTING MEANS. BONDING JUMPER SHALL BE INSTALLED PER N.E.C. ARTICLE 250.30.



CADWELD GROUNDING DETAIL

SCALE: N.T.S.



COPPER-CLAD STEEL GROUND ROD

SCALE: N.T.S.

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DRAWN BY: EBM | CHECKED BY: JRH

SHEET TITLE:

GROUNDING DETAILS

SHEET NUMBER: **E-5**

REVISION: 1

TEP #: 091092

UNION COUNTY Prop. No. 14-00-12-220
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
Cunningham Lane	Cunningham Estates 6			

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* _____

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

Beginning construction date May 12, 09
Completion construction date Jan 1, 10

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	$ 140,000

MOBILE HOME INFO:

Date MH was set-up:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories ..... 1 with basement
49. Total square feet of floor area, all floors, based on exterior dimensions 1650
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Siegelman	275 Lewis Hop Rd, Anna IL	62906	833-6445
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 J Siegelman		5-12-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gann	$ 290.00	5-12-09	09-34

Payment of #290.00 CK #1004 received by Union County Treasurer

Date 5/15/09

Bonny L. Dragan

05-12-03-163-B
LICK CREEK
05-12-03-163-A
Pt. -004
05-12-03-161
Pt. 09-13-200-002
CUNNINGHAM (PVT) LN
Pt. 09-13-226-006
Pt. 1
Pt. -001
14-00-12-215
Pt. 1
Pt. 09-12-476-001
Pt. 2
Pt. -002
14-00-12-216
Pt. 2
Pt. 09-12-476-002
Pt. 3
Pt. -003
14-00-12-217
02-07-00-713
Pt. 4
Pt. 09-13-226-005
Pt. 3
Pt. 09-12-476-003
14-00-12-218
Pt. 4
Pt. -005
05-13-03-165
05-13-03-164-A
Pt. -002
CUNNINGHAM (PVT) LN
Pt. -006
14-00-12-220
-002
02-18-00-920
05-13-03-165-A
05-13-03-164-B
Pt. -003
-001
14-00-12-222
226
14-00-12-219
-004
14-00-12-221
-003
837.98
126
.74
05-13-03-181
05-13-03-186
02-18-00-912-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 09-16-06-412

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

I. LOCATION OF BUILDING

Number and street: East of 4990 Old Cape Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S16 T13 R2W PT SW SNW 6.87ac

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 ..... $ 14,500.00

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 ..... $ 14,500.00

MOBILE HOME INFO:

Date MH was set-up:

Make Schult Size 27-52 Yr. Model 1999

Previous MH Owner Nature Conservancy

Previous MH Location

Current MH Owner Todd Griffin

Current MH Location

Current Land Owner Judith Smith

III. SELECTED 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. 1344

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	Todd Griffin	5050 old Cape Road Jonesboro IL	62952	833-7305
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: Todd Griffin | Address | Application date: 5-4-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gray	$ $39.00	5-4-09	09-33

Payment of $39.00 CK #3779 received by Union County Treasurer

Date 5/4/09

Barry L. Magee

09-08-06-338
09-09-06-340-Z
09-16-06-413-Z
09-17-06-416-Z
100
-002
09-16-06-412-C
4.60
-002
09-17-06-415
22.60
-001
09-16-06-412
6.00
-003
09-16-06-411
-006
09-16-06-413
09-16-06-412-B
-005
09-17-06-417
-004
09-17-06-414
-005
09-16-06-412-A
09-16-06-412-AL
-004
20.00
-007
L.H.
-003
09-17-06-415-A
-005
09-17-06-418-B
09-17-06-416-Z
-007
09-17-06-418-C
09-17-06-418-A2

UNION COUNTY Prop. No. 05-32-04-149-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 2682 Boyd Road | Subdivision or Addition: | Lot: | Block: | Census tract:

Legal Description: S32 T2-1W 43.03 AC N S E W from intersection of Boyd and Sadler Streets

NW SE ¼ N 100' SW NE

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

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

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 7000
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	$ 7000

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 with lean-to 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 ____

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories ____
49. Total square feet of floor area, all floors, based on exterior dimensions: Shed 12x28, Carport 28x28
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: 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	Glenn Beanland, Emily Beanland	P.O. Box 28 Anna, IL	62906	833-7452
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
Emily Beanland	2682 Boyd Rd P.O. Box 28 Anna, IL	4-30-09

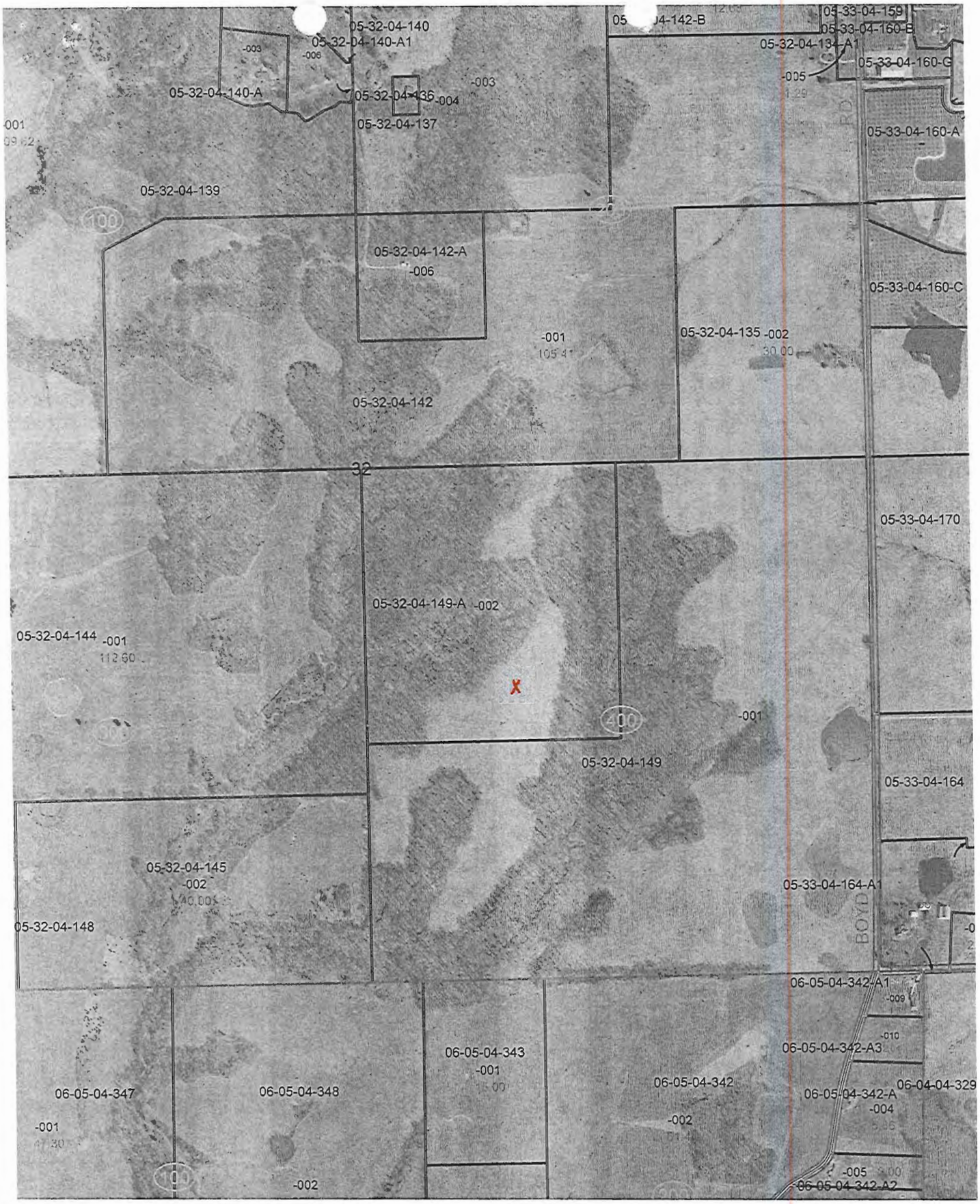
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Young	$ 28.00	4-30-09	09-32

Payment of $28.00 CK#1085 received by Union County Treasurer

Date 5/4/09

Barry L. Mayer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05-32-04-140-A1
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-006
05-32-04-140-A
05-32-04-136
-004
-003
05-32-04-137
05-32-04-139
05-32-04-142-B
05-33-04-159
05-33-04-160-B
05-32-04-134-A1
05-33-04-160-G
-005
05-33-04-160-A
05-32-04-142-A
-006
05-33-04-160-C
-001
05-32-04-135 -002
30.00
05-32-04-142
32
05-33-04-170
05-32-04-149-A -002
05-32-04-144 -001
112.60
-001
05-32-04-149
05-33-04-164
05-32-04-145
-002
05-33-04-164-A1
05-32-04-148
BOYD
06-05-04-342-A1
-009
-010
06-05-04-343
-001
06-05-04-342-A3
06-05-04-347
06-05-04-348
06-05-04-342
06-05-04-342-A
06-04-04-329
-004
-001
-002
-005
-002
06-05-04-342-A2

UNION COUNTY Prop. _ .
BUILDING PERMIT APPLICATION 08-25-06-170

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

I. LOCATION OF BUILDING

Number and street: 700 Williford Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S25 T12 R2W
PT LOT 5 3½W of RY 49 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: May 1
Completion construction date: June 1

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	$ 38,000.00
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	$ 38,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make: Size 28 X 48 Yr. Model 2009
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	Jimmie Courtright	P.O. 64 Jonesboro IL	62952	833-6280
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: Jimmie Courtright
Address:
Application date: 4-28-08

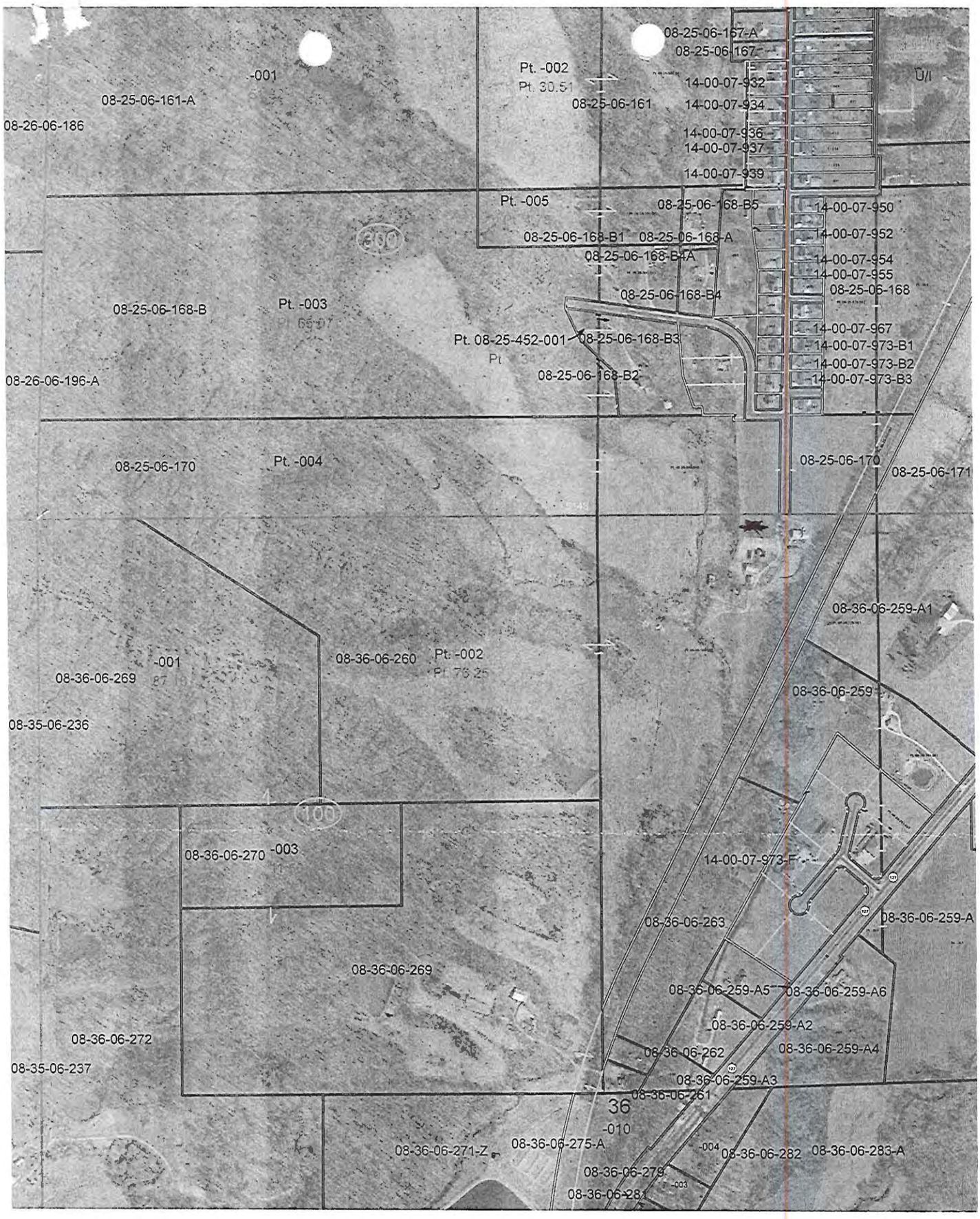
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Garry	$ 86.00	4-28-08	09-31

Payment of #86.00 CK #5134 received by Union County Treasurer

Date 5/4/09

Barry L. Mayer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Pt. 30.51
-001
08-25-06-161-A
08-26-06-186
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14-00-07-932
14-00-07-934
14-00-07-936
14-00-07-937
14-00-07-939
U/I
Pt. -005
08-25-06-168-B5
14-00-07-950
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14-00-07-954
14-00-07-955
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08-25-06-168-B1
08-25-06-168-A
08-25-06-168-B4A
08-25-06-168-B4
08-25-06-168-B
Pt. -003
Pt. 08-25-452-001
08-25-06-168-B3
08-25-06-168-B2
14-00-07-967
14-00-07-973-B1
14-00-07-973-B2
14-00-07-973-B3
08-26-06-196-A
08-25-06-170
Pt. -004
08-25-06-170
08-25-06-171
08-36-06-259-A1
-001
08-36-06-269
08-36-06-260
Pt. -002
Pt. 76.25
08-36-06-259
08-35-06-236
08-36-06-270
-003
14-00-07-973-F
08-36-06-263
08-36-06-259-A
08-36-06-269
08-36-06-259-A5
08-36-06-259-A6
08-36-06-259-A2
08-36-06-272
08-36-06-262
08-36-06-259-A4
08-35-06-237
08-36-06-259-A3
08-36-06-261
36
-010
08-36-06-271-Z
08-36-06-275-A
-004
08-36-06-282
08-36-06-283-A
08-36-06-279
-003
08-36-06-281

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-25-03-245-E

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

I. LOCATION OF BUILDING

Number and street: 95 Hess School Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: 6 25 12-W N PT NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] 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 ..... $ 25000

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 bldg with concrete floor

Beginning construction date April 21, 09

Completion construction date June 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 _____

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 ..... 40 X 60 2400
- 50. Total land area, sq. ft. .....

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Travis Beardsley Xiaoxia Beardsley	95 Hess School ~~Rd~~ Lane, Anna, IL 62906	62906	270-745-9706 618-534-7665
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
Travis Beardsley	95 Hess School Lane, Anna, IL	4-27-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Young	$ 60.00	4-27-09	09-30

Payment of $60.00 CK #1057 received by Union County Treasurer

Date 5/4/09

Bailey A. Maguire Treas.

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 08-23-06-007-A

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

I. LOCATION OF BUILDING

Number and street: 405 Berryville Rd
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: S23 T12 R2W PT SE-SE 1.90
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 $1,350.00

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 $1,350.00

MOBILE HOME INFO:
Date MH was set-up:
Make Size 12 X 60 Yr. Model 70's
Previous MH Owner Rodney Wright
Previous MH Location Berryville Rd.
Current MH Owner
Current MH Location
Current Land Owner LeAnn Smith

III. SELECTED 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 [x] No

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Little Joe Smith	405 Berryville Rd Jonesboro	62952	8
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant: Joe J. Smith
Address:
Application date: 4-27-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Debra Farmer	$ 12.70	4-27-09	09-29

Payment of $12.70 Cash received by Union County Treasurer

Date 5/4/09

Betty J. Magers
mg.

-003
05-23-03-802
05-24-03-826
05-24-03-827
-010
05-24-03-827-B1
-011
.58
05-23-03-811-A
05-24-03-825-A
05-24-03-825
LN.
-012
10.9
05-25-03-845-E
05-25-03-845
-013
6.78
05-25-03-845-D
05-26-03-861
937.43
937.43
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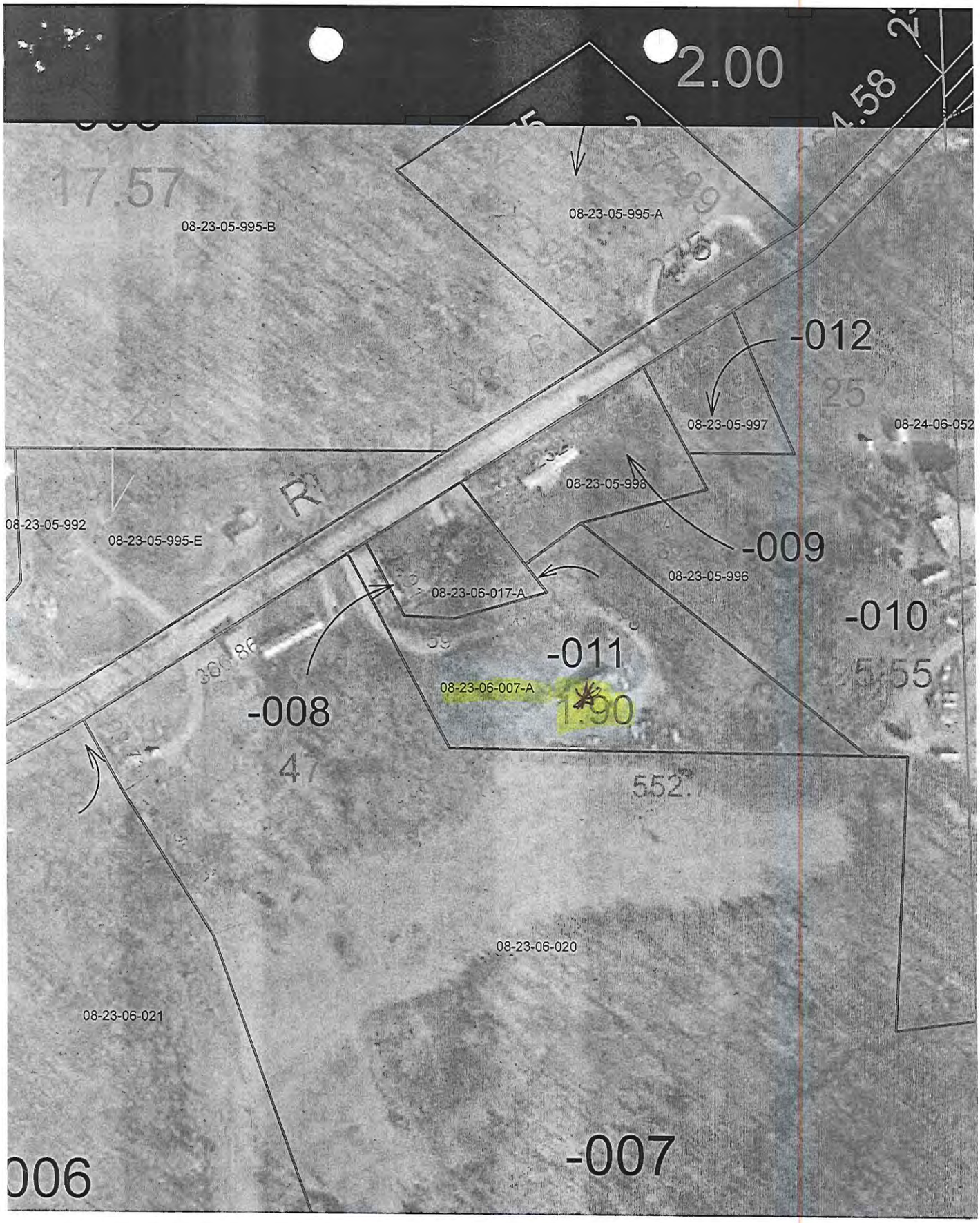
05-26-03-865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08-23-05-998
08-23-05-992
08-23-05-995-E
-009
08-23-05-996
08-23-06-017-A
-010
-011
08-23-06-007-A
1.90
-008
552.7
08-23-06-020
08-23-06-021
-007
006

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 07-24-05-522

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

I. LOCATION OF BUILDING

Number and street: 1145 Baker Hill Rd. Cobden

Subdivision or Addition:

Lot: 12 | Block: | Census track:

Legal Description: S 24 T11 R2W PT NW SE S of SKYLINE DR E½ Parcell 11 & Parcels 12, & 13

N (S) E W from intersection of Baker Hill Road and Skyline Drive 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 4/23/09

Completion construction date 7/3/09

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	$ 5,000
To be installed but not included in the above cost	
a. Electrical	1,000
b. Plumbing	3,000
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 9,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | 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 Cores with ¾" rebar with 6 bag mix Concrete

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

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 252
- 50. Total land area, sq. ft. .....

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dennis Connolly	1145 Baker Hill Road Cobden Illinois	62920	618 893-1771
2. Contractor or Builder	Dennis Connolly		3316	
3. Architect	Associate Degree SIU			

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

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
Dennis R. Connolly	1145 Baker Hill Rd. Cobden	4/22/09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Harris	$ 28.00	4-21	09-28

Payment of $28.00 CK #3455 received by Union County Treasurer

Date 5/4/09

Betty A. Magner

07-24-05-524
214D3
07-24-05-527
692F
214C2
834F
DR.
2
07-24-05-521-Z
07-24-05-522-Z
TRACT 9
TRACT 10
TRACT 11
TRACT 12
TRACT 13
-007
-008
-009
-010
-011
07-24-05-522-E
99G
07-24-05-522
977F
692F
07-24-05-518-B
07-24-05-518-A
07-24-05-525
940D2

UNION COUNTY Prop. No. 11-05-06-851-B
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 7795 Ware-Wolf Lake Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: 55 12-3W PT NE 7.35 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 [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* Grain Bin 6 ring 30' diameter
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	$ 25,000

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

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

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] 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	Randy Lambkin	3985 Ware-Wolf Lake Rd Wolf Lake IL	62998	618-833-3685
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: Randall Lambkin
Address
Application date: 4-20-09

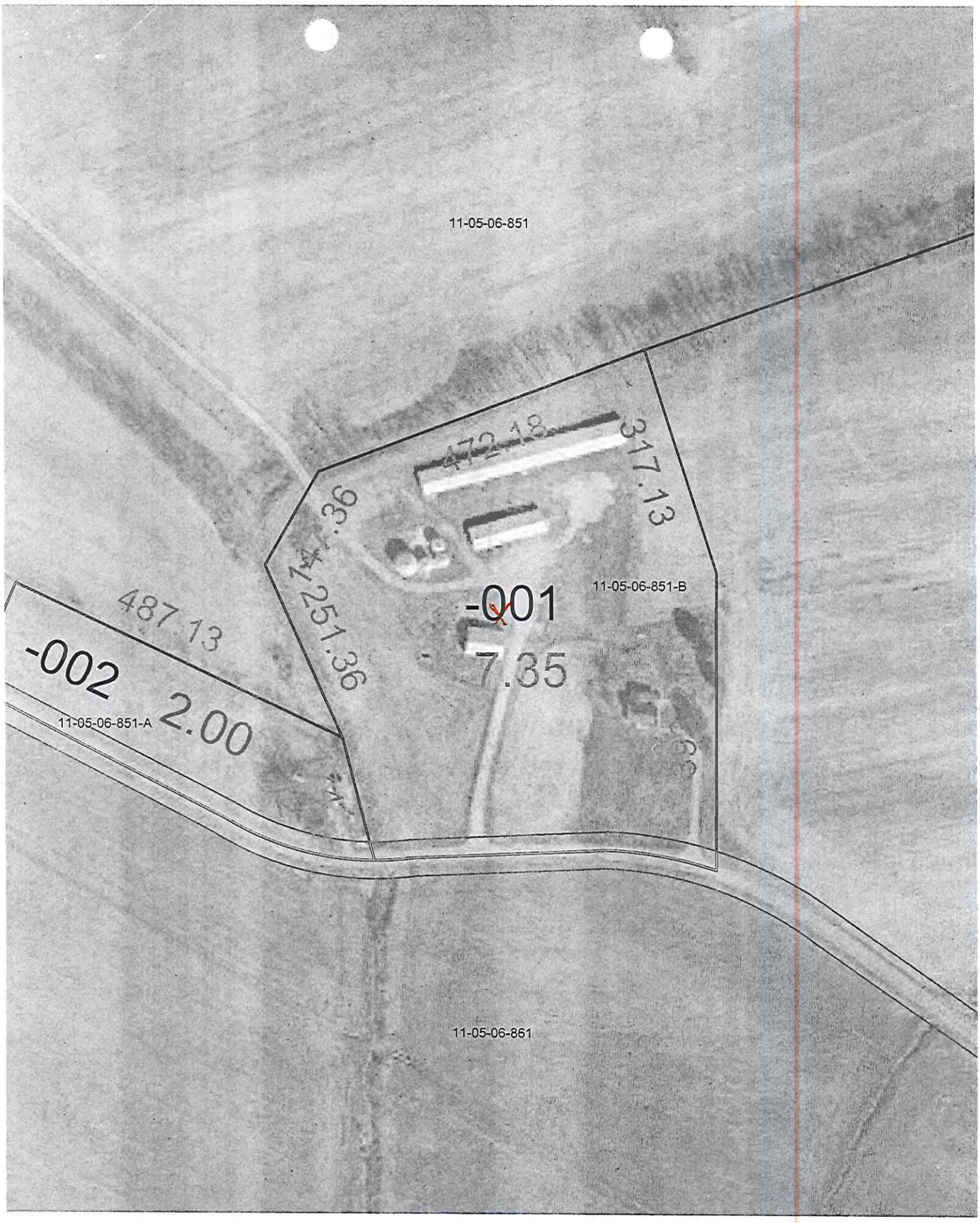
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 60.00	4-20-09	09-27

Payment of $60.00 CK # 8836 received by Union County Treasurer

Date 5/4/09

Beverly Mayne
mg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-001
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487.13
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2.00
11-05-06-851-A
11-05-06-861

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Randy Lambdin - Lambdin Farms

Address: 3985 Ware - Wolf Lake Rd.

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 618-833-3625 (work) _____

Address of subject property (if different from above):

7795 Ware - Wolf Lake Road
Wolf Lake, IL 62998

Parcel (tax) Identification Number 11-05-06-851-B

Legal Description: NE 1/4, Sec. 5, T12S, R3W, 3rd P.M.

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

Floodplain Map Panel Number: 17181C0050C

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. N/A 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 X
   a. Farm storage (machinery or equipment) _____
   b. Grain bin X
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no
2. Is the building constructed with flood resistant materials:
   yes no
3. Are all incoming electrical lines above the base flood elevation?
   yes no
4. Are the main electrical switch boxes above the base flood elevation?
   yes no
5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no
6. Is the building used only for parking or limited storage?
   yes no
7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site 364.19
2. Lowest floor elevation (including basement) of proposed structure 346.0 *

* Taken 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:

Entire farming operation located within the 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:

see A. above

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.

Grain bin construction will not cause increased flood heights.

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

Applicant will remove grain and vacate when flood threatens.

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.).

see D. above

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Kevin Grammer 4-22-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The _____ County Variance Board at the _____, 20__ meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

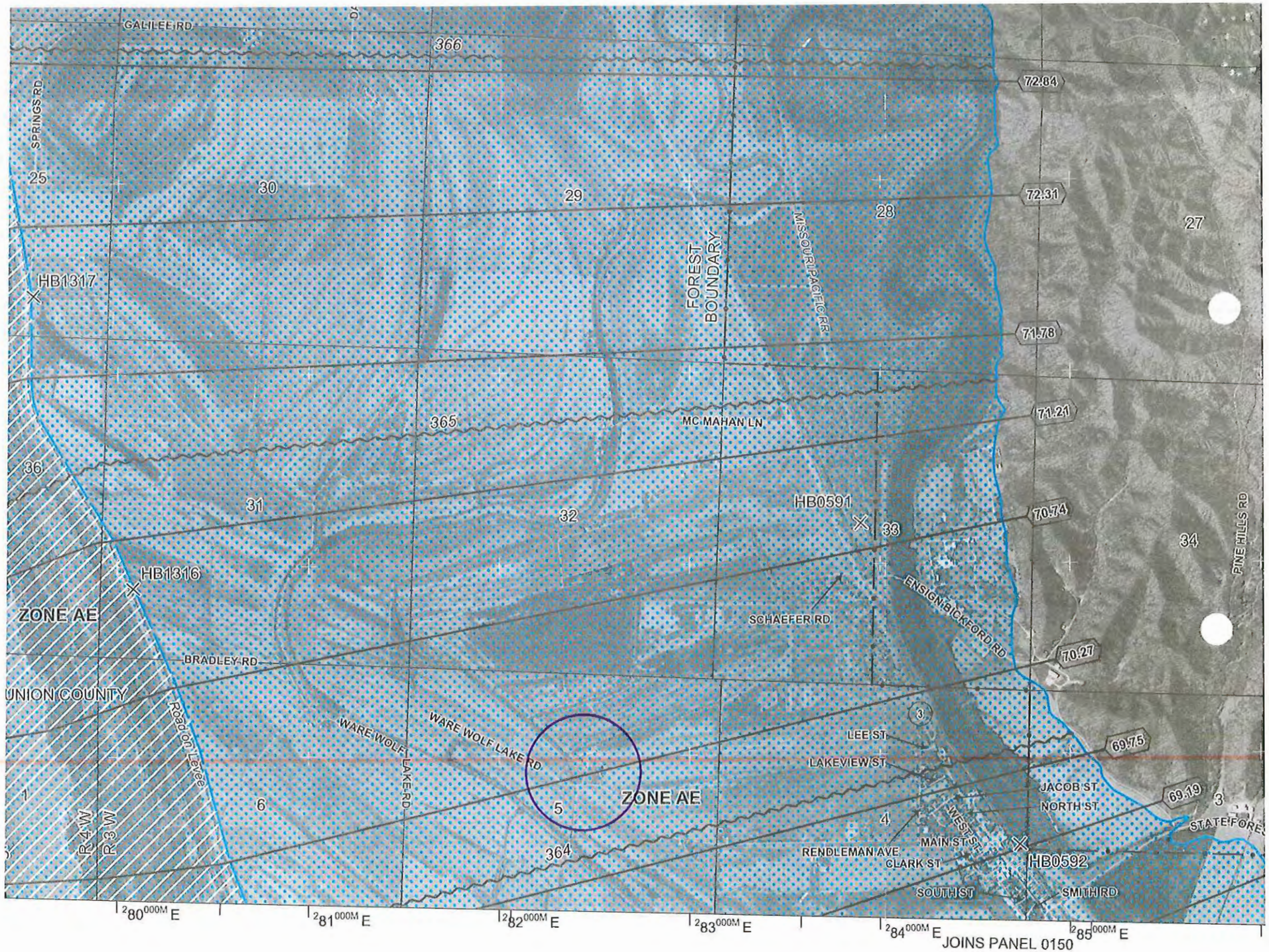
1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

Randell Tuttle 4-22-09
Grantee Date

Kevin Grammer 4-05-09
Chairman-Variance Board Date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69.75
69.19
HB1317
FOREST BOUNDARY
MISSOURI PACIFIC RR
MC MAHAN LN
365
36
31
32
33
34
HB0591
HB1316
ZONE AE
SCHAEFER RD
ENSIGN BICKFORD RD
PINE HILLS RD
BRADLEY RD
UNION COUNTY
WARE WOLF LAKE RD
WARE WOLF LAKE RD
Road on Levee
LEE ST
LAKEVIEW ST
JACOB ST
NORTH ST
STATE FORES
ZONE AE
6
5
4
3
364
R 4 W
R 3 W
RENDLEMAN AVE
MAIN ST
WEST ST
CLARK ST
HB0592
SOUTH ST
SMITH RD
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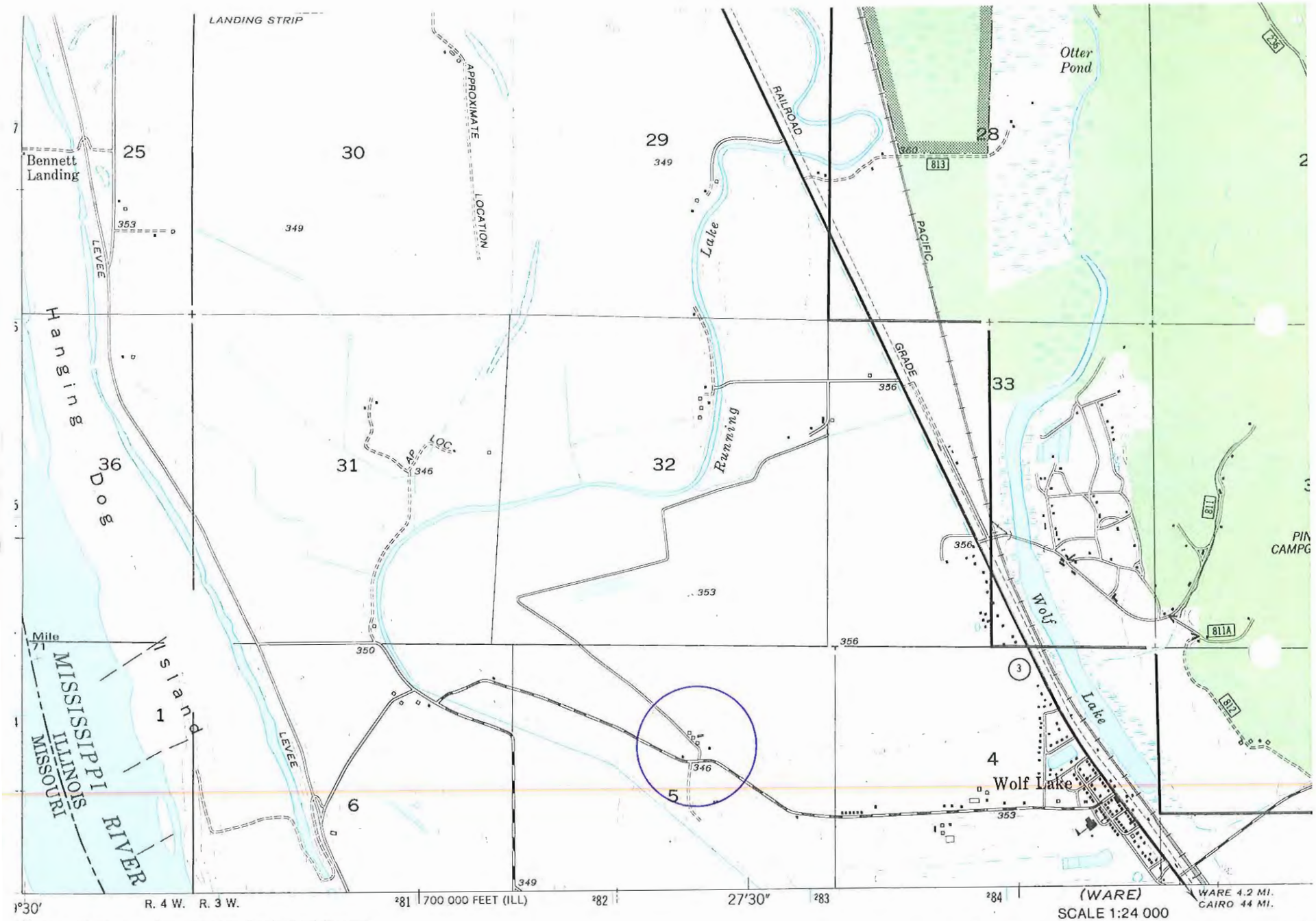
JOINS PANEL 0150



Base map prepared by the U.S. Geological Survey

Control by USGS, NOS/NOAA, and USCE

Topography from aerial photographs by multiplex methods and by plane-table surveys 1947
Aerial photographs taken 1946

GN MN

SCALE 1:24 000

1000 0 1000 2000 3000 4000 5000 FE

CONTOUR INTERVAL 20 FEET

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-32-02-818

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

I. LOCATION OF BUILDING

Number and street: 955 Vinco Rd

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

Legal Description: S. 32 11-1W S½ SW NE 6.86

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

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

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 12,000

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 only pt of bldg.
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 Christ	955 Vinco Rd. Cobden IL	62920	893-4967
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant: [signature] | Address: | Application date: 4-20-09

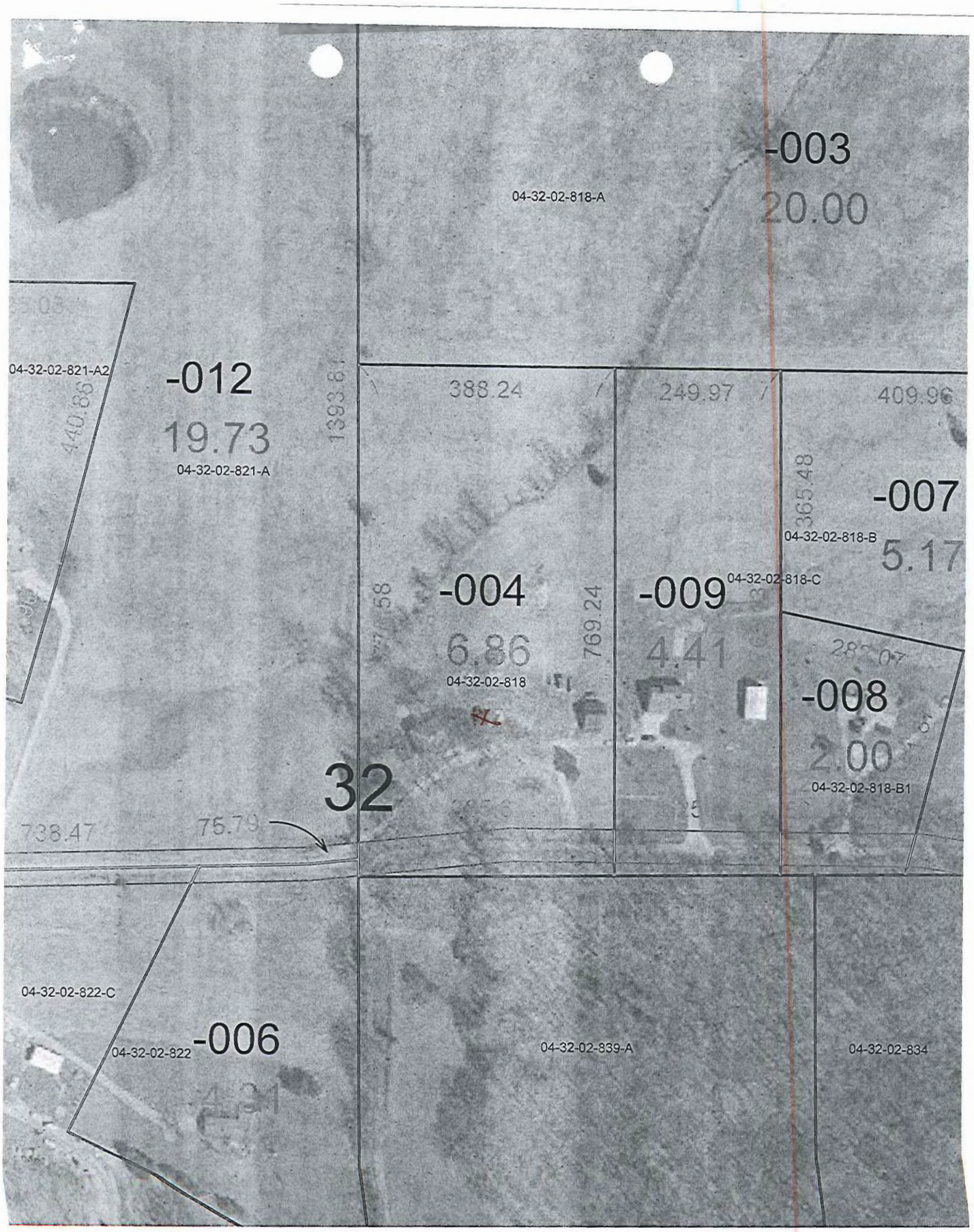
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 34.00	4-20-09	09-24

Payment of $34.00 CK #2321 received by Union County Treasurer

Date 5/4/09

[signature] Mgr.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04-32-02-818-C
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04-32-02-834

HB0666
20
21
22
ZONE X
Drury Creek
HB0668
WRIGHTS CROSSING RD
KERR CANYON RD
ZONE A
HB0667
Village of Cobden
171345
WILLIAMS RIDGE LN
BAINBRIDGE ST
29
BELL HILL RD
28
27
FOREST BOUNDARY
Union County
Unincorporated Areas
170656
ZONE X
VILLAGE OF COBDEN
UNION COUNTY
8
WING HILL RD
BRUMLEVE RD
SHORT RD
ZONE A
JOHN RICH SCHOOL RD
VINES RD
32
33
34
CERNY LN
HUGHEY LN
51
WIEDLOCHER RD
ZONE X
BAGGOTT LN
HABBIN RIDGE LN
CASPER CHURCH RD
SPANISH BLUFF RD
5
4
3
Cache River
NUBBIN RIDGE RD
Union County
Unincorporated Areas
170656
RUSSELL LN
ZONE A
Cache River
302000M E
303000M E
304000M E
305000M E
306000M E
JOINS

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-27-03-910

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: Sect 27 T 12 R 1 W

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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* Pole Barn

Beginning construction date _____
Completion construction date _____

Beginning construction date 4-09
Completion construction date 6-09

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 25,000

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED 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

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. 50X100

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 Moreland	185 Sadler Rd Anna, Ill.	62906	618-833-2753
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
		4-20-09

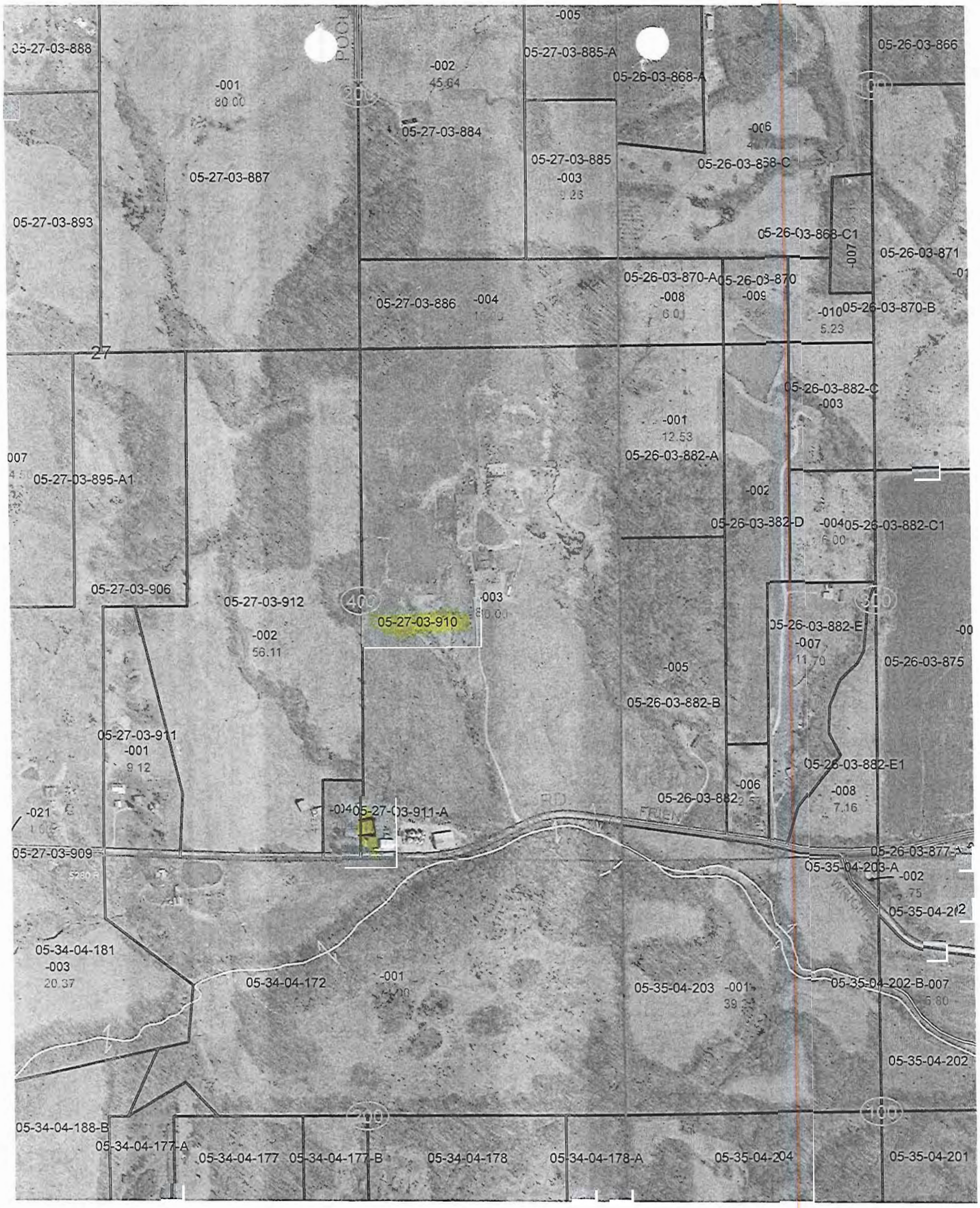
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hun	$ 60.00	4-20-09	09-25

Payment of $60.00 CK# 7854 received by Union County Treasurer

Date 5/4/09

Barry A. Mayne
Treas.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05-27-03-910
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05-26-03-882-B
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-001
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-008
7.16
-006
05-26-03-882
-004
05-27-03-911-A
-021
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-001
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-001
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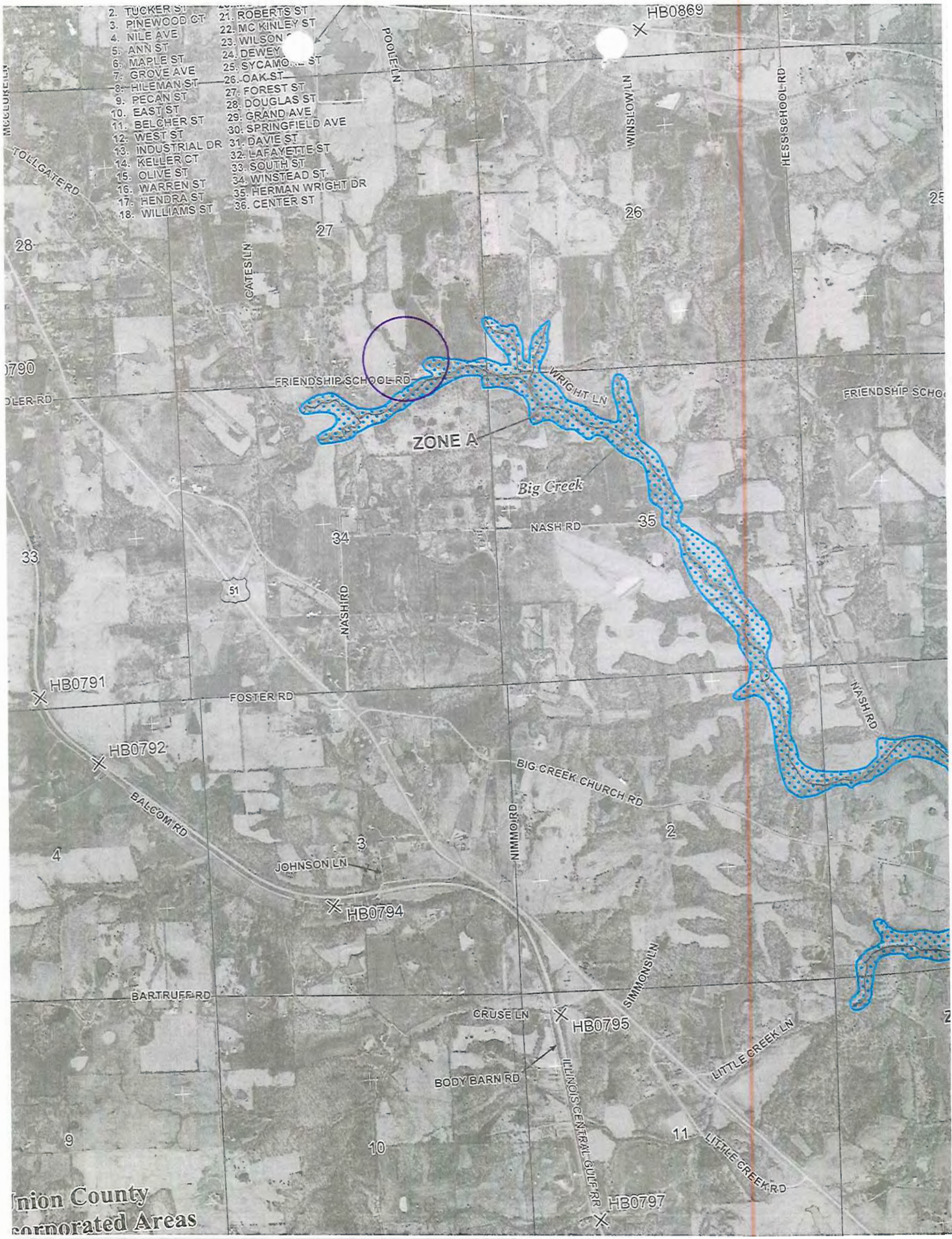

2. TUCKER ST
3. PINEWOOD CT
4. NILE AVE
5. ANN ST
6. MAPLE ST
7. GROVE AVE
8. HILEMAN ST
9. PECAN ST
10. EAST ST
11. BELCHER ST
12. WEST ST
13. INDUSTRIAL DR
14. KELLER CT
15. OLIVE ST
16. WARREN ST
17. HENDRA ST
18. WILLIAMS ST
21. ROBERTS ST
22. MC KINLEY ST
23. WILSON
24. DEWEY
25. SYCAMO ST
26. OAK ST
27. FOREST ST
28. DOUGLAS ST
29. GRAND AVE
30. SPRINGFIELD AVE
31. DAVIE ST
32. LAFAYETTE ST
33. SOUTH ST
34. WINSTEAD ST
35. HERMAN WRIGHT DR
36. CENTER ST
HB0869
POOLE LN
WINSLOW LN
HESS SCHOOL RD
TOLLGATE RD
GATES LN
FRIENDSHIP SCHOOL RD
WRIGHT LN
FRIENDSHIP SCHO
ZONE A
Big Creek
NASH RD
NASH RD
51
HB0791
FOSTER RD
HB0792
BIG CREEK CHURCH RD
BALCOM RD
NIMMO RD
JOHNSON LN
HB0794
SIMMONS LN
BARTRUFF RD
CRUSE LN
HB0795
LITTLE CREEK LN
BODY BARN RD
ILLINOIS CENTRAL GULF RR
LITTLE CREEK RD
HB0797
Union County
Incorporated Areas

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-18-00-187

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

I. LOCATION OF BUILDING

Number and street: 1795 Buffalo Gap

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 18 T11 R1E W1/2 NE, SE NW W1/2 NW, SE NE, NW SE E1/2 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 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date _____
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 ..... $ 8550.00

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 ..... $ 8,550.00

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] 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. ..... 30 X 50

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	Dillow, Darrell	1795 Buffalo Gap 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: Darrell Dillow | Address: 1795 Buffalo Gap Rd. | Application date: 4-17-09

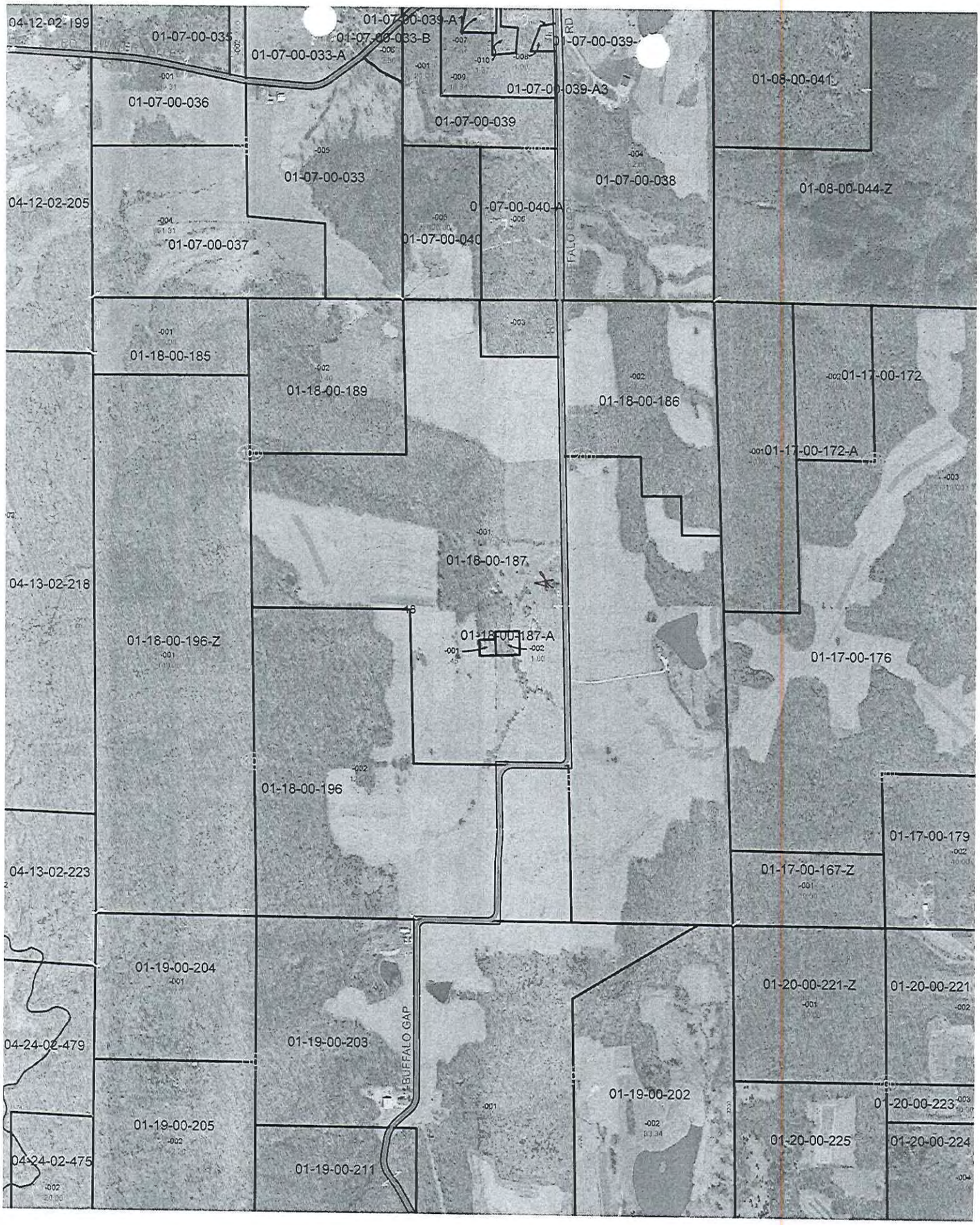
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hann	$ 17.00	4-17-09	09-24

Payment of $1700 CK #8085 received by Union County Treasurer

Date 4/30/09

Barry L. Mann
Neg.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01-20-00-225
01-20-00-224
04-24-02-475
01-19-00-211

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-19-04-592

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

I. LOCATION OF BUILDING

Number and street: 670 Jonesboro Quarry Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S19 T13 R1W WPT N1/2 NE PT SW NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
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	$ 12,000
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	$ 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 [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. ..... 24'X50'

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	Ronald Ellis Ronald Ellis	670 Jonesboro Quarry Rd Alpha	62906	833-6884
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 4-16-09

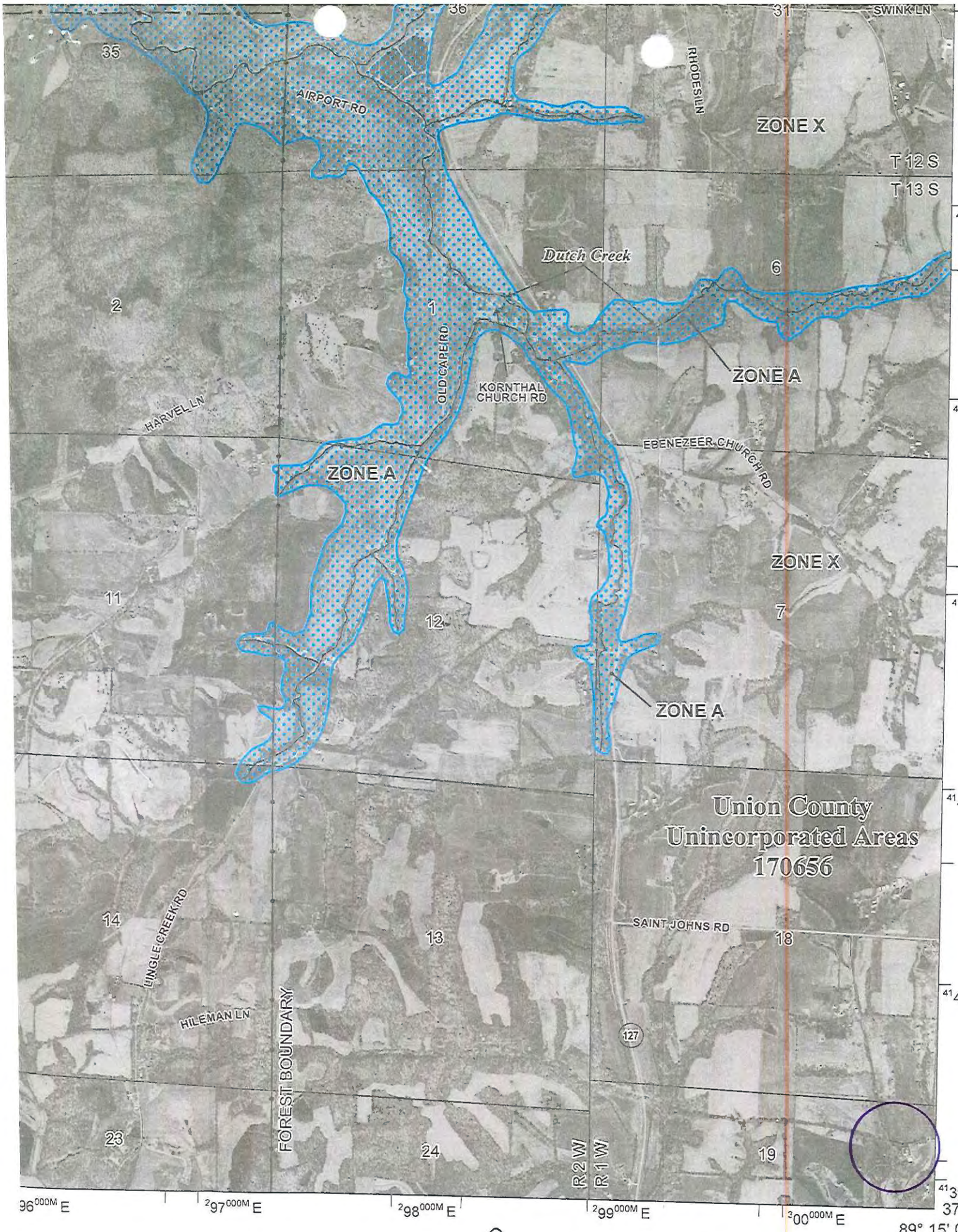
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hamm	$ 34.00	4-16-09	09-23

Payment of $34.00 CK # 9838 received by Union County Treasurer

Date 4/30/09

Barry L. Mayer
Mg.



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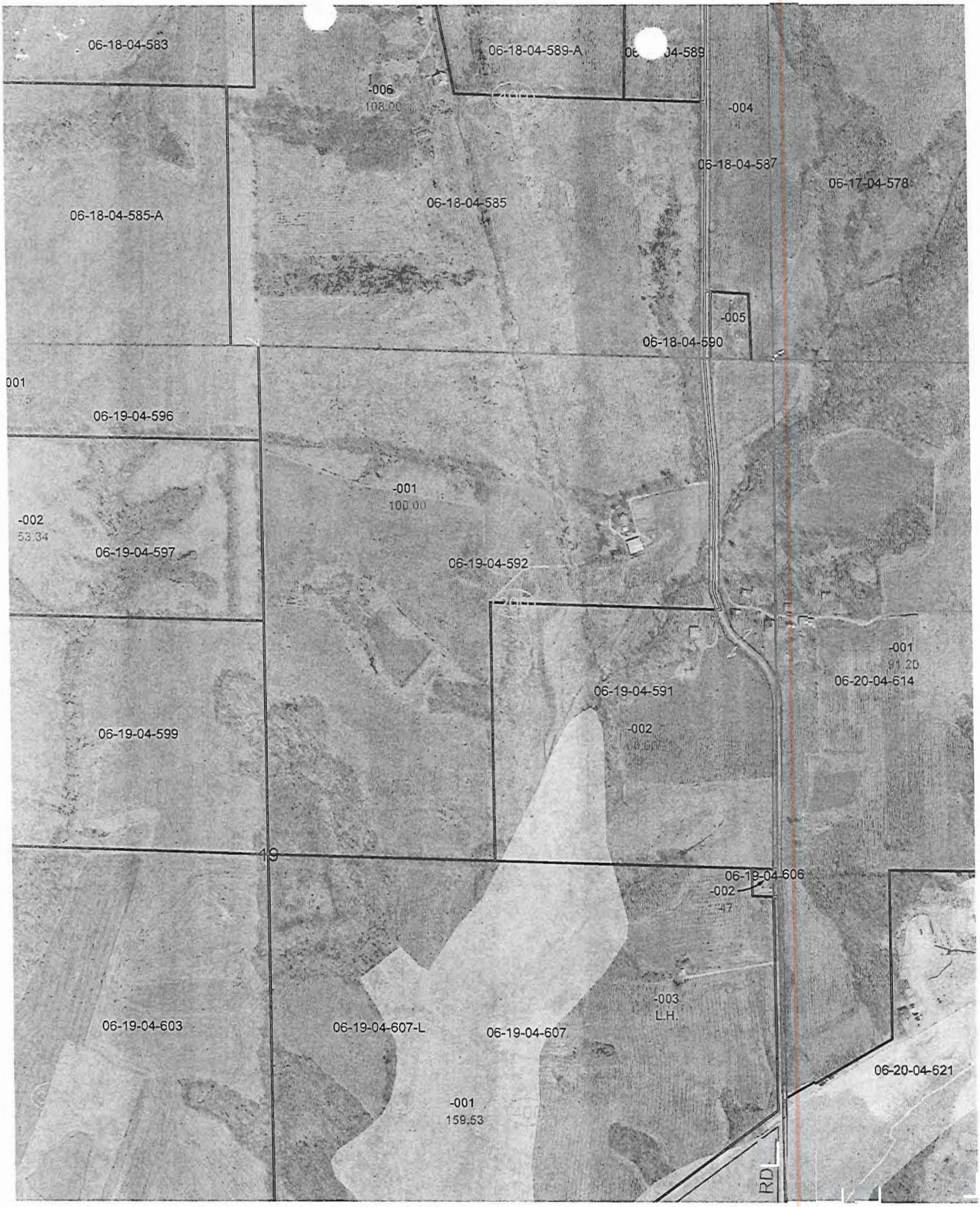
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RD

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-23-01-015

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

I. LOCATION OF BUILDING

Number and street: 1585 MT Pleasant Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S23 T12 R1E N S E W NW of Rd

1585 MT PLEASANT RD NW NW A NE NW from Intersection of _____ and _____ Streets

Buncombe IL 62912 48.07 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 4-17-09

Completion construction date 4-30-09

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	$ 21,000.00
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	$ 21,000.00

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 [ ] 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 1792
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	Jim Moreland	2028 Herbert St. Murphysboro IL	62966	924-3387
2. Contractor or Builder	Shawn Hileman	P.O. Box 901 Jonesboro IL	62952	833-7039
3. Architect				

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

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

Signature of applicant	Address	Application date
Jim Moreland	2028 Herbert St. Murphysboro IL 62966	4-13-09

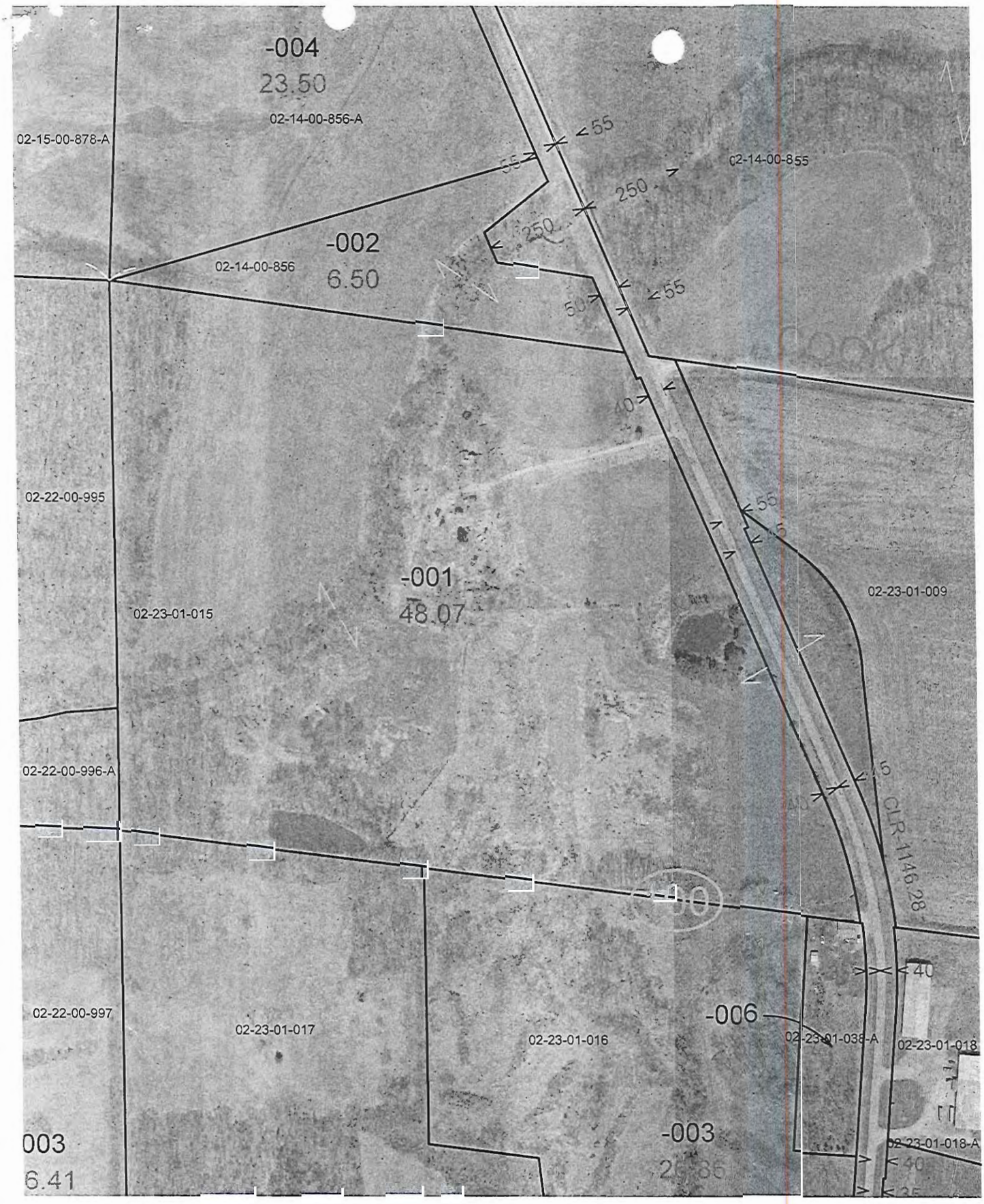
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stam	$ 52.00	4-14-09	09-22

Payment of $52.00 CK# 1237 received by Union County Treasurer

Date 4/30/09

Barry L. Magee mg.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02-23-01-015
02-23-01-009
02-22-00-996-A
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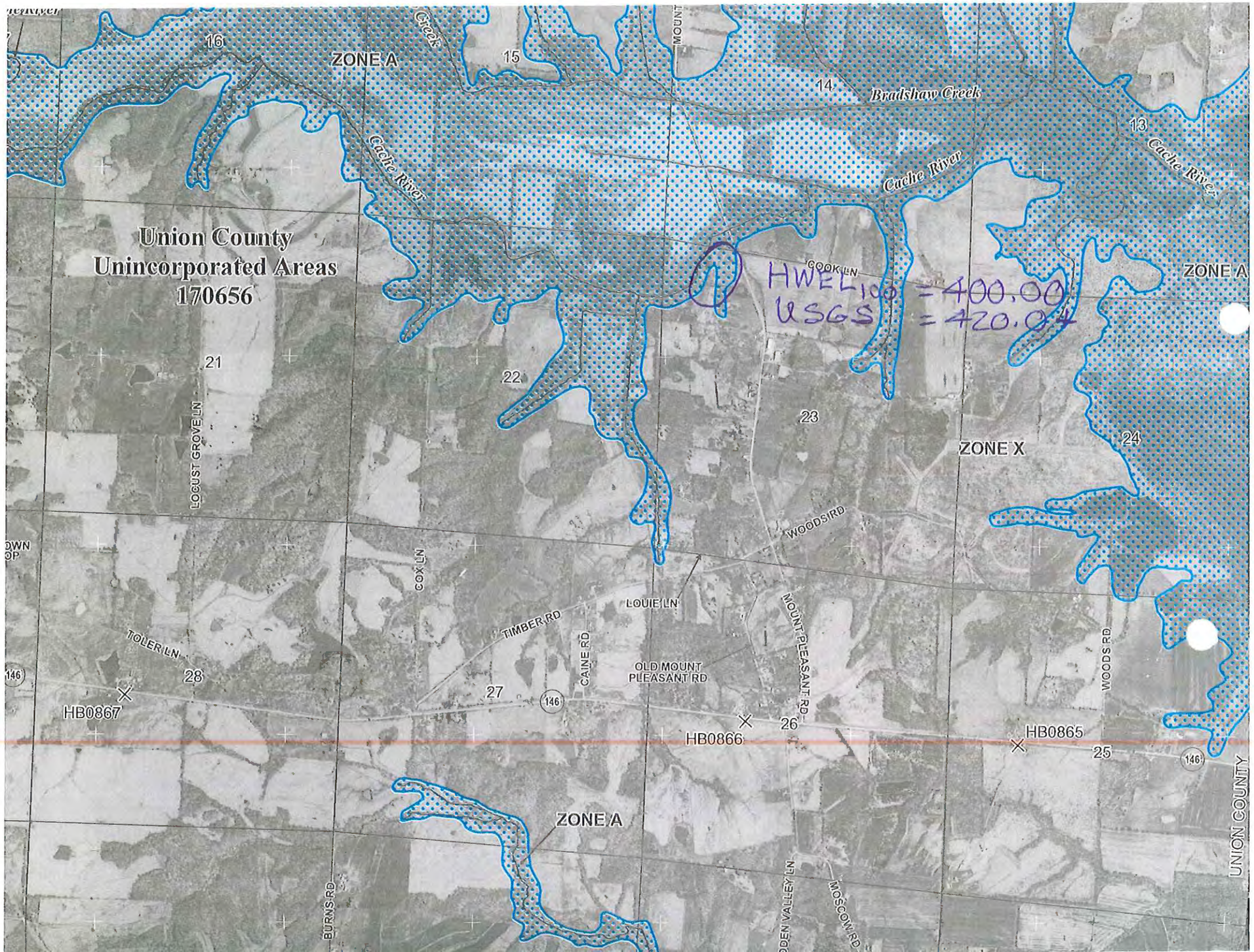
Union County
Unincorporated Areas
170656
ZONE A
ZONE X
Bradshaw Creek
Cache River
Creek
MOUNT
COOK LN
HWEL100 = 400.00
USGS = 420.04
LOCUST GROVE LN
COX LN
WOODS RD
LOUIE LN
TIMBER RD
TOLER LN
CAINE RD
OLD MOUNT PLEASANT RD
MOUNT PLEASANT RD
BURNS RD
MOSCOW RD
UNION COUNTY
HB0867
HB0866
HB0865
146
13
14
15
16
21
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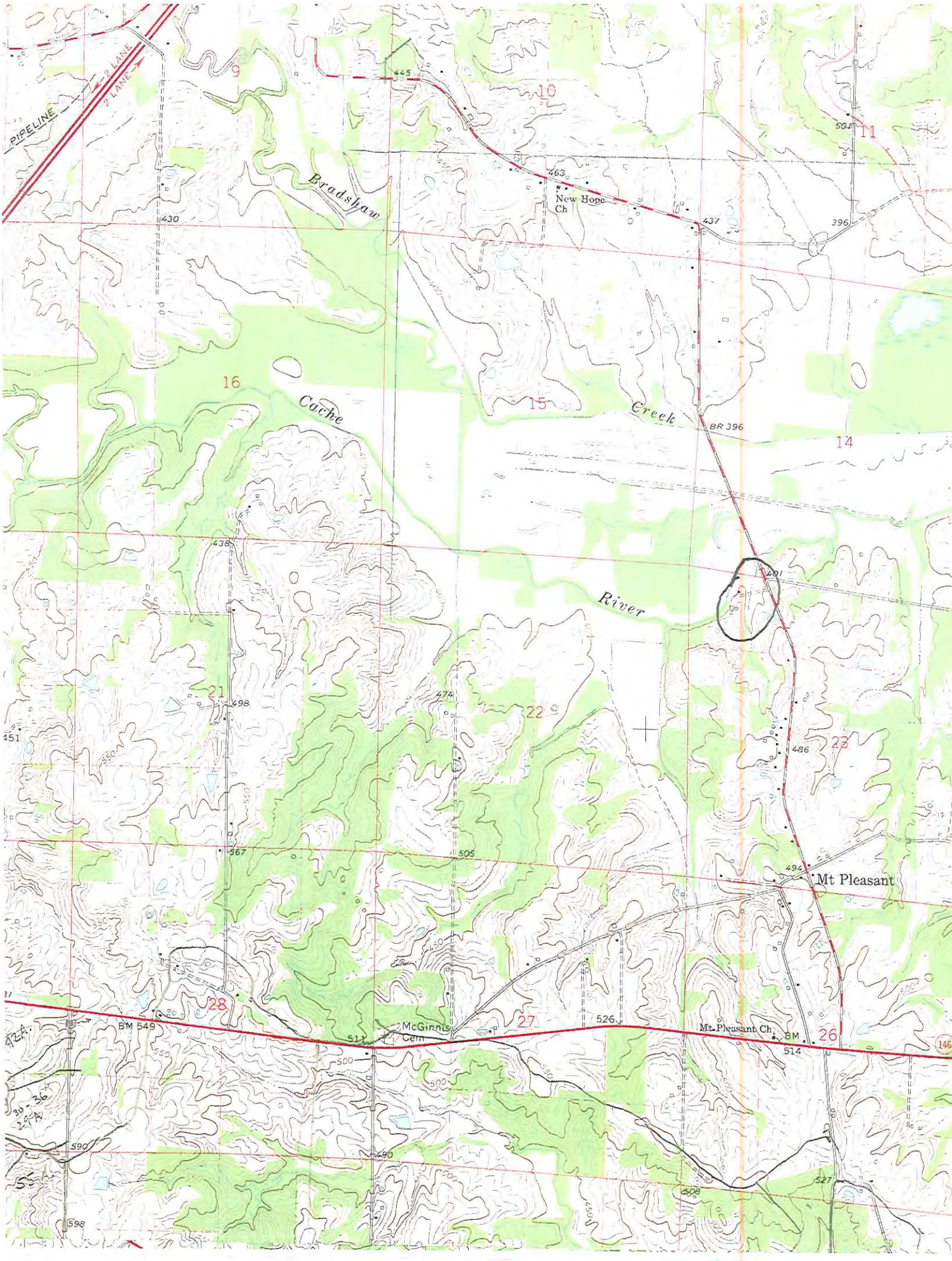
23
24
25
26
27
28


PIPELINE
2 LANE
2 LANE
Bradshaw
New Hope
Ch
Cache
Creek
River
BR 396
Mt Pleasant
Mt. Pleasant Ch.
BM
McGinnis
Cem
BM 549
9
10
11
14
15
16
21
22
23
26
27
28
445
463
437
396
430
438
498
474
451
550
567
505
486
494
526
514
511
500
590
490
598
508
527

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No 04-35-02-885 B

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

I. LOCATION OF BUILDING

Number and street: 155 Quail Lane.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S35 T11 R1W 5 74ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Mesonry (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
- 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: 40'x30'
- 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: 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	John Clark	PO Box 284 Cobden Fl.	62926	893-4547
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Jimmy Clark	PO Box 284 Cobden Fl. 62926	4-10-09

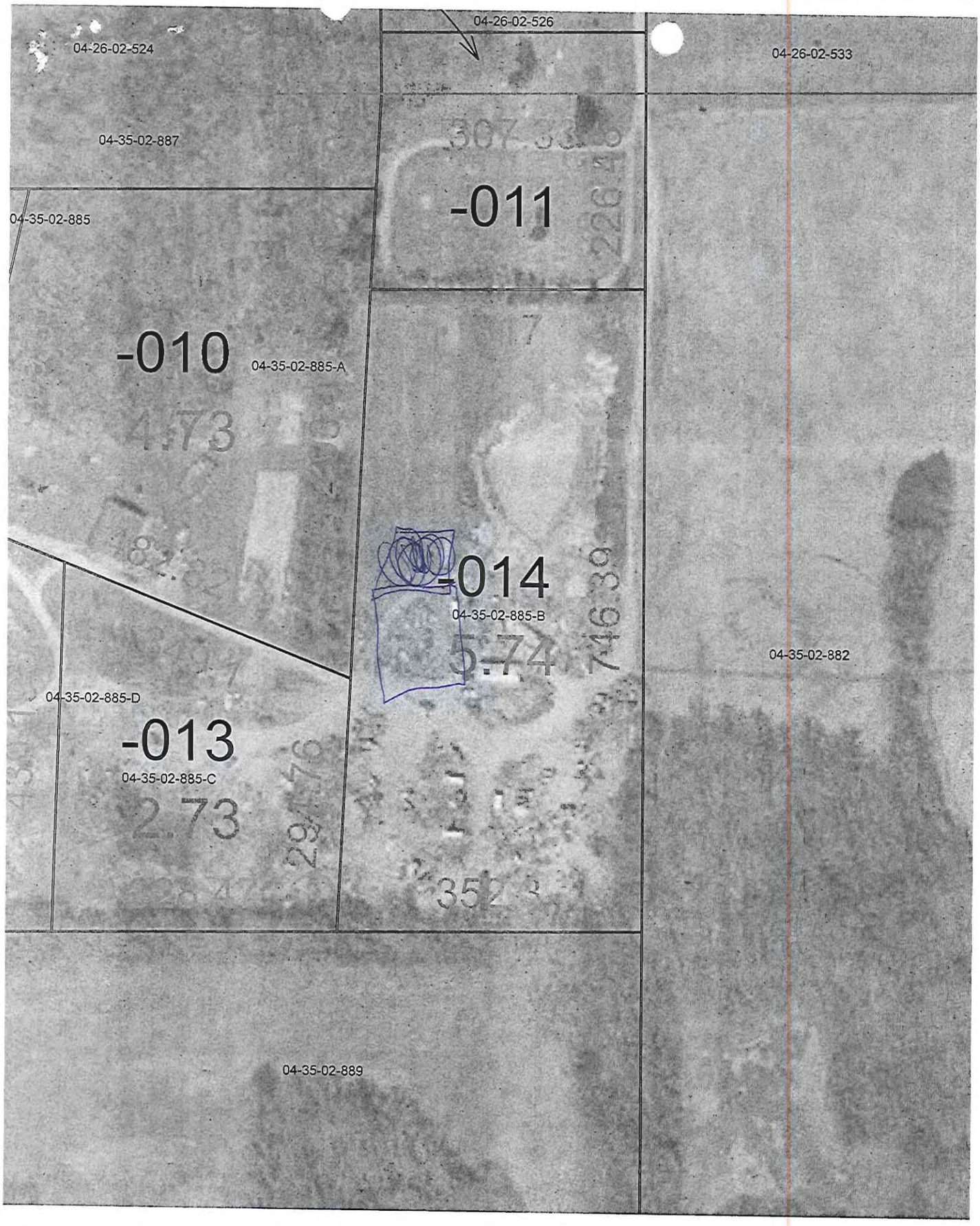
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gray	$ 20.00	4-10-09	09-21

Payment of $20.00 Cash received by Union County Treasurer

Date 4/20/09

Betty L. Morgan Mg.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04-26-02-524
04-26-02-533
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04-35-02-885
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-014
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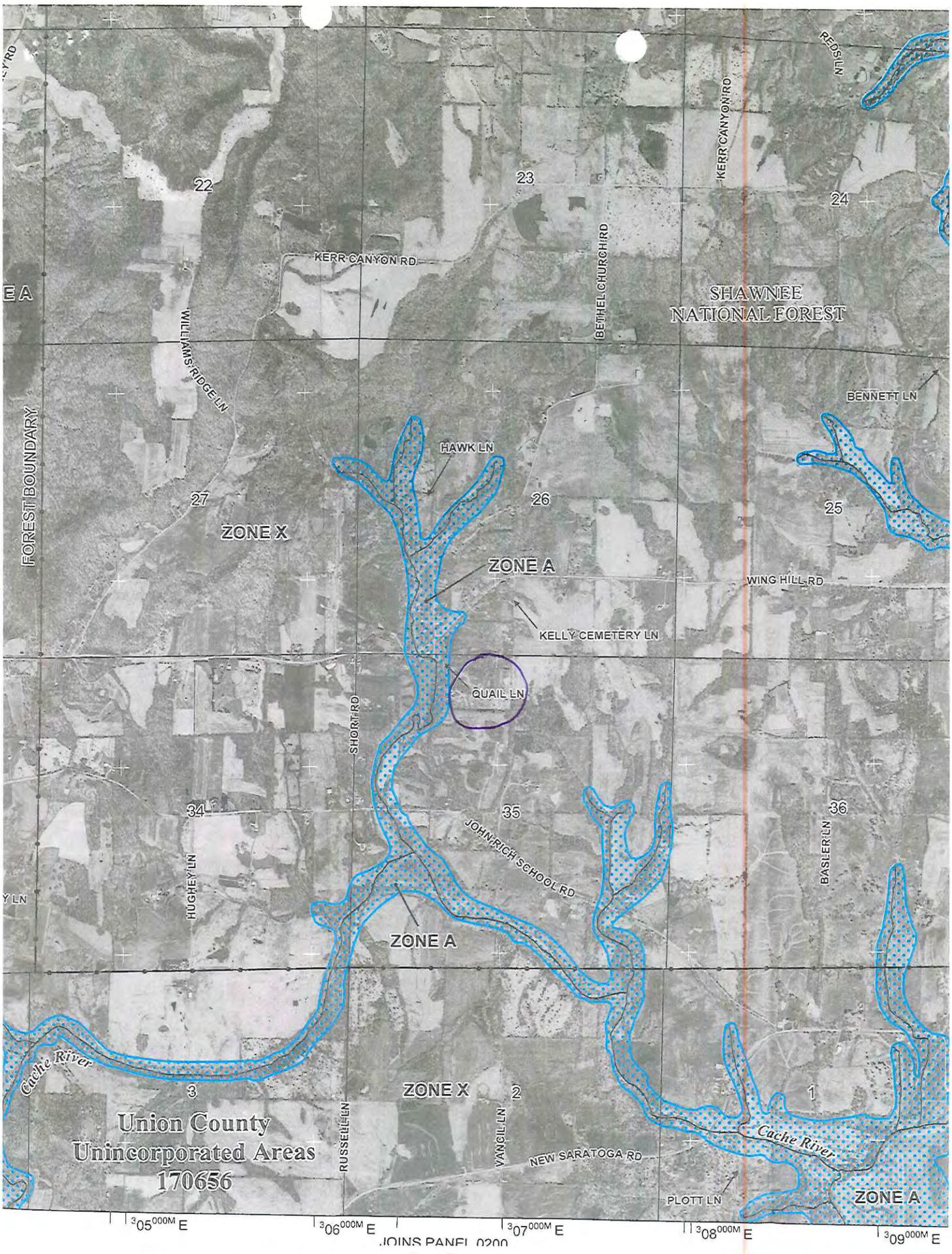
KERR CANYON RD
KERR CANYON RD
REDS LN
BETHEL CHURCH RD
SHAWNEE
NATIONAL FOREST
WILLIAMS RIDGE LN
FOREST BOUNDARY
BENNETT LN
HAWK LN
ZONE X
ZONE A
WING HILL RD
KELLY CEMETERY LN
QUAIL LN
SHORT RD
JOHN RICH SCHOOL RD
HUGHEY LN
BASLER LN
ZONE A
Cache River
ZONE X
Union County
Unincorporated Areas
170656
RUSSELL LN
VANGIL LN
NEW SARATOGA RD
Cache River
PLOTT LN
ZONE A
22
23
24
27
26
25
34
35
36
3
2
1
305000M E
306000M E
307000M E
308000M E
309000M E
JOINS PANEL 0200

UNION COUNTY Prop. . . 06-16-04-555-D
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description 13 1W 5.16
SW CR SE SW 5.00

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 [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 with gravel

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 14X20 280 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	Michael Goodman	178 Moss Ln. Anna IL	62906	827-4529
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 Goodman		4-3-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 12.00	4-3-09	09-20

Payment of $12.00 Cash received by Union County Treasurer

Date 4/6/09

Bruce A. Mayer

06-16-04-552
06-16-04-547-C
06-16-04-558-B
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CLR-5356.20
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-005
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06-21-04-627-A
06-21-04-627
06-21-04-627-C

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-18-04-579

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

I. LOCATION OF BUILDING

Number and street: 5660 Boyd Rd. Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: T13S, R1W, Sec. 18

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* _____

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 ..... $ 11,000

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

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

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

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
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	Eddleman	5660 Boyd Rd 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
Sonny Eddleman		4-3-09

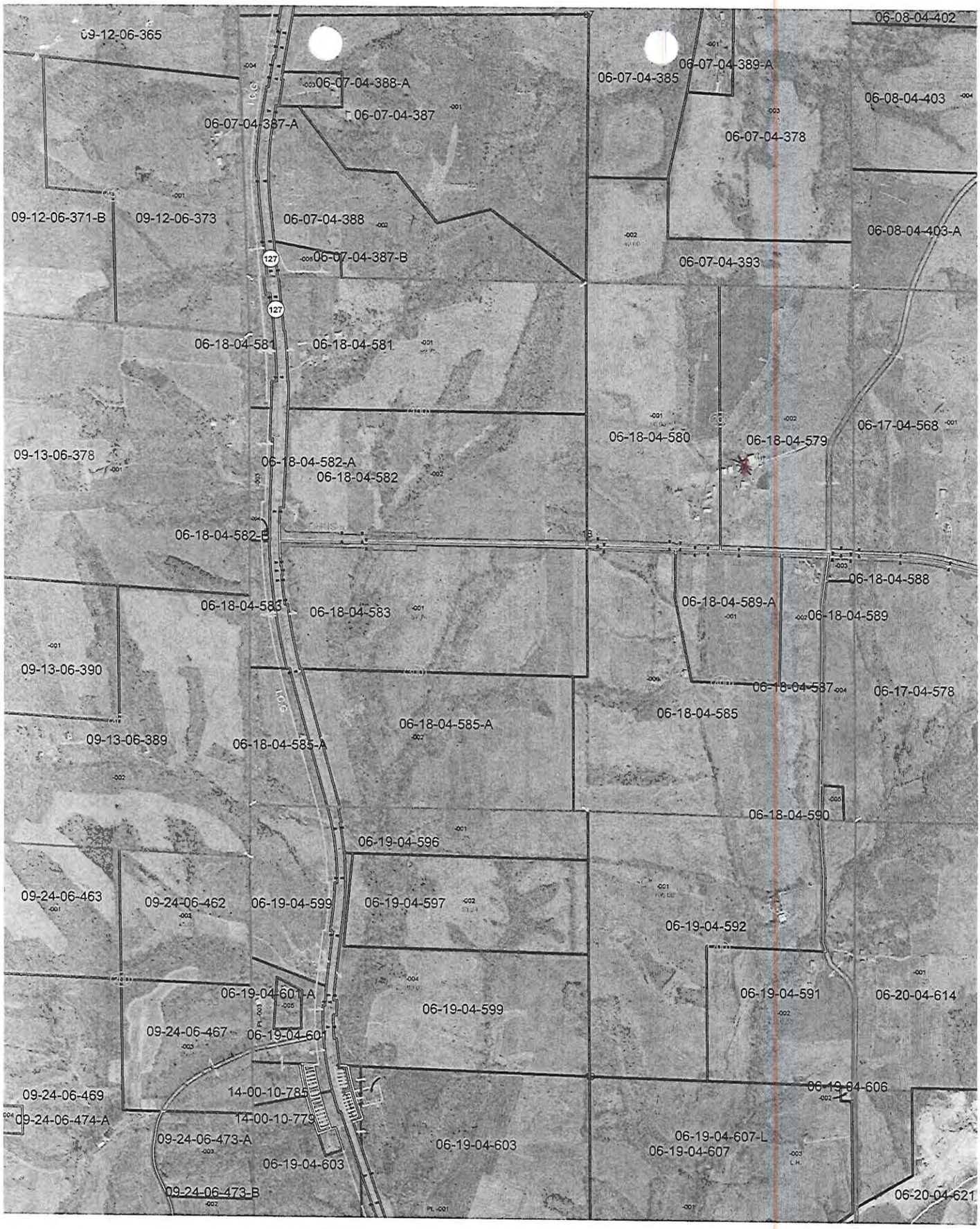
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 32.00	4-3-09	09-19

Payment of CK# 8723 $32.00 received by Union County Treasurer

Date 4/6/09

Barry T. Magee Mgr.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09-24-06-463
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06-19-04-599
06-19-04-597
06-19-04-592
06-19-04-601-A
06-19-04-591
06-20-04-614
06-19-04-599
09-24-06-467
06-19-04-601
09-24-06-469
14-00-10-785
06-19-04-606
09-24-06-474-A
14-00-10-779
09-24-06-473-A
06-19-04-603
06-19-04-607-L
06-19-04-607
06-19-04-603
09-24-06-473-B
06-20-04-621

UNION COUNTY Prop. No. 11-25-07-042
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 8355 St. Rt. 146 W.
Subdivision or Addition | Lot | Block | Census track
Legal Description: 7 miles west of Jonesboro
Sec. 25 T12 R3W
1 mile (E) W from intersection of Rt 3 and Rt 146 Streets
Ware Rd
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

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* mach shed

Beginning construction date 5-1-09
Completion construction date 5-10-09

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)* rebuilding

(Omit cents)

10. Cost of improvement ..... $ 40,000.00
To be installed but not included in the above cost
a. Electrical ..... $ 500.00
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 40,500.00

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] 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 [ ] 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 9600
50. Total land area, sq. ft. 9600

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... N/A
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Collin Cain	8355 St. Rt. 146 W, Jonesboro, IL	62952	618-833-7890
2. Contractor or Builder	A-1 Buildings	18869 Pittsburg Rd, Marion, Il. Dave Andrews		618-201-7891 / 618-983-5909
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
Collin Cain	8355 St. Rt. 146 W. Jonesboro, Il.	3-31-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stam	$ $91.00	3-31-09	09-18

Payment of CK # 3725 $91.00 received by Union County Treasurer

Date 4/6/09

Billy L. Mayes
Mg.

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Collin Cain

Address: 8355 State Rte 146 West

City: Jonesboro State: IL Zip: 62952

Phone: (home) (618) 833-7890 (work) (618) 201-7891

Address of subject property (if different from above):

Same as above

Parcel (tax) Identification Number 11-25-07-042

Legal Description: T12S, R3W, Sec. 25

Size of Subject Parcel (contiguous parcel under on ownership): 190

Floodplain Map Panel Number: 17181C0150C

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. NA Copies of any applicable state or federal permits.
4. ✓ Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

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

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no
2. Is the building constructed with flood resistant materials:
   yes no
3. Are all incoming electrical lines above the base flood elevation?
   yes no
4. Are the main electrical switch boxes above the base flood elevation?
   yes no
5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no
6. Is the building used only for parking or limited storage?
   yes no
7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site 360.4
2. Lowest floor elevation (including basement) of proposed structure 346.0
   taken 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:

Entire farm operation located in floodplain

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:

Farm storage needs to be located near farm operation in flood plain.

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.

Building will not cause additional 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.

Farm equipment will be removed when flood threatens.

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.).

Farm equipment will be removed when flood threatens.

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Kevin Frammer 4-3-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the April 6, 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:

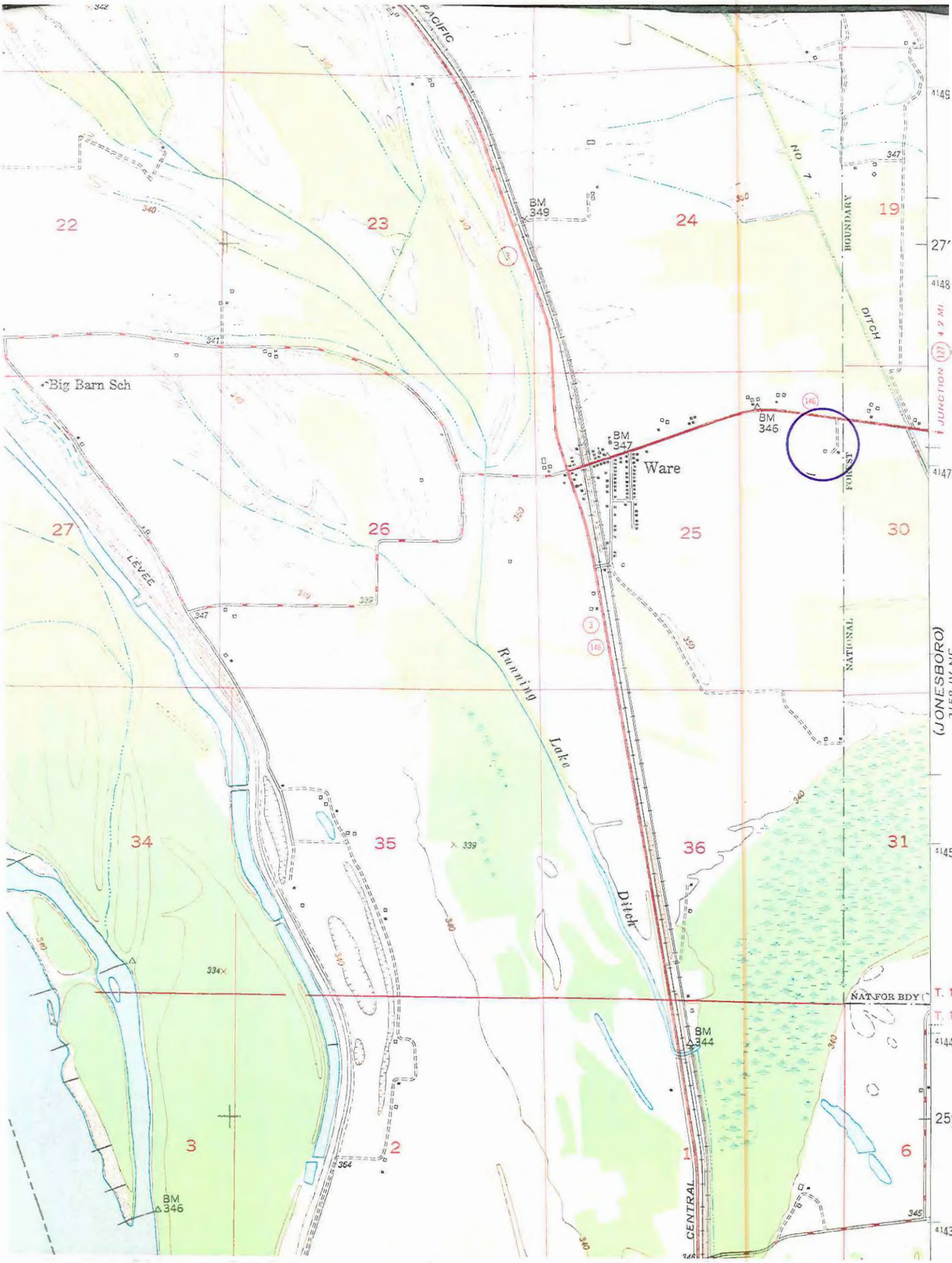
1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

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.

Collin Cain 4-3-09
Grantee Date

John Gann 04-06-09
Chairman-Variance Board Date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22
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24
19
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BOUNDARY
DITCH
Big Barn Sch
BM 347
Ware
BM 346
FOREST
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LEVEE
NATIONAL
Running
Lake
Ditch
(JONESBORO)
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31
NAT FOR BDY
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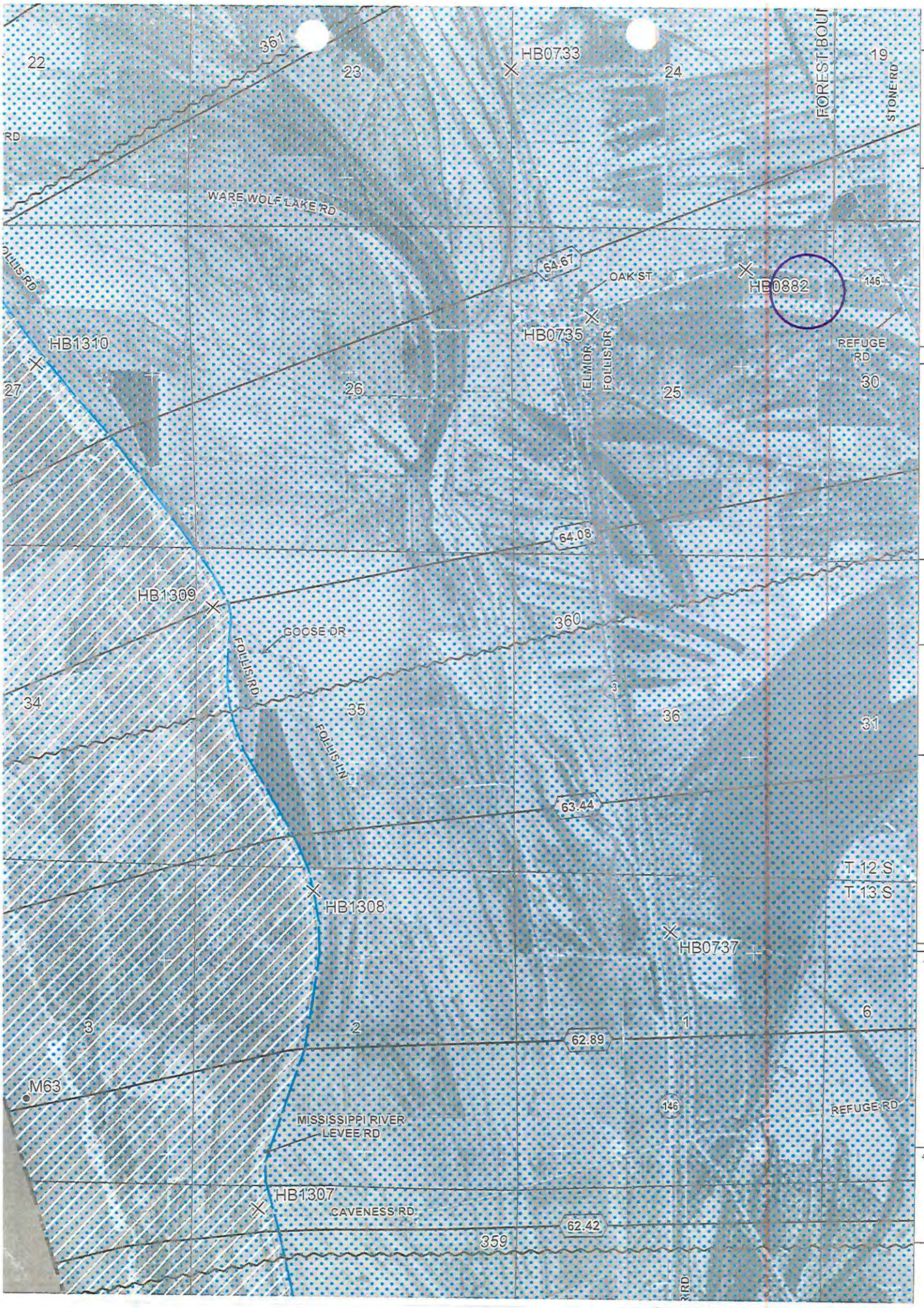
BM 346
CENTRAL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OAK ST
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HB0735
ELM DR
FOLLIS DR
REFUGE RD
27
26
25
30
JOINS PANEL 0175
64.08
HB1309
GOOSE DR
360
FOLLIS RD
34
35
36
31
FOLLIS LN
63.44
T 12 S
T 13 S
HB1308
HB0737
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LEVEE RD
HB1307
CAVENESS RD
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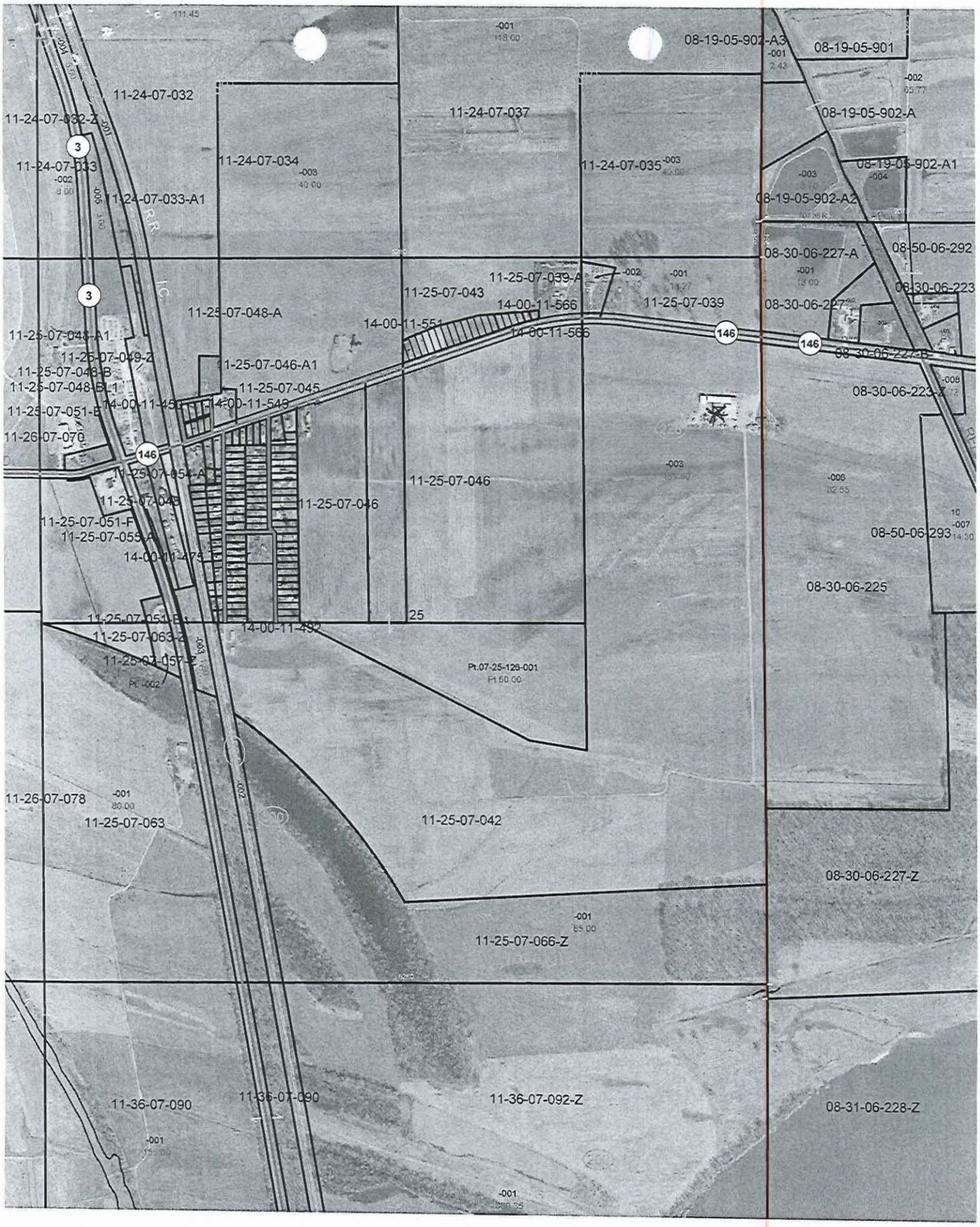
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11-36-07-090
11-36-07-092-Z
08-31-06-228-Z
146
3

UNION COUNTY Prop. No. 08-14-05-858-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 100 State Pond Rd.
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: W PT SE SE 8 ac.
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] 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 3-1-09
Completion construction date 5-1-09

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	$ 27,000

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 ..... 40 X 80 3200 ft
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jeff Emrick	100 State Pond Rd. Jonesboro	62952	833-7704
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
Jeff Emrick	100 STATE POND ROAD	3-30-09

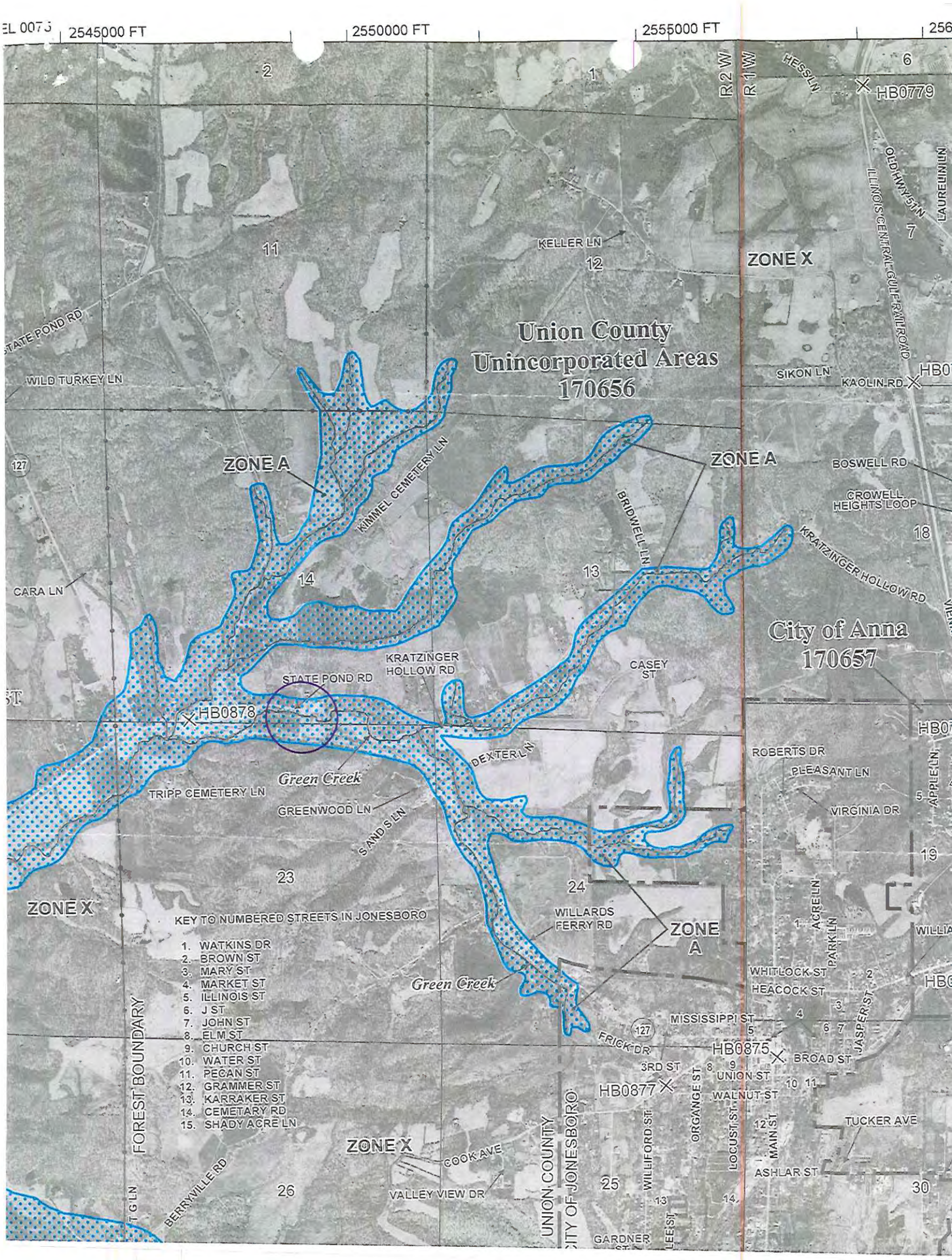
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stone	$ 64.00	3-30-08	09-17

Payment of CK #6265 $64.00 received by Union County Treasurer

Date 4/6/09

Bobby L. Magee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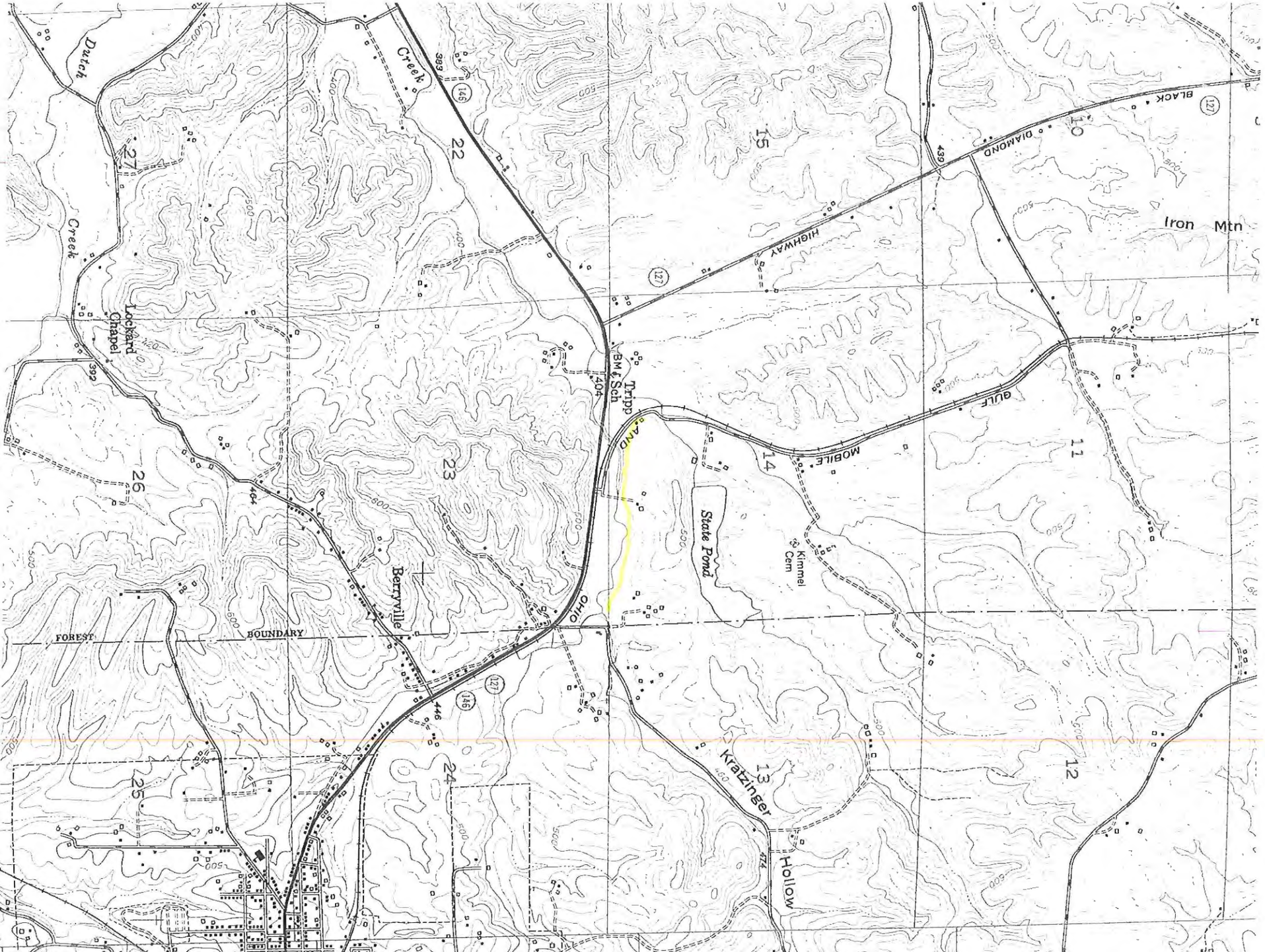
OLD HWY 51 N
ILLINOIS CENTRAL GULF RAILROAD
LAUREL IN LN
KELLER LN
ZONE X
Union County
Unincorporated Areas
170656
STATE POND RD
WILD TURKEY LN
SIKON LN
KAOLIN RD
ZONE A
KIMMEL CEMETERY LN
BRIDWELL LN
BOSWELL RD
CROWELL HEIGHTS LOOP
KRATZINGER HOLLOW RD
CARA LN
City of Anna
170657
KRATZINGER HOLLOW RD
CASEY ST
STATE POND RD
HB0878
DEXTER LN
Green Creek
TRIPP CEMETERY LN
GREENWOOD LN
S AND S LN
ROBERTS DR
PLEASANT LN
VIRGINIA DR
APPLE LN
ZONE X
KEY TO NUMBERED STREETS IN JONESBORO
1. WATKINS DR
2. BROWN ST
3. MARY ST
4. MARKET ST
5. ILLINOIS ST
6. J ST
7. JOHN ST
8. ELM ST
9. CHURCH ST
10. WATER ST
11. PECAN ST
12. GRAMMER ST
13. KARRAKER ST
14. CEMETARY RD
15. SHADY ACRE LN
WILLARDS FERRY RD
ZONE A
ACRE LN
PARK LN
WHITLOCK ST
HEACOCK ST
JASPER ST
MISSISSIPPI ST
FRICK DR
HB0875
BROAD ST
3RD ST
UNION ST
HB0877
WALNUT ST
ORGANGE ST
LOCUST ST
MAIN ST
TUCKER AVE
ASHLAR ST
FOREST BOUNDARY
ZONE X
COOK AVE
BERRYVILLE RD
VALLEY VIEW DR
UNION COUNTY
CITY OF JONESBORO
WILLIFORD ST
GARDNER
LEE ST


Dutch
Creek
Creek
Lockard
Chapel
Berryville
FOREST
BOUNDARY
OHIO
AND
MOBILE
GULF
HIGHWAY
BLACK
DIAMOND
Tripp
BM & Sch
State Pond
Kimmel
Cem
Kratzinger
Hollow
Iron Mtn
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404
464
446
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392
146
127
122
500
400

Union County Highway Department
306 Mississippi Street
Jonesboro, IL 62952
Phone (618)833-2912

March 27, 2009

Mr. Jeff Emrick
100 State Pond Road
Jonesboro, IL 62952

Dear Mr. Emrick,

It has come to our attention that development has recently occurred on your property that is located within the Special Flood Hazard Area (SFHA). See attached location map. Our records do not indicate that you have made application for a Union County Building Permit.

The SFHA is identified by the Federal Emergency Management Agency (FEMA) on the Flood Insurance Rate Map (FIRM). Development within the SFHA is regulated by Union County's Flood Damage Prevention Ordinance 08-03 in compliance with the National Flood Insurance Program (NFIP) and State and Federal floodplain development requirements.

Development within the county requires a Building Permit and must be done in accordance with the before mentioned requirements. Please contact Kevin Grammer at the above number to discuss the development by April 13, 2009. We regret that we can not issue a building permit until the floodplain development requirements are satisfied.

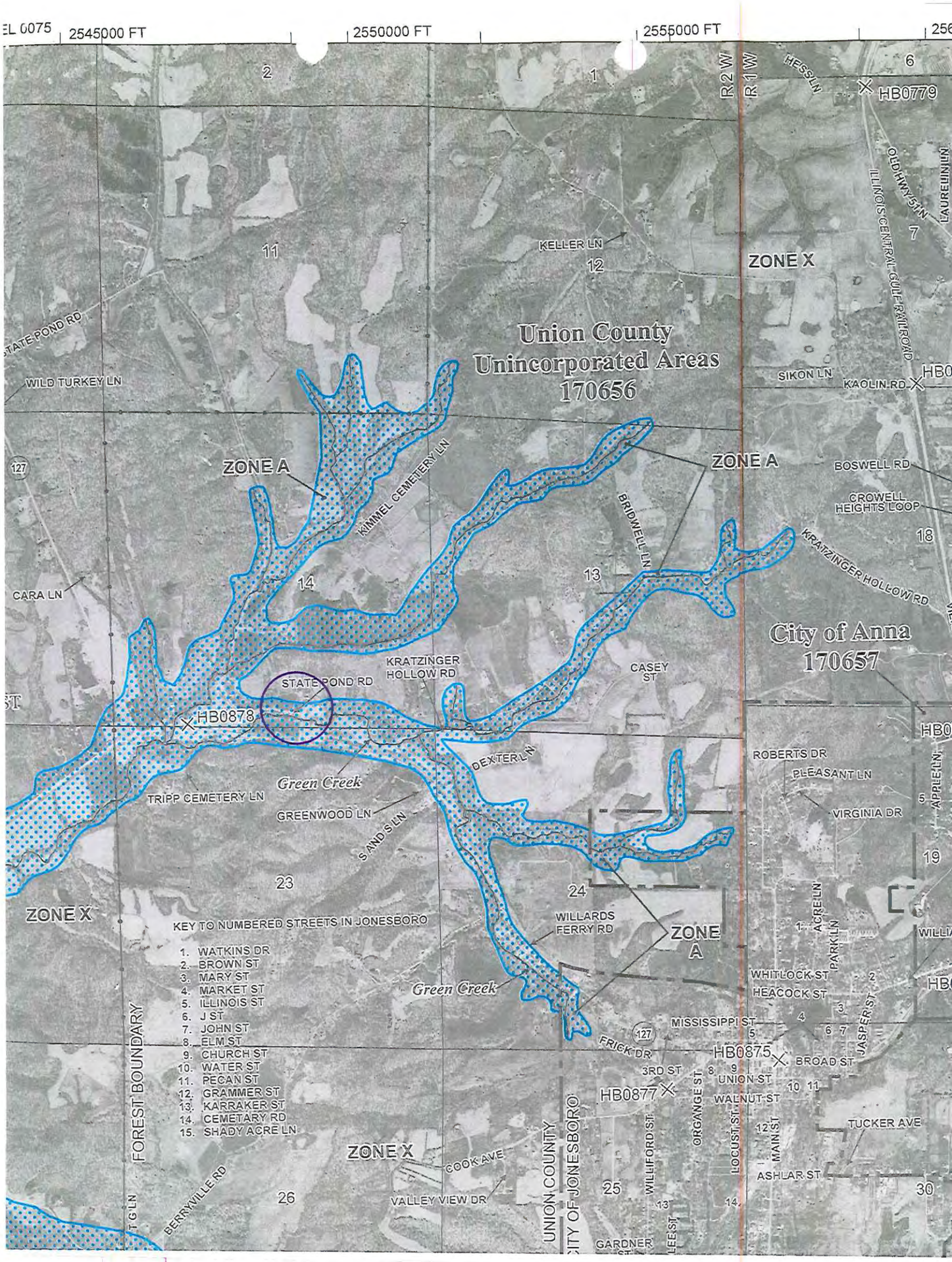
Failure to comply with this request could result in legal action on the part of Union County.

Sincerely,

Kevin Grammer

Kevin Grammer
Union County Highway Engineer

Cc: Union County Board of Commissioners
Tyler Edmonds – Union County States Attorney
Gene Plott – Union County Supervisor of Assessments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2545000 FT
2550000 FT
2555000 FT
R 2 W
R 1 W
HESS LN
HB0779
OLD HWY 51 N
ILLINOIS CENTRAL GULF RAILROAD
LAUREL IN LN
KELLER LN
ZONE X
Union County
Unincorporated Areas
170656
STATE POND RD
WILD TURKEY LN
SIKON LN
KAOLIN RD
ZONE A
KIMMEL CEMETERY LN
BRIDWELL LN
BOSWELL RD
CROWELL HEIGHTS LOOP
KRATZINGER HOLLOW RD
CARA LN
City of Anna
170657
KRATZINGER HOLLOW RD
CASEY ST
STATE POND RD
HB0878
DEXTER LN
ROBERTS DR
PLEASANT LN
VIRGINIA DR
APPLE LN
Green Creek
TRIPP CEMETERY LN
GREENWOOD LN
SANDS LN
ZONE X
KEY TO NUMBERED STREETS IN JONESBORO
1. WATKINS DR
2. BROWN ST
3. MARY ST
4. MARKET ST
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6. J ST
7. JOHN ST
8. ELM ST
9. CHURCH ST
10. WATER ST
11. PECAN ST
12. GRAMMER ST
13. KARRAKER ST
14. CEMETARY RD
15. SHADY ACRE LN
WILLARDS FERRY RD
ZONE A
ACRE LN
PARK LN
WHITLOCK ST
HEACOCK ST
JASPER ST
MISSISSIPPI ST
FRICK DR
HB0875
BROAD ST
3RD ST
UNION ST
HB0877
WALNUT ST
ORANGE ST
WILLIFORD ST
LOCUST ST
MAIN ST
TUCKER AVE
ASHLAR ST
FOREST BOUNDARY
UNION COUNTY
CITY OF JONESBORO
ZONE X
COOK AVE
VALLEY VIEW DR
BERRYVILLE RD
GARDNER
LEE ST

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-17-02-291

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

I. LOCATION OF BUILDING

Number and street: 3020 Colden School Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-10 S. 17 PT NE SE, SW NE 32 AC.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 4-1-08

Completion construction date 6-1-08

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	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 18,000

MOBILE HOME INFO:

Date MH was set-up:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 30 X 50 1500 ft
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kenneth Pind	3020 Colden School Rd. Colden IL	62020	893-4191
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
Kenneth R Pind		3-30-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gann	$ 46.00	3-30-08	04-16

Payment of $46.00 Cash received by Union County Treasurer

Date 4/6/09

Bobby L. Mayne
Mg.

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RD.
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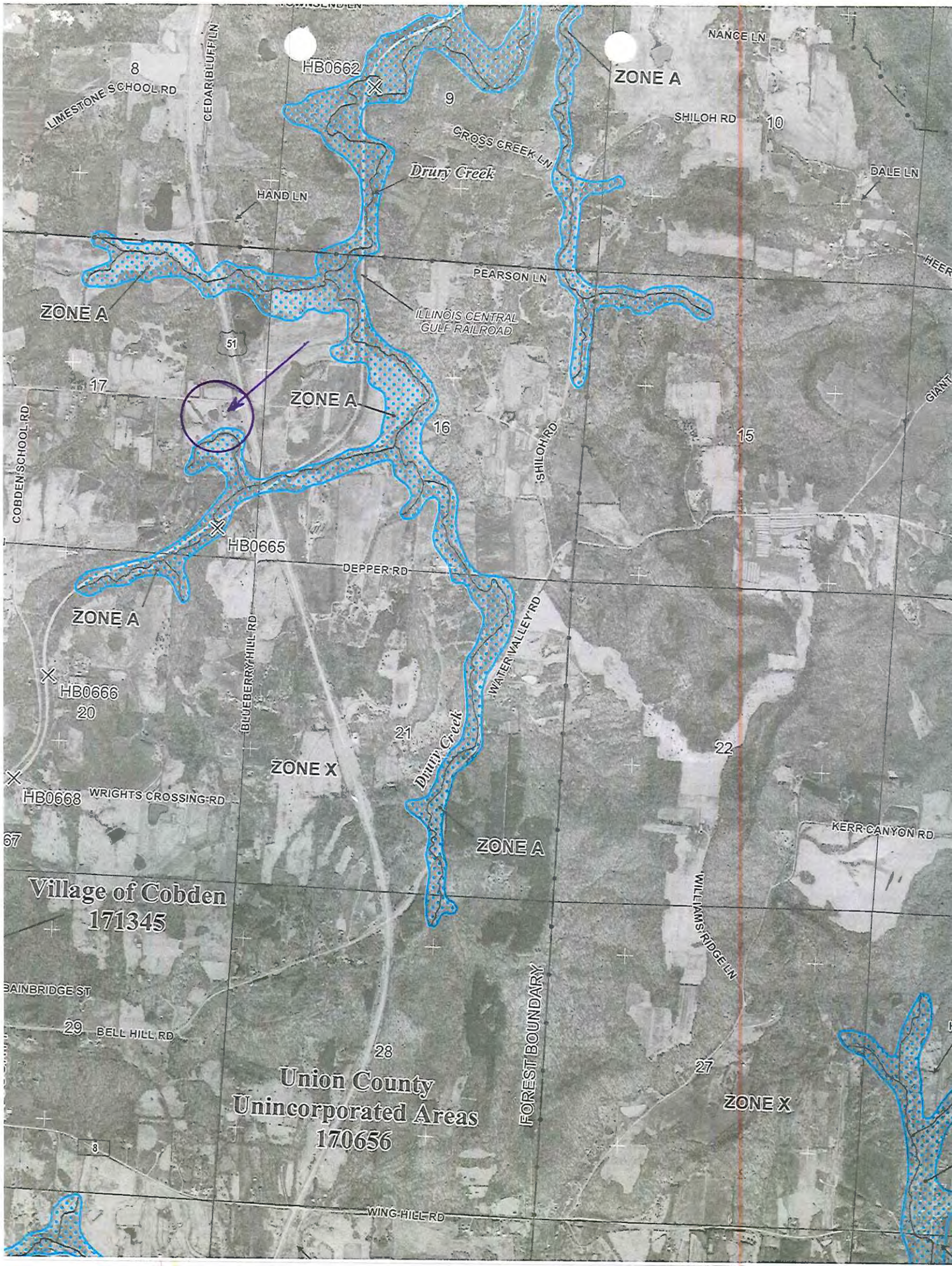
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ZONE A
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CEDAR BLUFF LN
SHILOH RD
CROSS CREEK LN
Drury Creek
DALE LN
HAND LN
PEARSON LN
ZONE A
ILLINOIS CENTRAL GULF RAILROAD
51
17
ZONE A
16
15
COBDEN SCHOOL RD
SHILOH RD
HB0665
DEPPER RD
ZONE A
BLUEBERRY HILL RD
WATER VALLEY RD
HB0666
20
21
22
ZONE X
Drury Creek
HB0668
WRIGHTS CROSSING RD
KERR CANYON RD
ZONE A
Village of Cobden
171345
WILLIAMS RIDGE LN
BAINBRIDGE ST
29
BELL HILL RD
28
27
FOREST BOUNDARY
Union County
Unincorporated Areas
170656
ZONE X
8
WING HILL RD

UNION COUNTY Prop. No. 05-14-08-205
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 1385 Dogwalk Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-11 S. 14
S PT W 1/2 SW ¼ NW SW 70.68 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 to barn
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date 3-28-09
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	$ 8,000

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

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

E. PRINCIPAL TYPE OF FRAME

30 [ ] 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 60' side is open — 30 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 / Partial

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Edlein Dillow	1385 Dogwalk Rd ANNA IL	62906	833-6660
2. Contractor or Builder	Guthrie Construction	P.O. Box 639 Cobden IL	62920	893-2552
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
Melinda A Dillow	1385 Dogwalk Rd ANNA IL	3-20-09

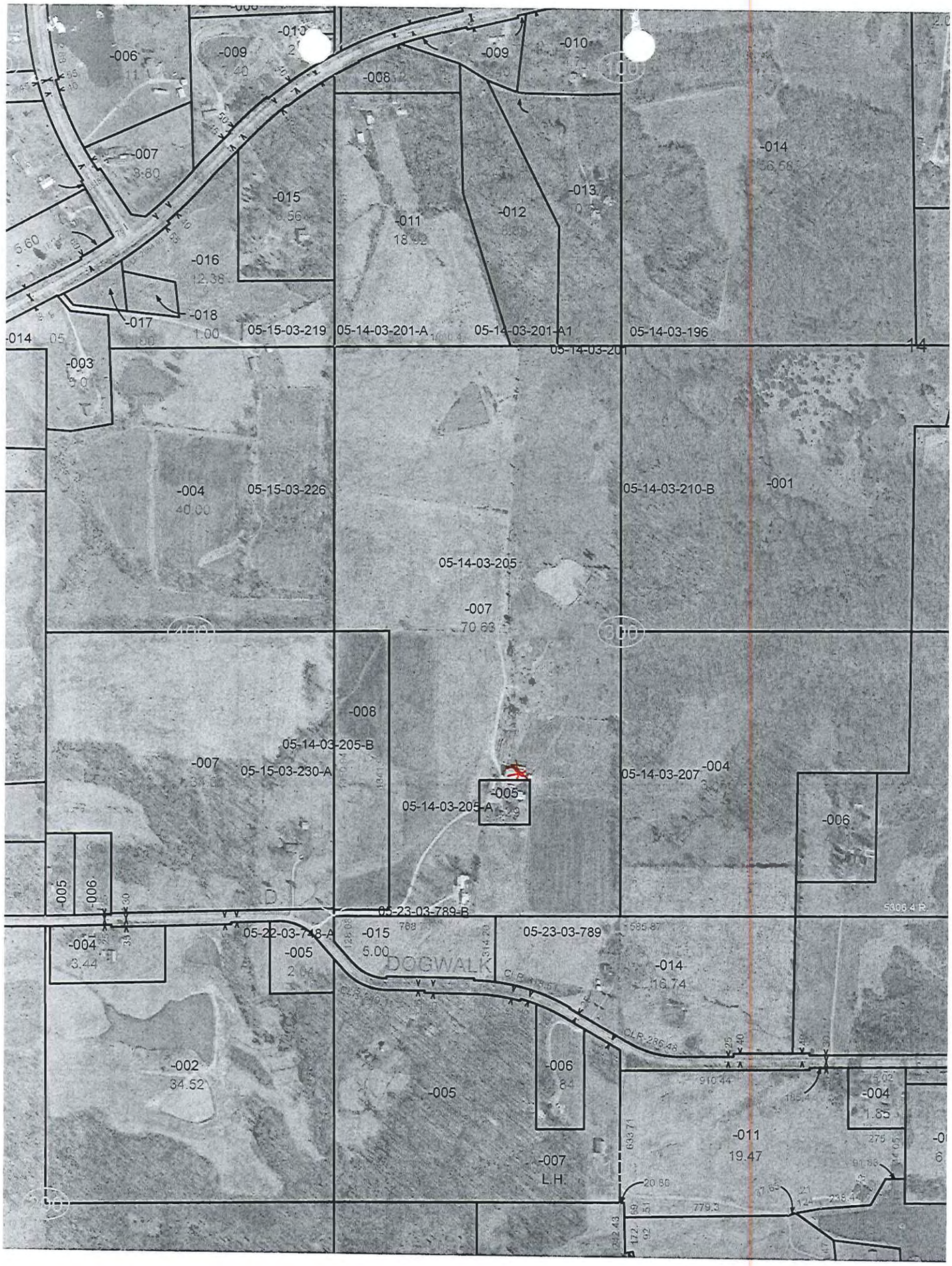
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hamm	$ 28 00	3-20-09	09-15

Payment of $28.00 Cash received by Union County Treasurer

Date 4/6/09

Barry L. Magee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05-15-03-230-A
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-005
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-005
-006
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-015
5.00
05-23-03-789
-004
3.44
-005
DOGWALK
-014
16.74
-002
34.52
-005
-006
-004
1.85
-011
19.47
-007
L.H.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-25-07-042

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

I. LOCATION OF BUILDING

Number and street: 8355 St. Rt. 146 W.

Subdivision or Addition | Lot | Block | Census track

Legal Description: Jonesboro, Il. 62952

Sec 25 T12 R3W

1 mi (E) W from intersection of Rt 3 and Rt 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 [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

- 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* BARN (mach. shed)

Beginning construction date 3-3-09

Completion construction date 3-17-09

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	$25,500.00
To be installed but not included in the above cost	
a. Electrical	1,500.00
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$27,000.00

MOBILE HOME INFO: N/A

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] 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 [ ] 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: 4800
- 50. Total land area, sq. ft.: 4800 sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

- 51. Enclosed: N/A
- 52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

- 53. Number of bedrooms: N/A
- 54. Number of bathrooms: Full _____ Partial _____

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Collin Cain	8355 St. Rt. 146 W., Jonesboro, Il.	62952	618-833-7890
2. Contractor or Builder	A-1 Bldgs	18869 Pittsburg Rd, Marion, Il. 618-983-5909 (Dave Andrews)		618-201-7891
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
Collin Cain	8355 St. Rt. 146 W., Jonesboro, Il.	3/10/09

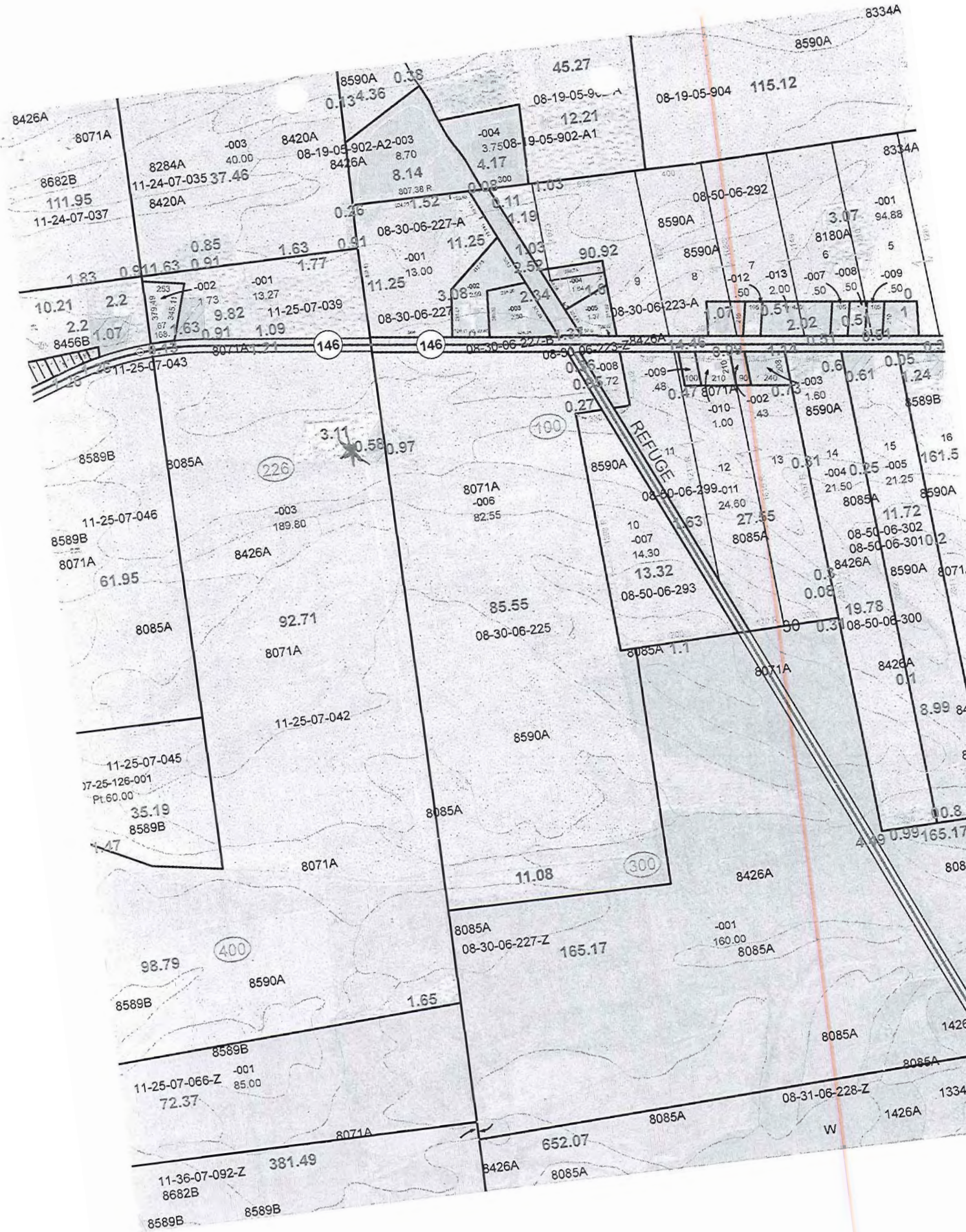
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 54.00	3-13-09	09-14

Payment of $54.00 CK #2671 received by Union County Treasurer

Date 3/18/09

Bailey L. Mayer Mag.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92.71
85.55
11.08
13.32
27.65
19.78
11.72
161.5
115.12
45.27
90.92
37.46
111.95
94.88
160.00
189.80
82.55
24.60
21.50
21.25
14.30
13.27
13.00
40.00
85.00

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Collin Cain

Address: 8355 State Rte 146 W

City: Jonesboro State: IL Zip: 62952

Phone: (home) (618)833-7890 (work) (618)201-7891

Address of subject property (if different from above):

Same as above

Parcel (tax) Identification Number 08-30-06-225

Legal Description: T 12 S R 3W Sec. 25, N 1/2

Size of Subject Parcel (contiguous parcel under on ownership): 190 acres

Floodplain Map Panel Number: 17181C0150C

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

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no
2. Is the building constructed with flood resistant materials:
   yes no
3. Are all incoming electrical lines above the base flood elevation?
   yes no
4. Are the main electrical switch boxes above the base flood elevation?
   yes no
5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no
6. Is the building used only for parking or limited storage?
   yes no
7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site 360.4
2. Lowest floor elevation (including basement) of proposed structure 346.0
   (taken from USGS map, local BM)

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:

Entire farming operation is located in 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:

Building is used for equipment storage. Entire farm operation is located in flood plain.

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.

The variance 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.

Grantee will remove equipment when flood threatens.

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 remove equipment when flood threatens.

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: John Gum _____ 03-17-09
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.

Kevin Hammer _____ 3-16-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the March 16, 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:

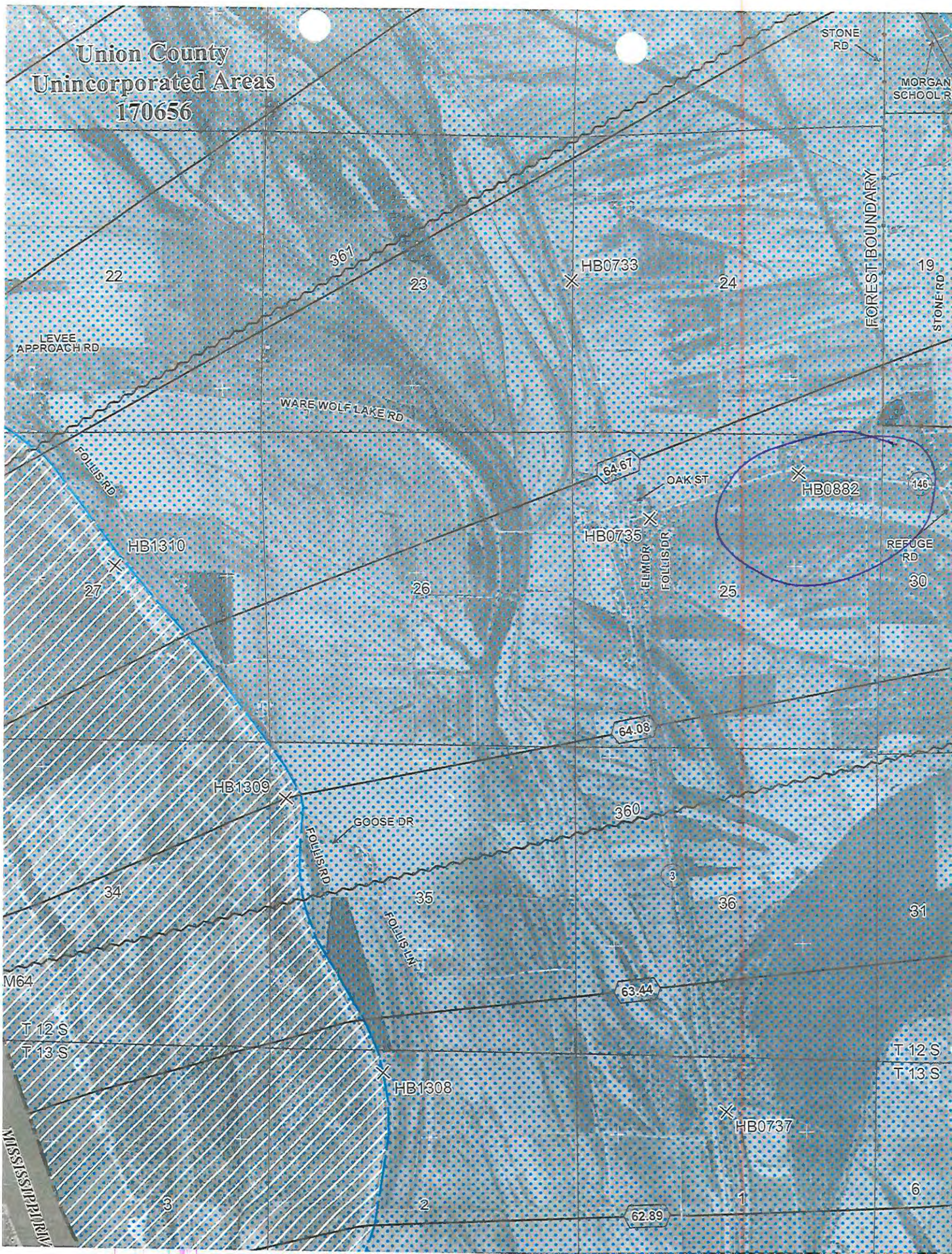
1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

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.

X Collin Cain _____ 3-16-09
Grantee Date

John Gum _____ 03-17-09
Chairman-Variance Board Date


Union County
Unincorporated Areas
170656
STONE RD
MORGAN SCHOOL RD
FOREST BOUNDARY
STONE RD
361
22
23
24
19
HB0733
LEVEE APPROACH RD
WARE WOLF LAKE RD
FOLLIS RD
64.61
OAK ST
HB0882
146
HB0735
ELM DR
FOLLIS DR
REFUGE RD
HB1310
27
26
25
30
64.08
HB1309
GOOSE DR
360
FOLLIS RD
34
35
3
36
31
FOLLIS LN
M64
63.44
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T 12 S
T 13 S
HB1308
HB0737
MISSISSIPPI RIV
3
2
1
6
62.89

Big Barn Sch
LEVEE
Running Lake
Ditch
Ditch
PACIFIC
RAL
Warp
BM 347
BM 349
BM 344
BM 346
NATIONAL
FOREST
BOUNDARY
NO 1
DITCH
NAT FOR BDY
JUNCTION (127) 4.2 MI.
22
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34
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36
3
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31
30
19
334
339
342
347
364
340
350
360

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 12-26-07-168

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: S26 T13S R3W S1/2 SW NW SE E1/2 of SE SW 3.5 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 [ ] 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	$ 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	$ 20,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. ..... 48 X 100

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	LAVIS FARMS	67845 STATE RT 3 S McCLURE	62957	
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: Dave Turner By Bill Dun

Address:

Application date: 3-13-09

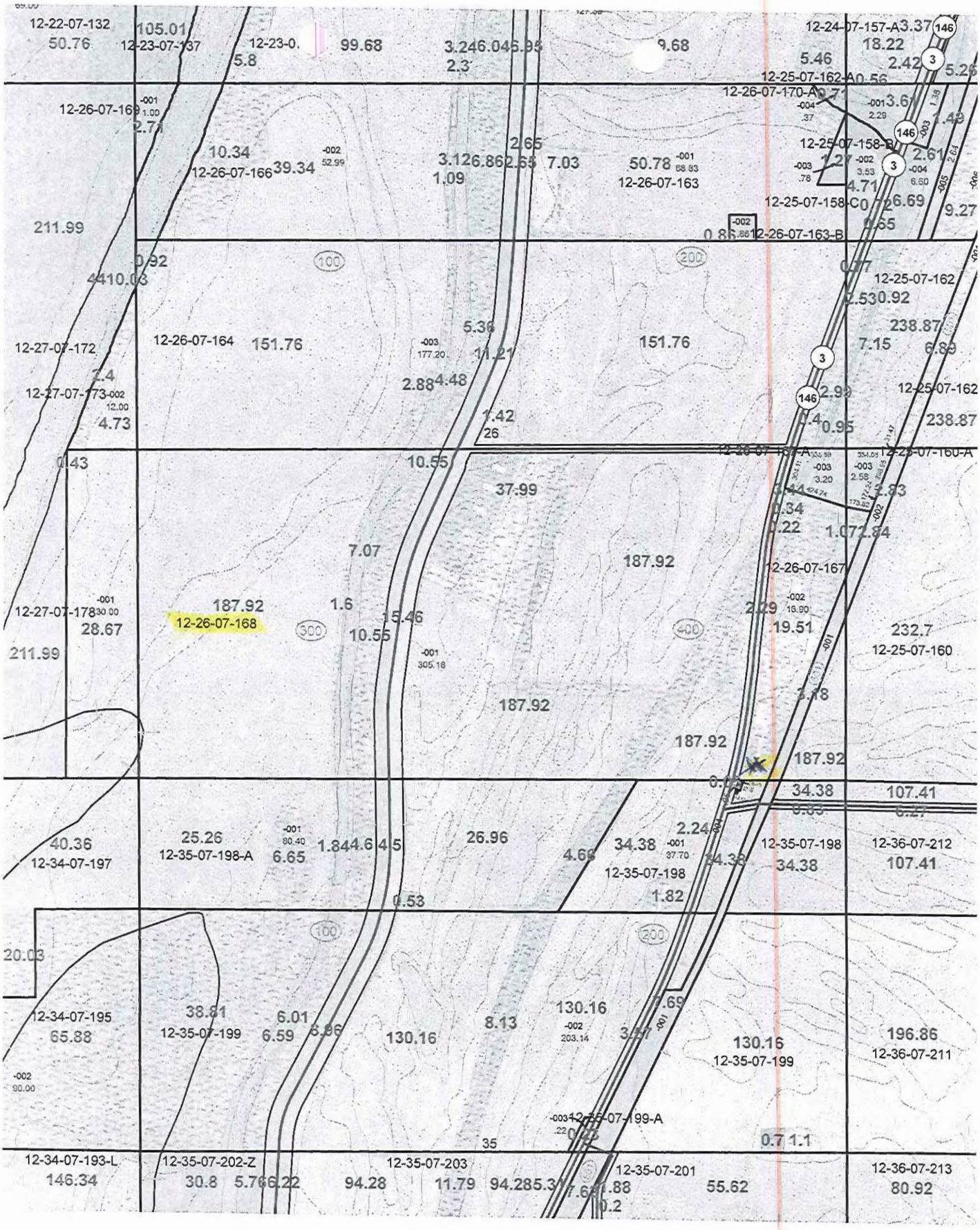
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stern	$ 50.00	3-13-09	09-13

Payment of $50.00 CK# 13032 received by Union County Treasurer

Date 3/18/09

Barry L. Magee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12-36-07-213
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WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Davis Farms / Bill Davis

Address: 6785 State Rte 35

City: McClure State: IL Zip: 62957

Phone: (home) _____ (work) _____

Address of subject property (if different from above):

_____

_____

Parcel (tax) Identification Number 12-26-07-168

Legal Description: Sec. 26, T13S, R3W

_____

_____

Size of Subject Parcel (contiguous parcel under on ownership): 305.18 ac.

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

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no
2. Is the building constructed with flood resistant materials:
   yes no
3. Are all incoming electrical lines above the base flood elevation?
   yes no
4. Are the main electrical switch boxes above the base flood elevation?
   yes no
5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no
6. Is the building used only for parking or limited storage?
   yes no
7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site 356.8
2. Lowest floor elevation (including basement) of proposed structure 348.0
   (taken 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:

Contiguous to farming operation.

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:

Pole barn for equipment storage. Entire farm located in flood plain.

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.

The pole barn will not cause increased flood elevations.

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

Applicant will remove equipment during flood event.

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.).

Applicant will vacate and remove all equipment during flood event.

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: John Gum 03-17-09
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.

Kevin Hammer 3-13-2009
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the March 16, 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.

Davis Farms By Bill Davis 3/16/09
Grantee Date

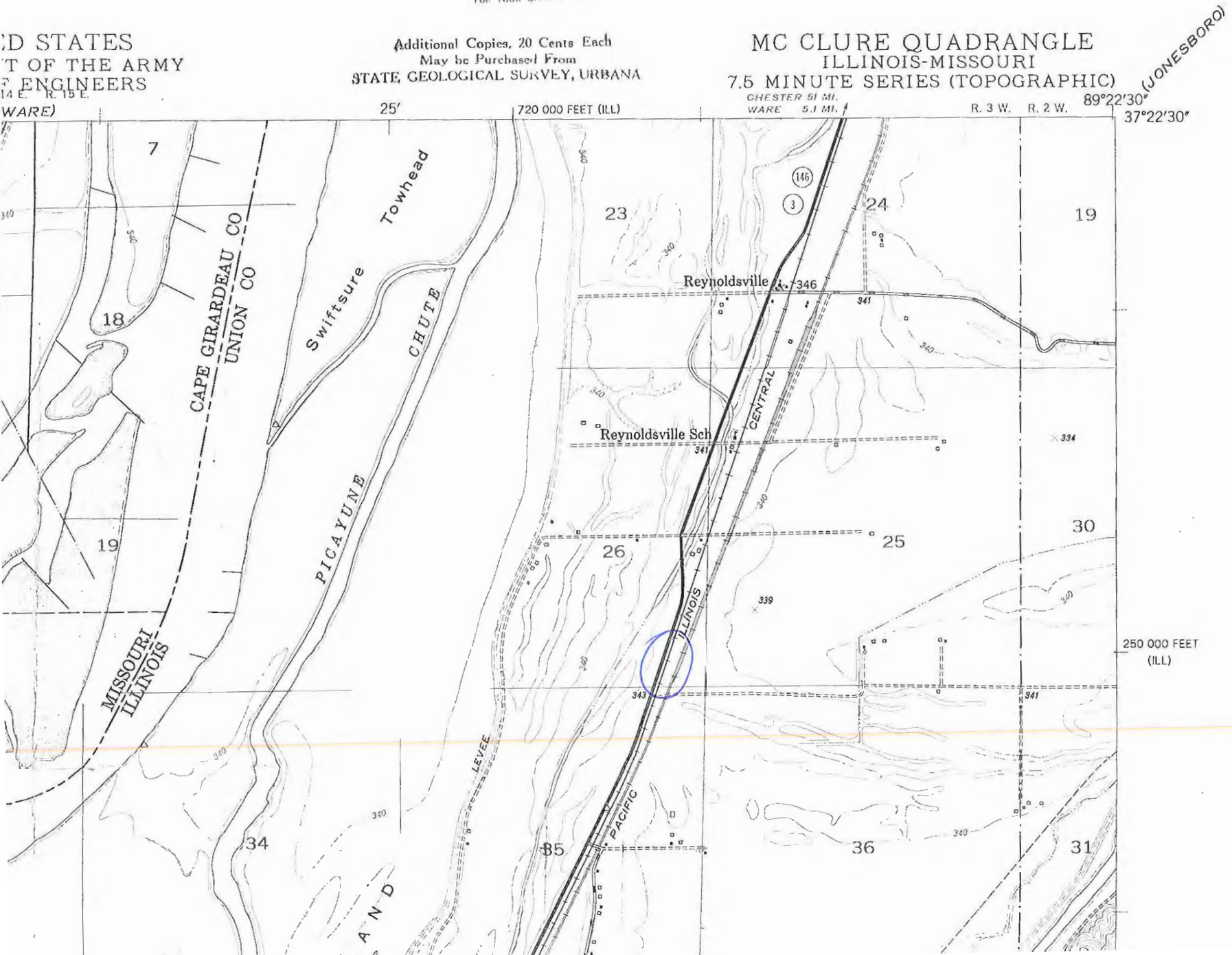
John Gum 03-17-09
Chairman-Variance Board Date

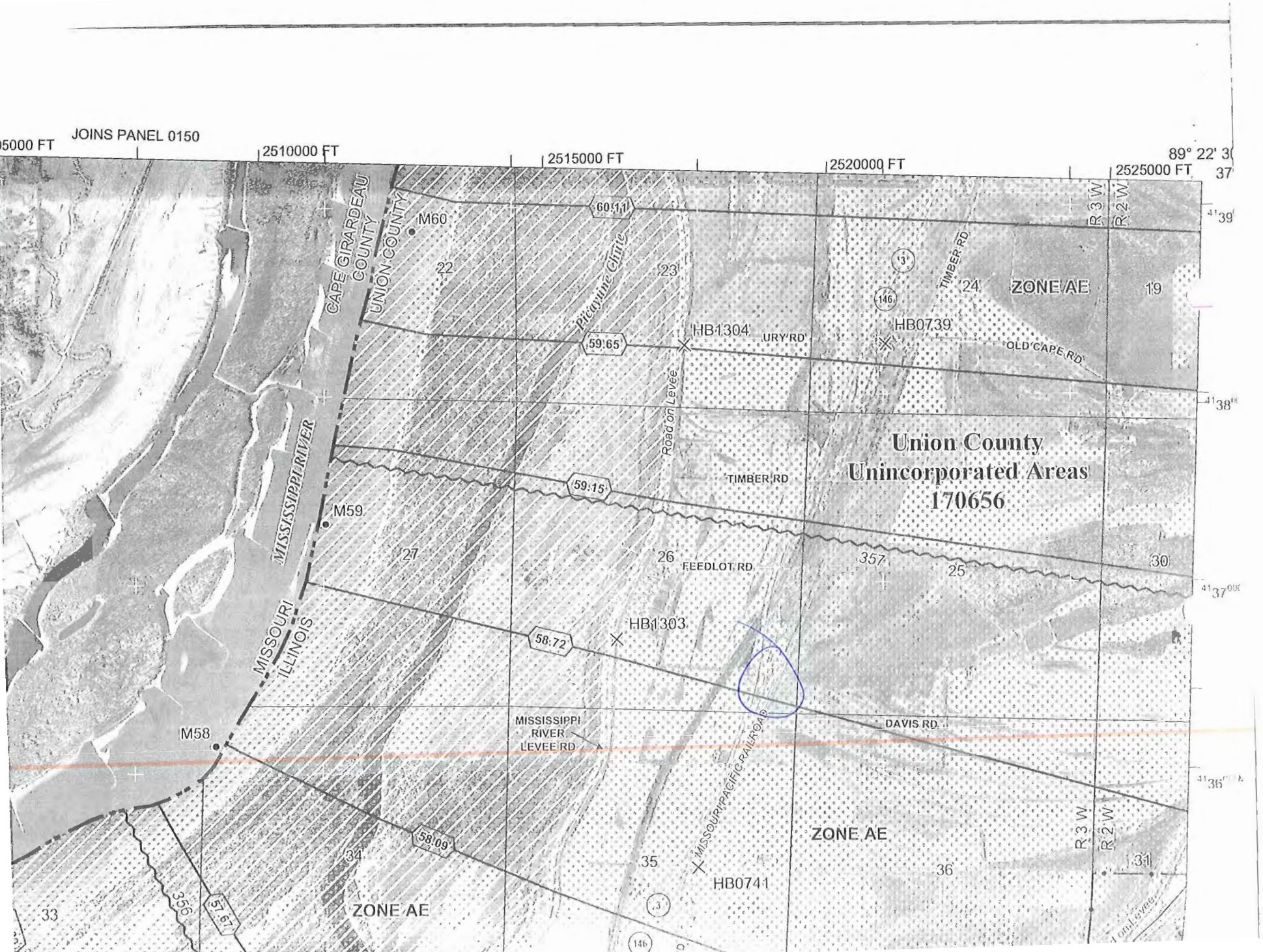
NEW MAP
FOR YOUR OFFICIAL FILES

D STATES
T OF THE ARMY
F ENGINEERS

Additional Copies, 20 Cents Each
May be Purchased From
STATE GEOLOGICAL SURVEY, URBANA

MC CLURE QUADRANGLE
ILLINOIS-MISSOURI
7.5 MINUTE SERIES (TOPOGRAPHIC)




JOINS PANEL 0150
2510000 FT
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89° 22' 30"
CAPE GIRARDEAU COUNTY
UNION COUNTY
MISSISSIPPI RIVER
MISSOURI
ILLINOIS
M60
M59
M58
Picayune Cirrie
Road on Levee
TIMBER RD
OLD CAPE RD
FEEDLOT RD
DAVIS RD
MISSISSIPPI RIVER LEVEE RD
MISSOURI PACIFIC RAILROAD
HB1304
HB0739
HB1303
HB0741
ZONE AE
Union County
Unincorporated Areas
170656
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357
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356

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-13-05-834

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

I. LOCATION OF BUILDING

Number and street: Katzinger Hollow Rd (Alden)

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-20 S.T.R.3 NW PT N PT W 1/2 SE 15.78 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 [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: Apr 1, 09

Completion construction date: July 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 ..... $ 0

MOBILE HOME INFO:

Date MH was set-up:

Make: Magnolia Size: 23X48 Yr. Model: 1973

Previous MH Owner

Previous MH Location: out of the County

Current MH Owner: Jeffrey Reynolds Jr.

Current MH Location: 08-13-05-834

Current Land Owner: Paul 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 [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	Jeffrey S Reynolds Jr.	800 N Green street Lot 12 Anna IL 62906	62906	618614 7266
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: Jeff Reynolds | Address | Application date: 3-11-09

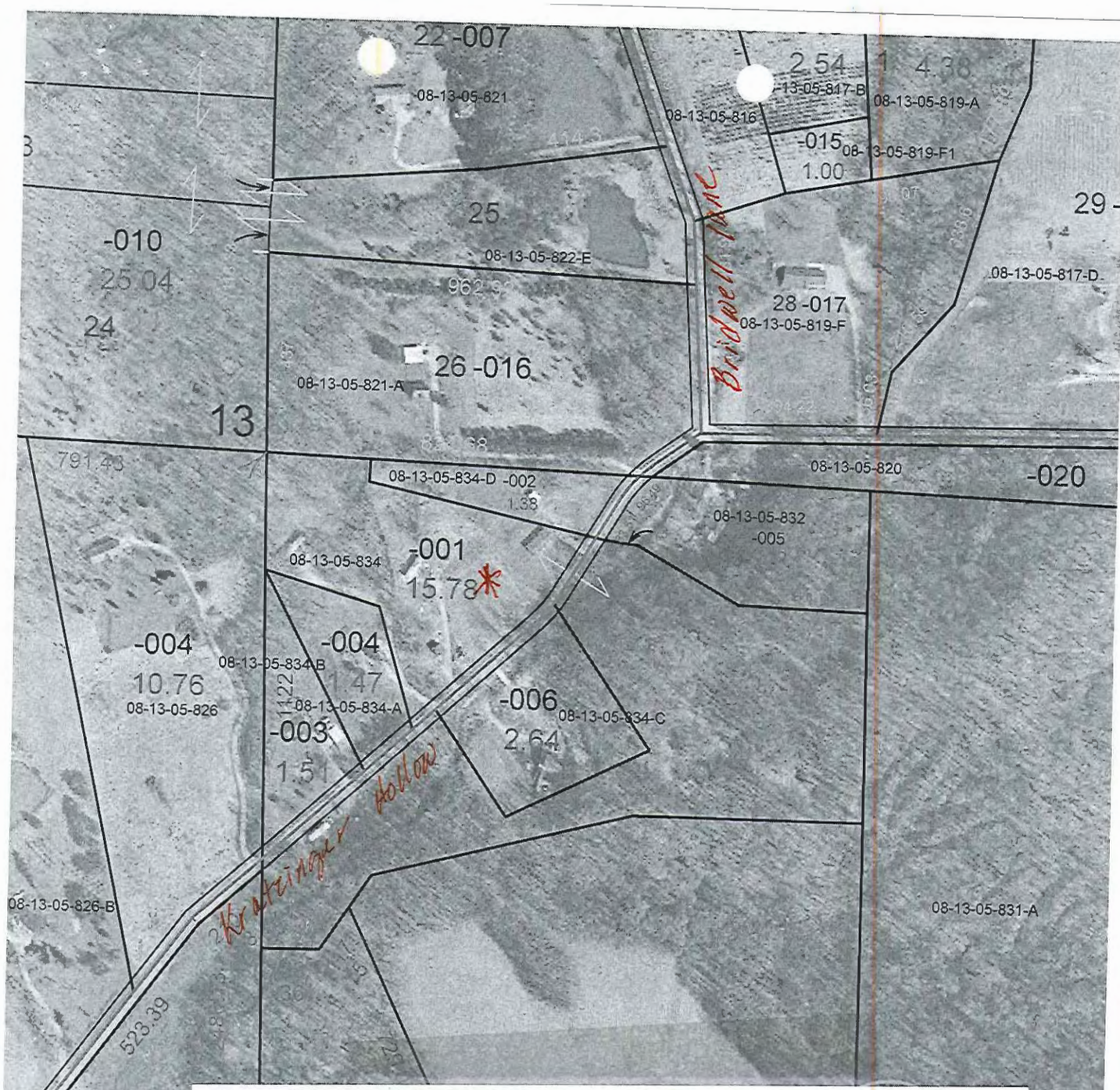
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 10.00	3-11-09	09-12

Payment of $1000 CK# 441 received by Union County Treasurer

Date 3/18/09

Barry A. Mayer Mg.



JEFFREY S REYNOLDS 11-07
CANDACE N SRONCE
LIC. R543-4378-3010
800 N GREEN ST. LOT #12
ANNA, IL 62906

70-526/812
5070938

441

DATE 3/11/09

BOBBY G. MYERS
TREASURER AND COLLECTOR

$ 10.00

PAY TO THE ORDER OF Ten dollars and 00/100 cents DOLLARS

Anna-Jonesboro National Bank
Anna, IL 62906

MEMO permit

Jeff Reynolds MP

⑆081205264⑆ ⑈507⑈093⑈8⑈/044⑈

© DELUXE · WALLET ON DUPLICATE · STERLING SECURITY

Security Features Included. Details on Back.

HOLLOW

21.06

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-269

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
Lucas Hay Rd, i Anna	Rose Estates	4		

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

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 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 pad

Beginning construction date Apr 1, 09
Completion construction date June 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	$ 17,000

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] 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 _____ 30x50 1500 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	Clarence Blattel	535 Shawnee Meadows In. Anna IL	62906	833 7391
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
Clarence Blattel		3-11-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Dunn	$ 44.00	3-11-09	09-11

Payment of $44.00 CK # 2420 received by Union County Treasurer

Date 3/18/09

Barry L. Dunn

247

new parcel

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. part of #07-12-05-321

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

I. LOCATION OF BUILDING

Number and street: 90 Holly Ln. Cobden

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-2W Sec 12 approx 5 ac

PT W 1/2 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 [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	$ 90,000

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	1,095
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
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	Francis Holly	90 Holly Lane Cobden	62920	559-1940
2. Contractor or Builder	Gary Dahmer			534-1692
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]	90 Hollylane Cobden	3-5-09

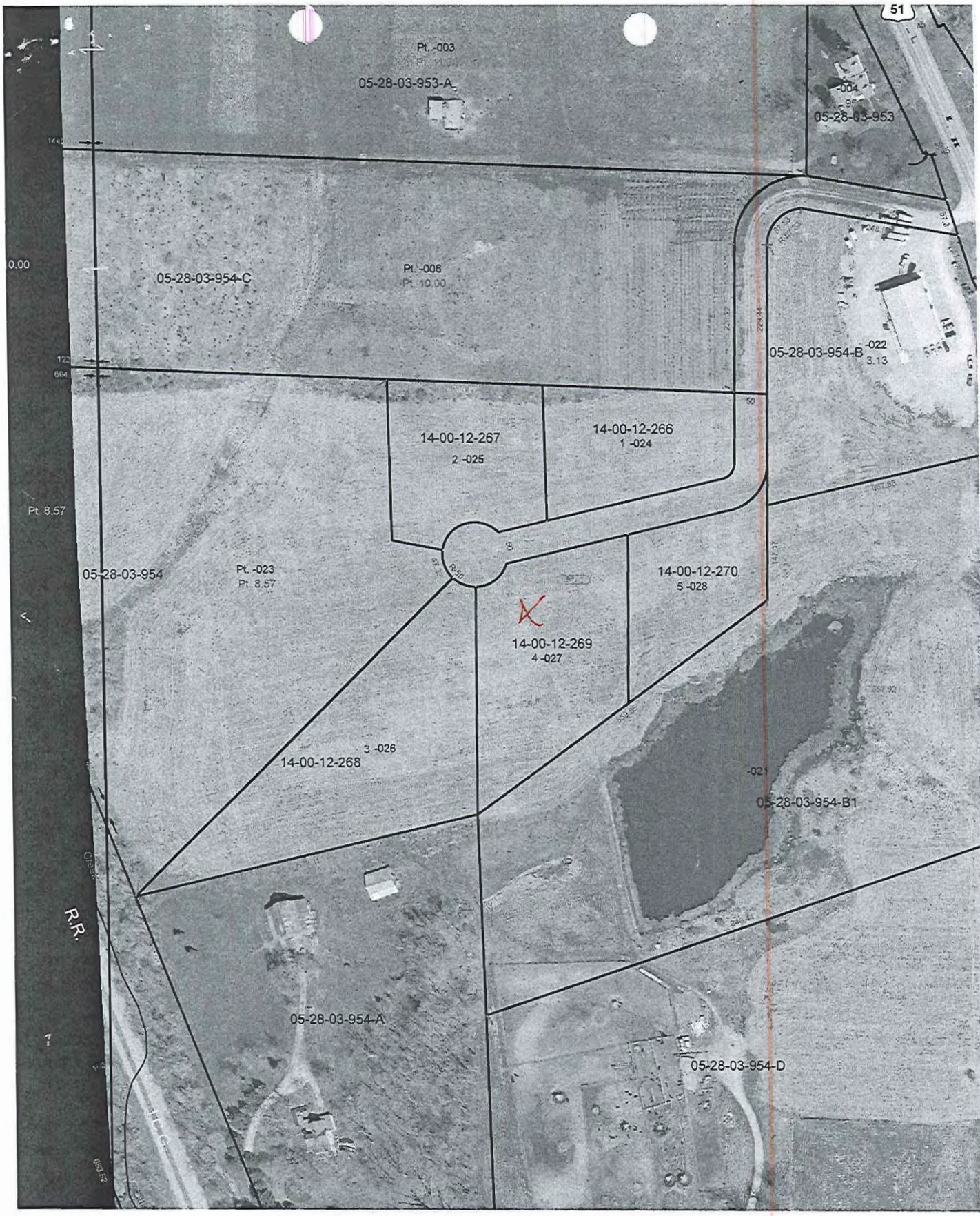
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Ham	$ 170.00	3-5-09	09-09

Payment of $170.00 Ck # 1032 received by Union County Treasurer

Date 3-18-09

[signature] Mg.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Pt. -003
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-004
05-28-03-953
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Pt. -006
Pt. 10.00
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-022
3.13
14-00-12-267
2 -025
14-00-12-266
1 -024
Pt. 8.57
05-28-03-954
Pt. -023
Pt. 8.57
14-00-12-270
5 -028
14-00-12-269
4 -027
14-00-12-268
3 -026
-021
05-28-03-954-B1
R.R.
05-28-03-954-A
05-28-03-954-D

UNION COUNTY Prop. No. 06-35-05-C -A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 880 MT Pisgah Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: 13-10 6.35 NW CR SW SE 5.45 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 pole barn house
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

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

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

Residential
- 12 [ ] 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	$26,000
To be installed but not included in the above cost	
a. Electrical	$750.00
b. Plumbing	$400.00
c. Heating, air conditioning	$1,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$28,000

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

Pole barn house
- No subdivision
- In floodplain, raised above flood elevation
∴ Rec. for approval

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

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

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

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

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

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

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1740
- 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	Darrell Lynn Miller	880 MT Pisgah Rd Dongola IL	62926	614-2639
	Sandra Kay Miller	Same as Above		614-0543
2. Contractor or Builder	Amish Builders	Opdike		
3. Architect				

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

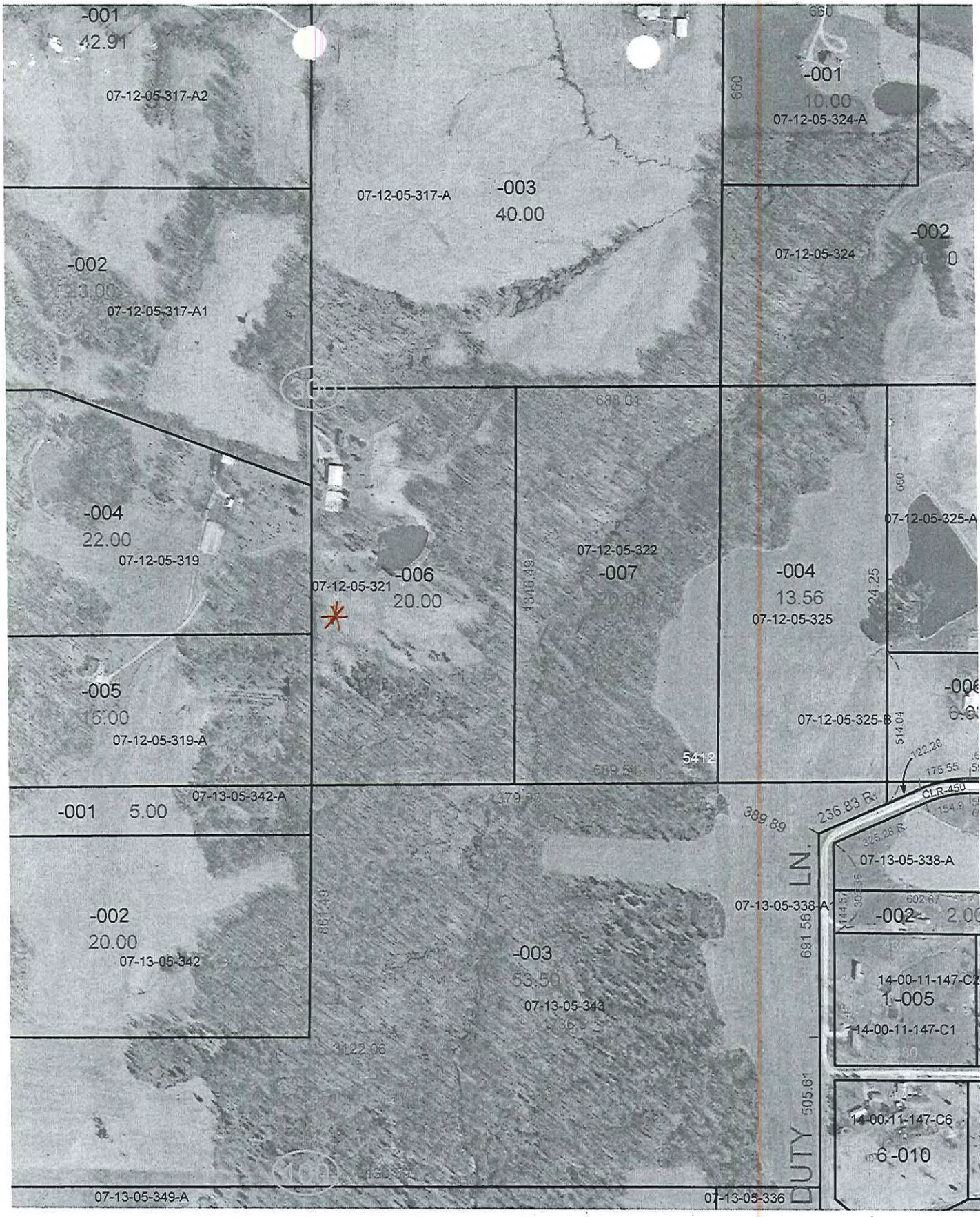
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Darrell Lynn Miller	880 MT Pisgah Rd Dongola Il	3-5-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rod Lill	$ 66.00	3-5-09	09-10

Payment of $66.00 Cash received by Union County Treasurer
Date 2-9-11
Darren M. Bailey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14-00-11-147-C1
14-00-11-147-C6
6-010
07-13-05-349-A
07-13-05-336

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-26-06-177-E3

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

I. LOCATION OF BUILDING

Number and street: Derryville Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S26 12-2W PT E1/2 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 [ ] 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 ..... $ 7,000

MOBILE HOME INFO:

Date MH was set-up: Feb. 21, 2009
Make _____ Size 16x80 Yr. Model 1994
Previous MH Owner —
Previous MH Location out of the country
Current MH Owner Jamica Lacy
Current MH Location
Current Land Owner Jamica, Cara & Ron Lacy

III. SELECTED 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 [ ] 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	Jamica Lacy	1120 Derryville Rd Jonesboro IL	62952	833-3912
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: Jamica Lacy
Address
Application date: 2-12-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: John Hamm
Permit fee: $ 24.00
Date permit issued: 2-12-09
Permit number: 09-02

Payment of $24.00 CK# 1086 received by Union County Treasurer

Date 3/3/09

Bonny A. Myers
Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-06-04-374

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

I. LOCATION OF BUILDING

Number and street: 415 Ebenezer Church Rd.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 55 13-1W
N PT W PT NW 47.30 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 _____
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	$ 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 24 X 70

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

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	URY RONALD & TAMARAS	415 EBENEZER RD JONESBORO IL	62952	618-525-24
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

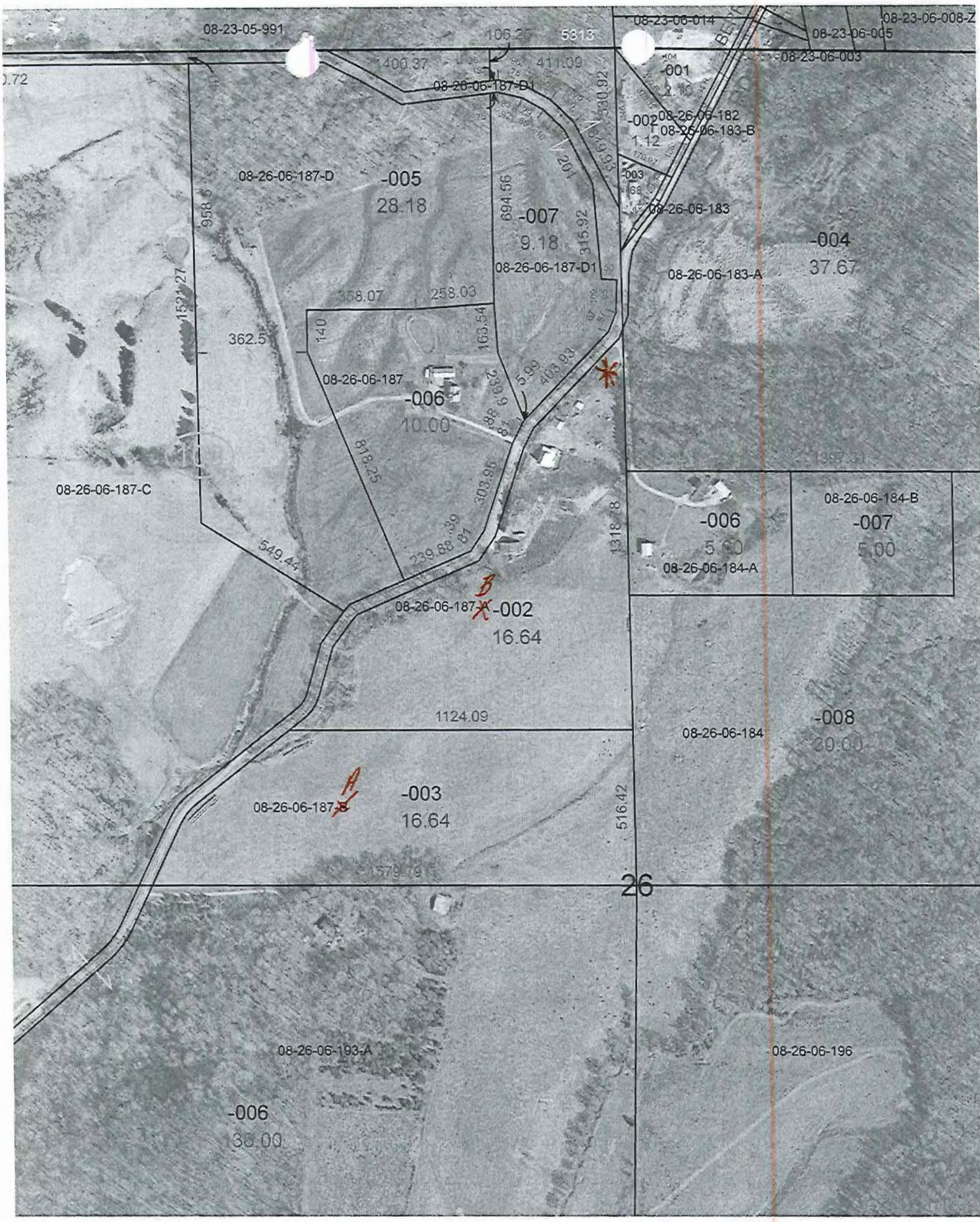
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gum	$ 30.00		09-07

Payment of $30.00 CK # 7844 received by Union County Treasurer

Date 2/17/09

Barry T. Meyer mg.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06
-002
115.00
HIRCH
3383
-002
19.00
-001
30.00
-004
2.00
-003
6.00

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 12-11-07-111

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

I. LOCATION OF BUILDING

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

Legal Description 155SW 5 11 160 AC NE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [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* Machine shed totally enclosed

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

Beginning construction date 2-4-09
Completion construction date 3-4-09
gravel floor

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	$ 15,000

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 48 x 80 3840
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Bill Davis	6775 State Rt 3 S McClure	62957	833-2500
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
Bill Davis		2-4-09

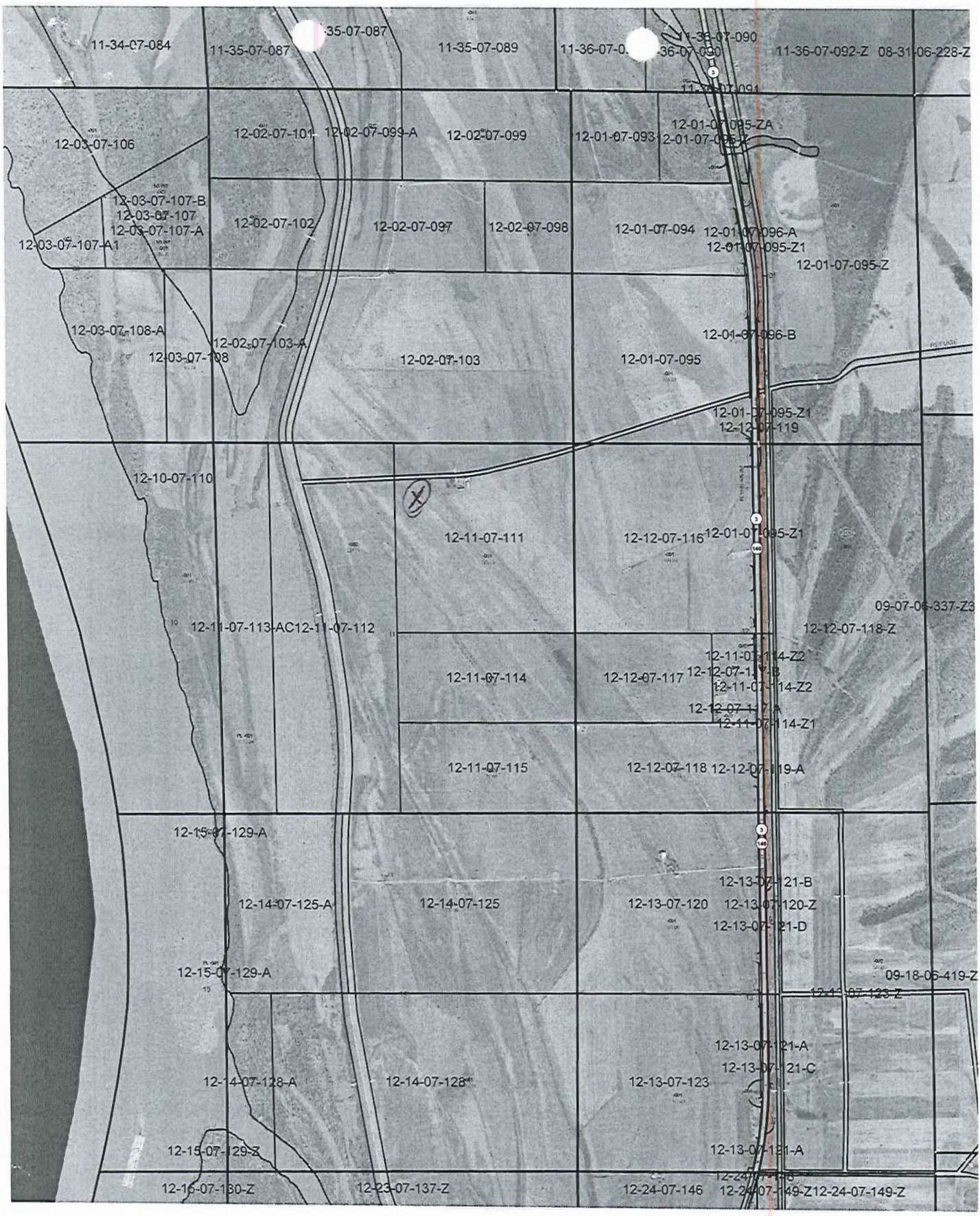
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hamm	$ 40 00	2-4-09	09-04

Payment of $40.00 CK # 12944 received by Union County Treasurer

Date 2/17/09

Barry L. Mayer Mg.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12-01-07-093
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12-03-07-107
12-03-07-107-A
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12-02-07-098
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12-01-07-095-Z1
12-12-07-119
12-10-07-110
12-11-07-111
12-12-07-116
12-01-07-095-Z1
09-07-06-337-Z3
12-11-07-113-AC
12-11-07-112
12-12-07-118-Z
12-11-07-114
12-12-07-117
12-11-07-114-Z2
12-11-07-114-Z2
12-11-07-114-Z1
12-11-07-115
12-12-07-118
12-12-07-119-A
12-15-07-129-A
12-13-07-121-B
12-14-07-125-A
12-14-07-125
12-13-07-120
12-13-07-120-Z
12-13-07-121-D
12-15-07-129-A
09-18-06-419-Z
12-13-07-123-Z
12-13-07-121-A
12-13-07-121-C
12-14-07-128-A
12-14-07-128
12-13-07-123
12-15-07-129-Z
12-13-07-121-A
12-16-07-130-Z
12-23-07-137-Z
12-24-07-146
12-24-07-149-Z
12-24-07-149-Z

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Bill Davis

Address: 6785 State Rte 3 South

City: McClure State: IL Zip: 62957

Phone: (home) (618)833-2506 (work) —

Address of subject property (if different from above):

Parcel (tax) Identification Number 12-11-07-111

Legal Description: T13S, R3W, Sec. 11, NE 1/4

Size of Subject Parcel (contiguous parcel under on ownership): 160 ac.

Floodplain Map Panel Number: 17181C0150C

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

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes (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 (circled) no
4. Are the main electrical switch boxes above the base flood elevation?
   yes (circled) no
5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no 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 359.00
2. Lowest floor elevation (including basement) of proposed structure 347.0±

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:

Entire property used for agricultural purposes and located within floodplain

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 farming 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.

Structure will not cause increased flood elevation

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

Electrical connections below flood stages. Sufficient openings to allow flood water entry. Flood resistant material.

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 _____ayes to _____nays to _____ (approve or deny) this variance application.

X Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

Kevin Hammer February 2, 2009
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the February 17, 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.

Bill Gaw _____
Grantee Date

X John Gaw _____
Chairman-Variance Board Date

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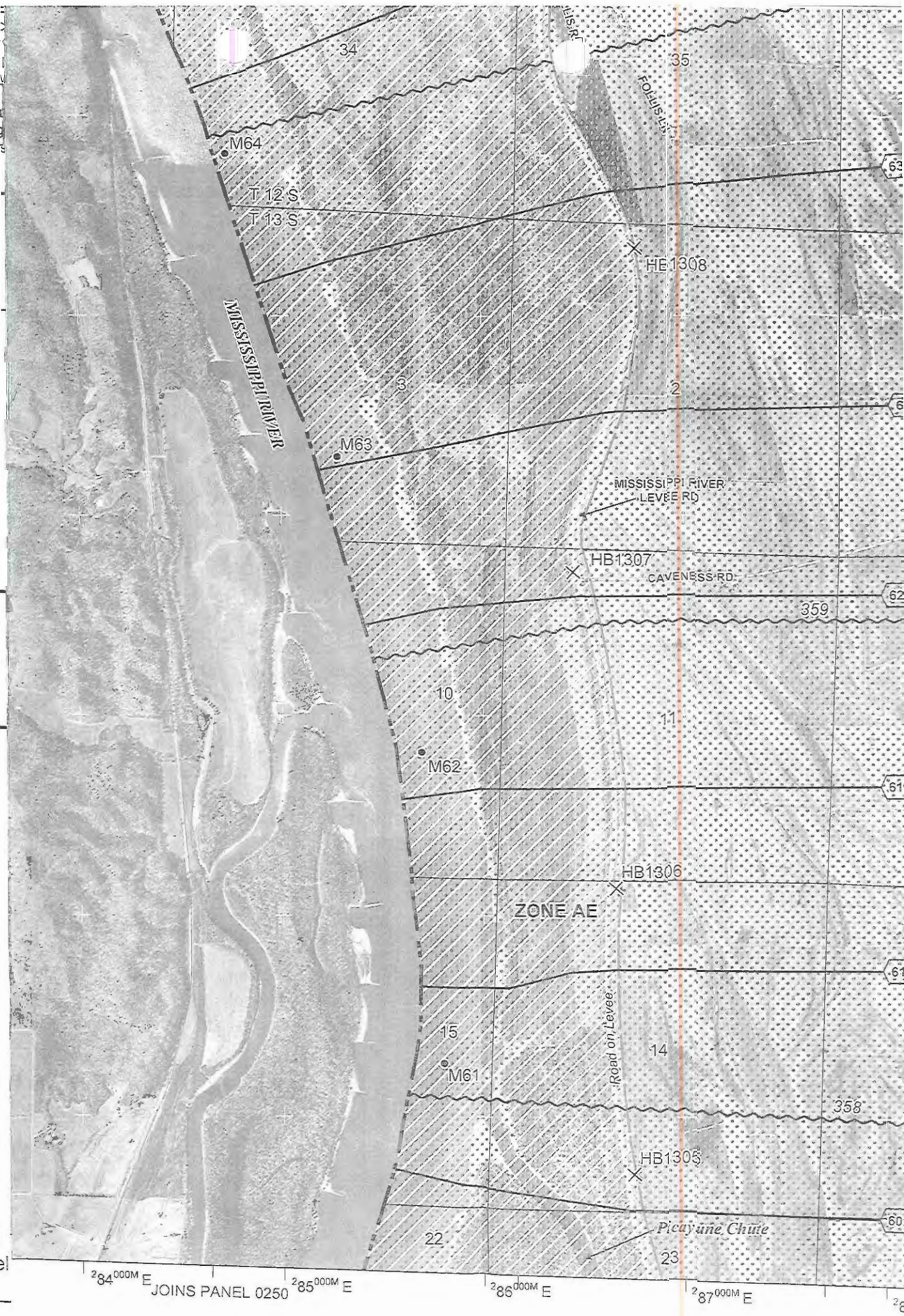

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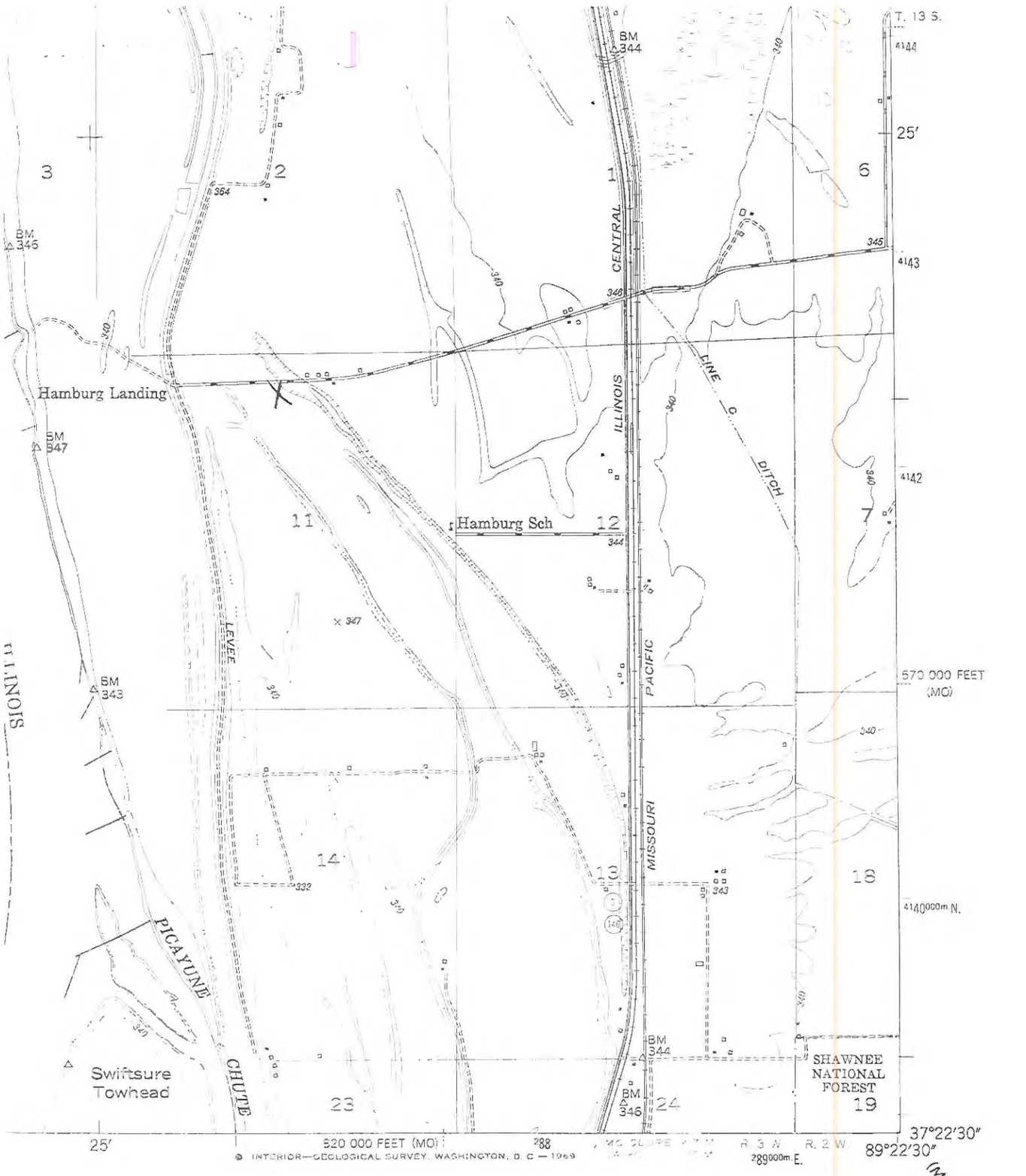


1 MILE

ROAD CLASSIFICATION

HARD-SURFACE ALL WEATHER ROADS		DRY WEATHER ROADS
Heavy-duty	4 LANE 2 LANE	Improved dirt
Medium-duty	4 LANE 2 LANE	Unimproved dirt

Loose-surface or narrow hard-surface - -

(1) U. S. Route (1) State Route

WARE, ILL.-MO.

N3722.5—W8922.5/7.5

1947

. D. C. 20242

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-28-00-369

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

I. LOCATION OF BUILDING

Number and street: 920 Pitts Road

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: 11S R1E Sect. 28 74.25ac

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* Chicken House

Beginning construction date 1-24-09

Completion construction date 6-1-09

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

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 500
50. Total land area, sq. ft.: 500

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	Joseph Pitts	920 Pitts Road Makanda, Il	62958	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Joseph R Pitts	920 Pitts Road, Makanda IL	1-22-09

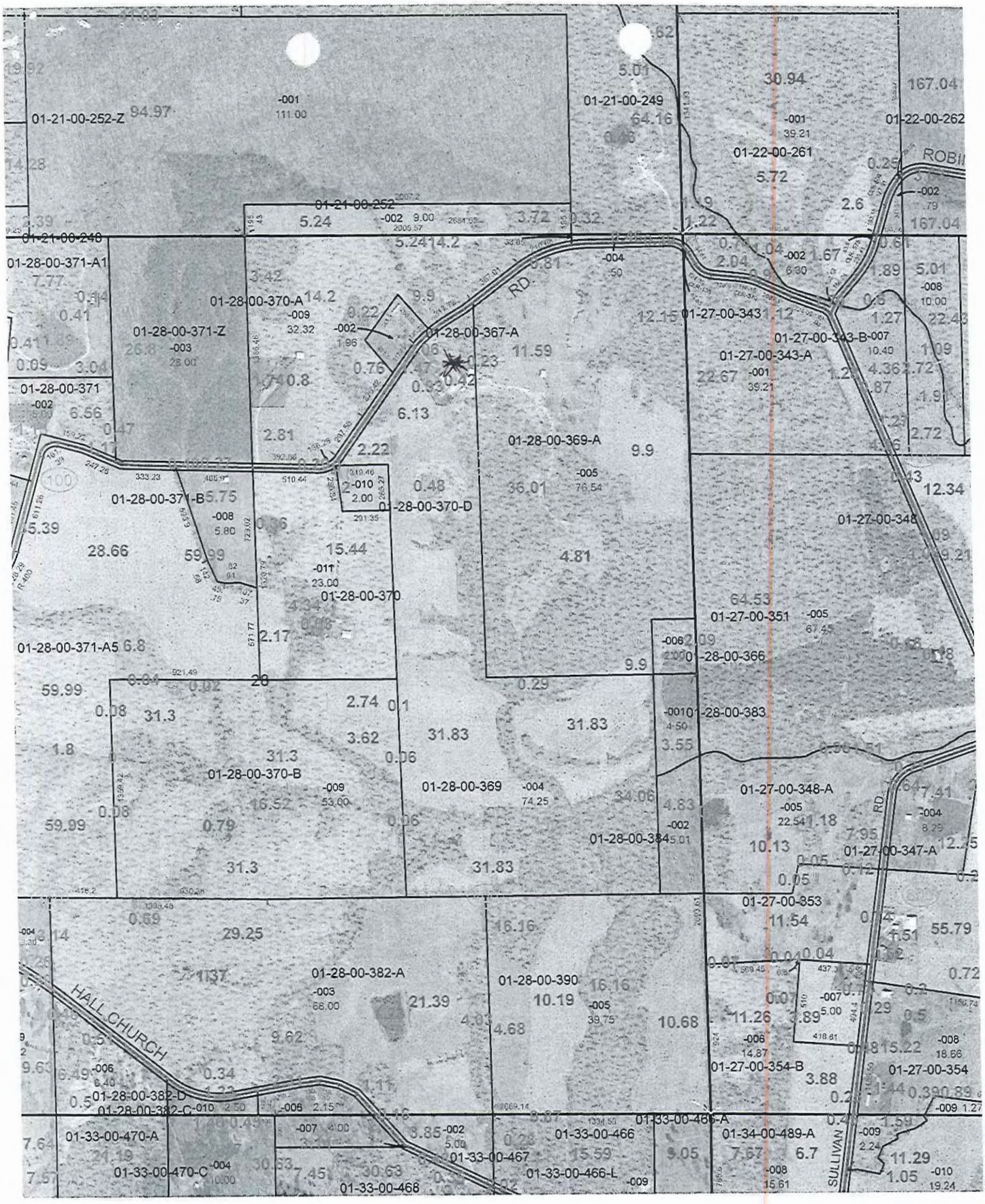
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 14.00	1-22-09	09-05

Payment of $14.00 Cash received by Union County Treasurer

Date 2-2-09

Bridget A Meyer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01-28-00-383
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01-27-00-348-A
01-27-00-347-A
01-27-00-353
01-28-00-382-A
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01-27-00-354-B
01-27-00-354
01-28-00-382-D
01-28-00-382-C
01-33-00-466-A
01-34-00-489-A
01-33-00-470-A
01-33-00-466
01-33-00-467
01-33-00-470-C
01-33-00-466-L
01-33-00-468
HALL CHURCH
SULLIVAN
RD.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 05-15-03-231

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

I. LOCATION OF BUILDING

Number and street: 850 Old Saratoga Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S15 T12 R1W S½ N½ NE NW 32.40AC

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 2-1-09?

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 ..... $ 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 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify Wood
Gas back up

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 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	Janet Graham	320½ South Orange St. Jonesboro, IL 62952	62952	833-3681
2. Contractor or Builder	Self or owner (except for basement)			
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: Janet Graham | Address: 320½ S. Orange St. Jonesboro | Application date: 1-20-09

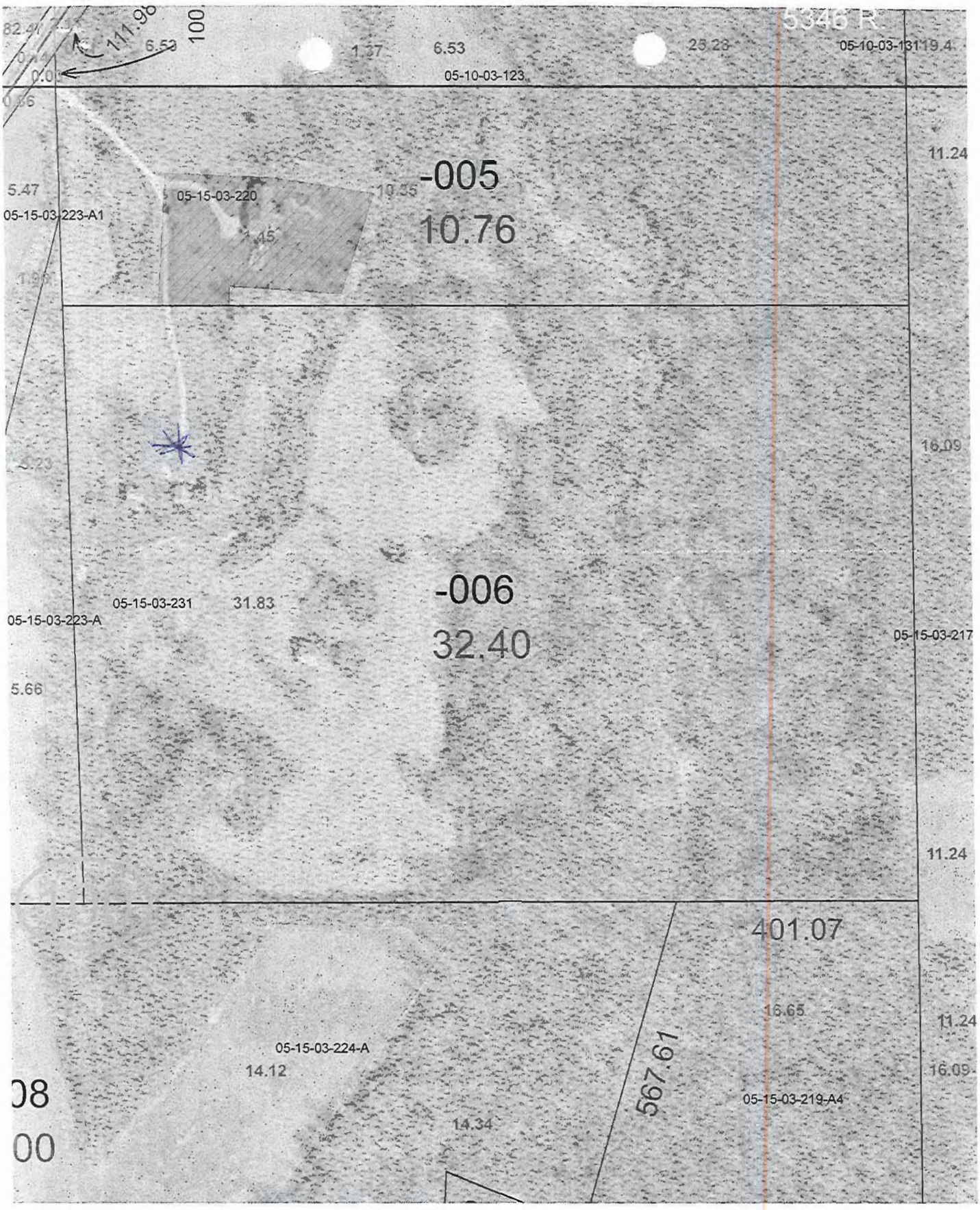
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Shaw	$ 170.00	1-20-09	09-04

Payment of $170.00 CK# 1167 received by Union County Treasurer

Date 2-2-09

Bobby [illegible]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05-15-03-219-A4
14.34

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 09-10-06-345

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
170 Burchyett Lane		4 Ac		09-10-06-34

Legal Description: Sect 10 Twn 13 Rg 2W 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 [ ] 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 1-21-09

Completion construction date 5-21-09

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 _____

Building living home

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 9,000
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	$ 9,000

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: 320
- 50. Total land area, sq. ft.: 320

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

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

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

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Terry Foster Denise Foster	170 Burchyett Ln Jonesboro IL ~~62952~~	62952	618-697-1204
2. Contractor or Builder	Self			
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
T Foster	170 Burchyett Ln Jonesboro IL 62952	1-13-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Hum	$ 27.00	1-16-09	09-03

Payment of $38.00 CK# 4298 received by Union County Treasurer

Date 1/20/09

Barry L. Mayer

UNION COUNTY Prop. No. 08-24-06-046-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 78 Berryville Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S24- R12 R2W NW CR NW SW 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 [ ] 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	$ 25,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 25,000.00

MOBILE HOME INFO:

Date MH was set-up:	
Make Clayton	Size 26 X 60 Yr. Model 1988
Previous MH Owner	Terry Reynold
Previous MH Location	Chicago
Current MH Owner	Dean Warden
Current MH Location	78 Berryville Rd
Current Land Owner	~~[illegible]~~ Mabson, Michael

III. SELECTED 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	26 X 60
50. Total land area, sq. ft.	1.5 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	
54. Number of bathrooms – Partial	

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dean Warden	4705 S. 17 Ct Cicero IL	60652	
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
		1-14-09

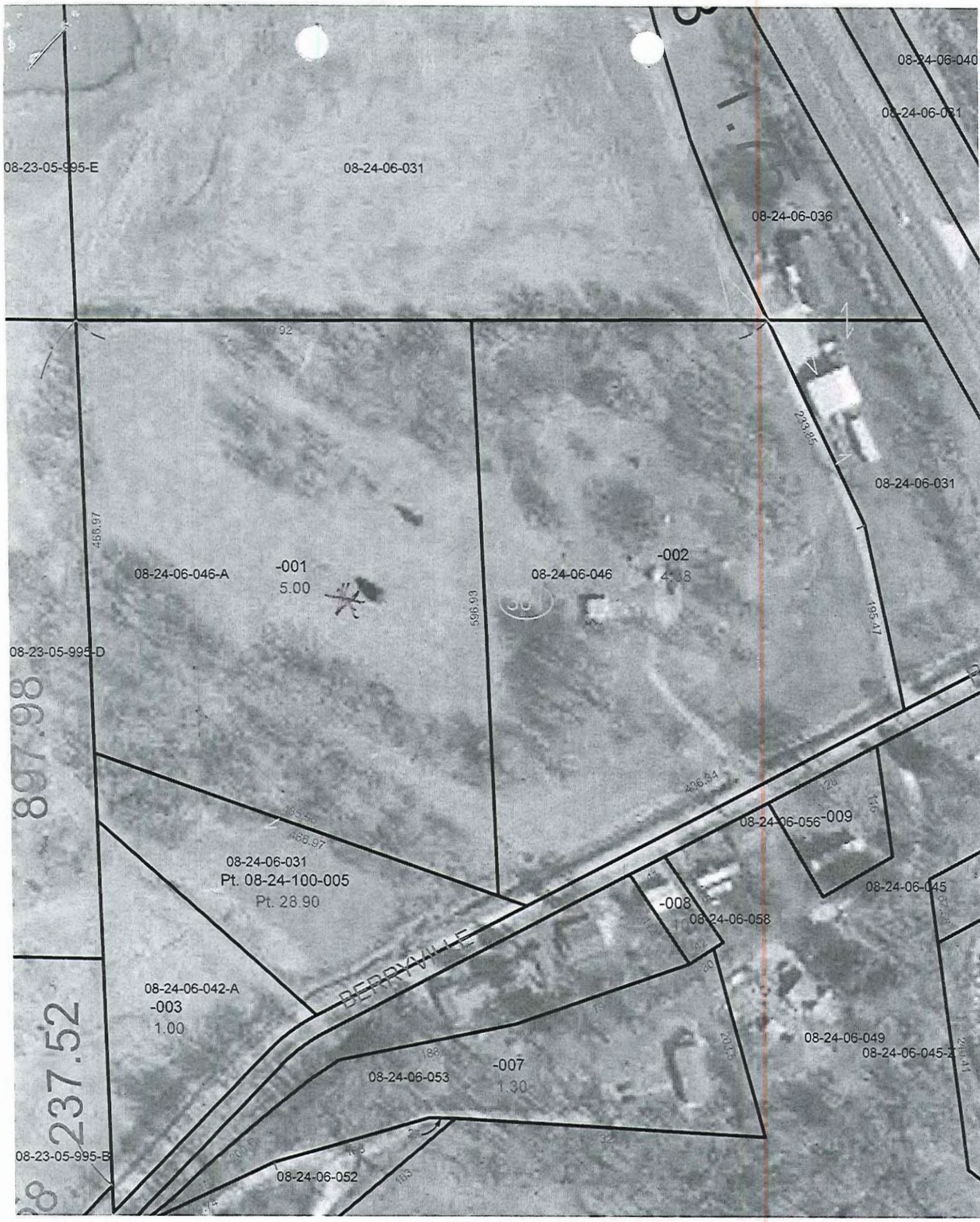
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 60.00	1-14-09	08-02

Payment of $60.00 CK # 3786 received by Union County Treasurer

Date 6-15-09

[illegible] Treas.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08-24-06-049
08-24-06-045-A
-007
1.30
08-24-06-053
08-23-05-995-B
08-24-06-052

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 10-32-06-1 -A

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

I. LOCATION OF BUILDING

Number and street: 835 McMahan Lane
Subdivision or Addition:
Lot:
Block:
Census tract:
Legal Description: Section 32 Township 11 South Range 3 West
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 [ ] Wrecking (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] 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, merchantile
28 [ ] Farms, towers
29 [✓] Other – *Specify* Pole Barn Machine Storage

Beginning construction date _____
Completion construction date _____

Beginning construction date 2/1/2009
Completion construction date ?

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 9285
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	$ 9285

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 N/A

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

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: ~~1300~~ 1140
50. Total land area, sq. ft.: ~~1300~~ 1140

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	Luke McMahan	835 McMahan Lane Wolf Lake IL	62998	618 833-2121
2. Contractor or Builder				333-3784 ext. 214
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: L. McMahan
Address: 835 McMahan Lane
Application date: 1/8/2009

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: John Farr
Permit fee: $ 28.50
Date permit issued: 1-8-2009
Permit number: 09-01

Payment of $28.50 CK# 4125 received by Union County Treasurer
Date 1/20/09
Betsy Meyer Mg.

10-32-06-783-A

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Luke McMahan

Address: 835 McMahan Lane

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 618-833-2621 (work) 618-833-3784 ext. 214

Address of subject property (if different from above):

Parcel (tax) Identification Number

Legal Description: Section 32 Township 11 South Range 3 West

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

Floodplain Map Panel Number: 17181C0050C

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. elev. 356.0± from USGS map.
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.

30 x 38 pole Barn

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

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

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no
2. Is the building constructed with flood resistant materials:
   yes no
3. Are all incoming electrical lines above the base flood elevation?
   yes no
4. Are the main electrical switch boxes above the base flood elevation?
   yes no
5. NA Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no
6. Is the building used only for parking or limited storage?
   yes no
7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site 364.5
2. Lowest floor elevation (including basement) of proposed structure 352

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:

Economic hardship will occur if equipment storage is located off site.

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:

Entire property is located in flood plain.

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.

Owner will remove equipment in the event of a flood.

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

Owner will remove equipment in the event of a flood.

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.).

See above.

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building site has been inspected and does comply with the conditions of this variance.

Kevin Hammer 1-20-09
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The _____ County Variance Board at the _____, 20__ meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

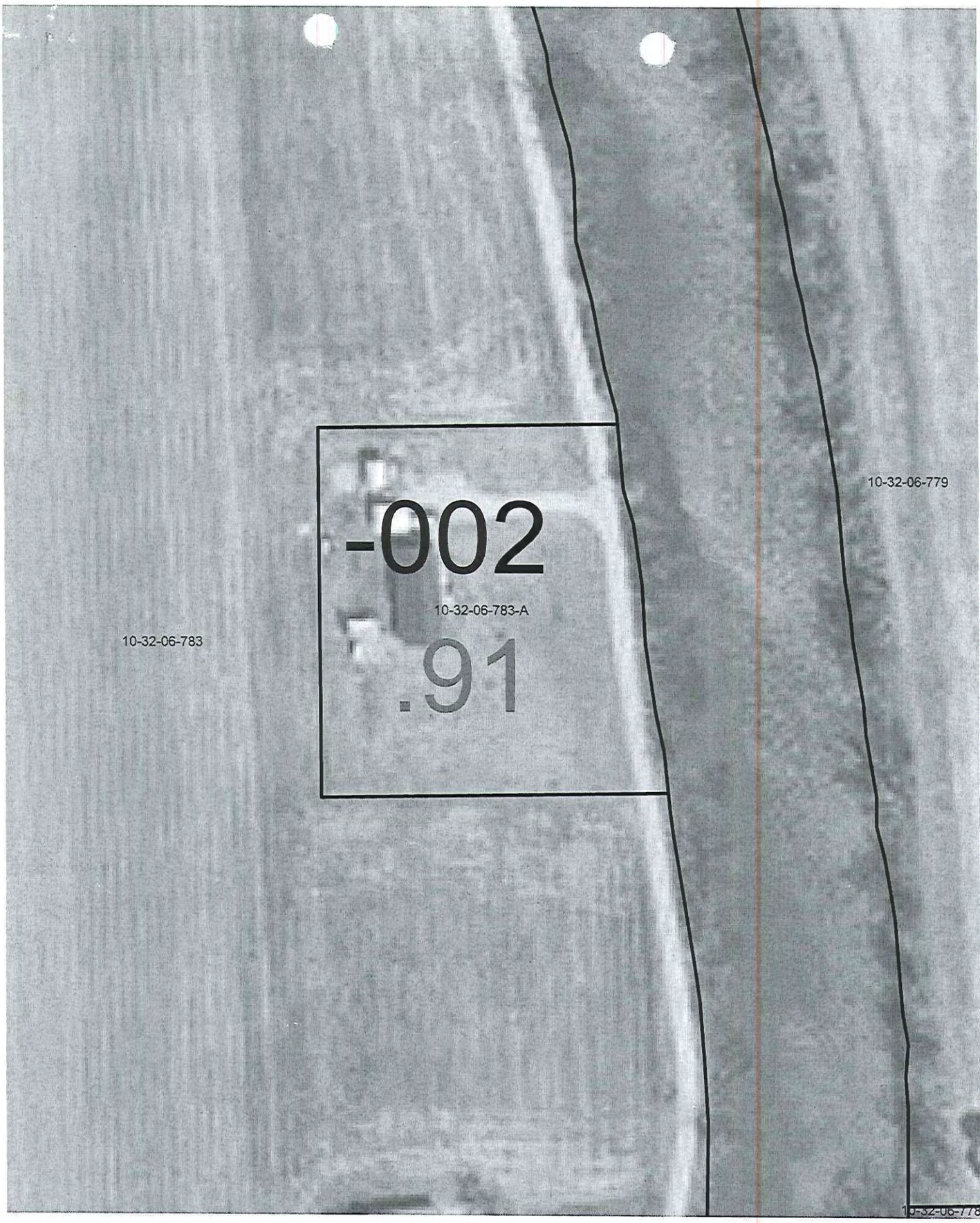
1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations: and,

2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

_____ _____
Grantee Date

_____ _____
Chairman-Variance Board Date


-002
10-32-06-783-A
.91
10-32-06-783
10-32-06-779

-dit from 06-24-04-717B

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-24-04-717-B6

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

I. LOCATION OF BUILDING

Number and street: 241 Country Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: S24 T13 R1W PT NE SE PT SENE 7ac

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 [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	$ 2,000.00

MOBILE HOME INFO:

Date MH was set-up:	June 1 08
Make	Clarmount Size 14 x 70 Yr. Model 1977
Previous MH Owner	
Previous MH Location	Perry County IL
Current MH Owner	
Current MH Location	241 Country Lane
Current Land Owner	Stephen Zinn

III. SELECTED 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	Stephen Zinn	P.O. Box 372 Dongola IL	62926	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
		5-5-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Gann	$ 14.00	5-5-08	08-28

Payment of $14.00 CK #1034 (44.00) received by Union County Treasurer

Date 2/17/09

Bailey L. Mayne

split from 06-24-04-717-

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-24-04-717-B6

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

I. LOCATION OF BUILDING

Number and street: 425 Country Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 24 T13 R1W PT NE SE PT SE NE 7ac

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	$ 10,000.00

MOBILE HOME INFO:

Date MH was set-up:	May 1 08
Make: Clayton	Size: 16 X 72 Yr. Model: 98
Previous MH Owner	
Previous MH Location	Indiana
Current MH Owner	Stephen L Zinn Sr
Current MH Location	425 Country Lane Dongola
Current Land Owner	Stephen L Zinn Sr.

III. SELECTED 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	Stephen Zinn	~~425 Country Lane Dongola IL~~ P.O. Box 372	62926	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
		5/5/08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 30.00	5-5-08	08-27

Payment of $30.00 CK # 1034 ($4.00) received by Union County Treasurer

Date 2/17/09

[signature]

UNION COUNTY Prop. N. 08-26-06-193-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 11665 Berryville Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: S26 T12 R2W ~~NE SW~~ E½ NW SW W½
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	$38,000
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 Fleetwood Size 16x80 Yr. Model 08
Previous MH Owner —
Previous MH Location —
Current MH Owner Charles Ebersohl
Current MH Location
Current Land Owner Joe Frick

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [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 1,100
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Charles Ebersohl	1700 Berryville Rd Jonesboro	62952	833-8346
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 L Smith	1700 Berryville Rd Jonesboro IL	11-15-07

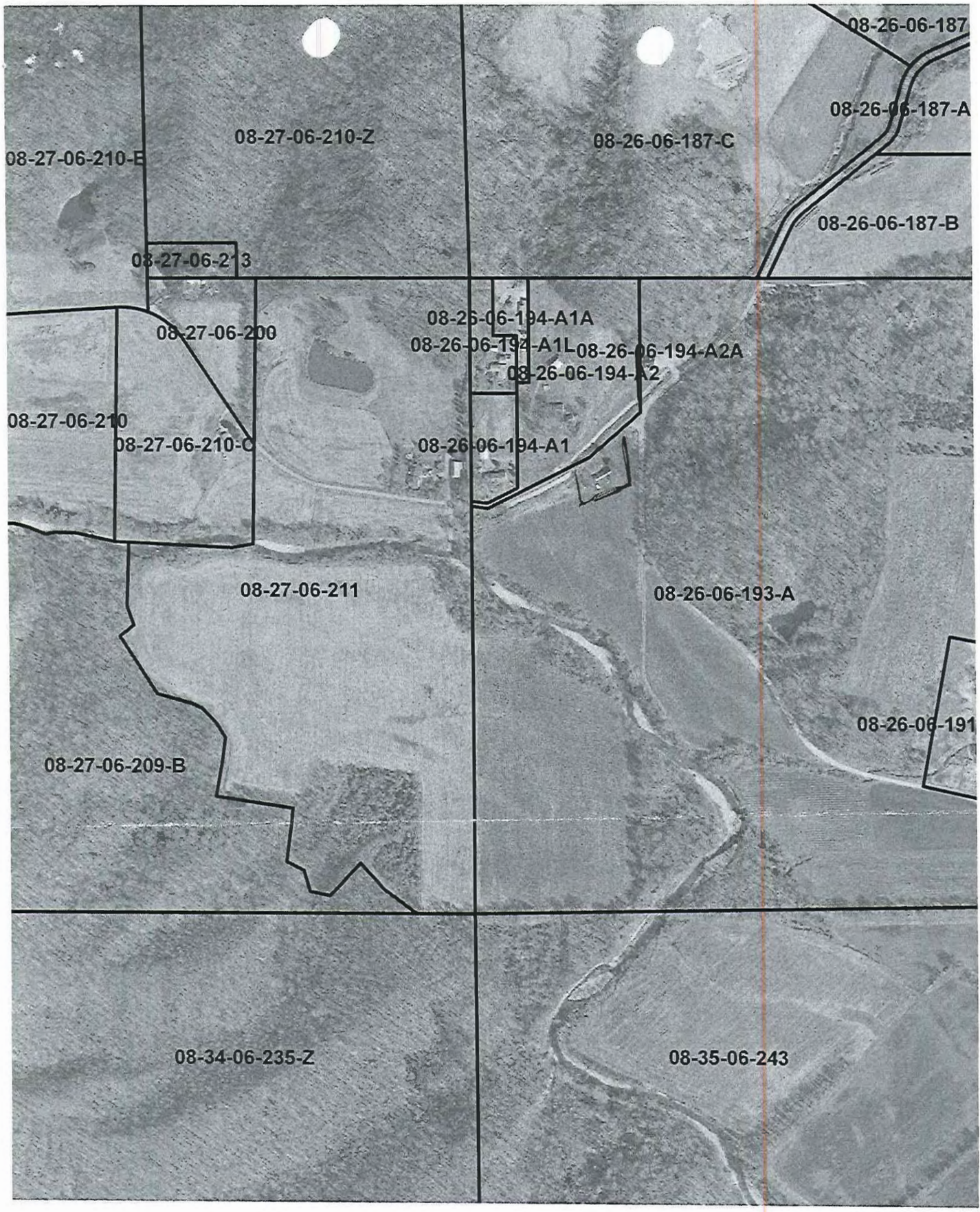
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Arlin Gann	$ 86.00	11-15-07	959

Payment of $86.00 CK# 1638 received by Union County Treasurer

Date 2/17/09

Bobby L Magness


08-26-06-187
08-26-06-187-A
08-27-06-210-Z
08-26-06-187-C
08-27-06-210-B
08-26-06-187-B
08-27-06-213
08-26-06-194-A1A
08-27-06-200
08-26-06-194-A1L
08-26-06-194-A2A
08-26-06-194-A2
08-27-06-210
08-27-06-210-C
08-26-06-194-A1
08-27-06-211
08-26-06-193-A
08-26-06-191
08-27-06-209-B
08-34-06-235-Z
08-35-06-243

#132

new parcel

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-24-04-717-B.7

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

I. LOCATION OF BUILDING

Number and street: 285 Country Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: T3-1W Sec 24 PT NE SE PT SE NE 7 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	$ 12000

MOBILE HOME INFO:

Date MH was set-up:	Mar 12, 2007
Make: Belmont	Size: 1088 Yr. Model: 1993
Previous MH Owner	
Previous MH Location	Pulaski
Current MH Owner	Stephen Zinn
Current MH Location	285 Country Lane, Dongola
Current Land Owner	Stephen Zinn

III. SELECTED 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 [ ] 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	Stephen Zinn	200 Roberts St, Anna IL	62906	833-1407
	CO with Harley Rhodes			
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]		3-21-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 34.00	3-21-07	# 862

Payment of $34.00 CK# 232 received by Union County Treasurer

Date 2/11/09

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-17-02-292-C

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

I. LOCATION OF BUILDING

Number and street: 2750 Cobden School Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: PT E1/2 NW SE 1.55ac. Sec. 17

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 4-1-08
Completion construction date 9-1-08

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
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 Pole Barn

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	one
49. Total square feet of floor area, all floors, based on exterior dimensions	1.680
50. Total land area, sq. ft.	1.55

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	

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Lorie Childers	PO Box 145 Alto Pass IL	62905	8336793 7130203
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
Lorie Childers	PO Box 145 Alto Pass IL 62905	3-31-08

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stum	$ 170.00	3-31-08	08-13

Payment of $170.00 CK# 1049 received by Union County Treasurer

Date 2/17/09

Bobby L. Mayes mg.