Name + date	Type of Improvement	Amount	Property #
Terry & Debra Strunk 4-6-10	mobile home ok	150.00	05-02-02-946A
James A Brown 4-6-10	dwelling	40.00	07-21-05-463-A
Dwayne + Dasha Fehrenbacher 4-9-10	pole barn	26.00	06-31-05-010
David Taylor 4-12-10	Addition	30.00	09-28-06-536-A1
Jeremy Miller	DW	138.00	06-31-04-975
Verizon Wireless	Antenna/coax	60.00	07-17-05-443-A
James Keistler 4-28-10	MH & Garage (ok)	246.00	14-00-12-239-G
Linda S Redman 4-29-10	MH (ok)	10.00	08-13-05-834-D
Clifford Braden 4-29-10	cattle shed	22.00	04-06-02-097
John GARNER	Lean-To	10.00	05-27-03-906,
Big creek Baptist	Add-on ✓	150.00	06-03-04-308-2
William HARVEL	MH done	18.00	09-02-06-330-
Pamela Buettikoffer 5-10-10	House & pole barn	560.00	14-00-12-237-A
AT&T Wireless 5-24-10	Cell Tower	310.00	11-25-07-045
JACKSON, Roger & DEBRA 5-27-10	MH done	260.00	05-26-03-877-B
Jacob Pratt 6-1-10	MH (ok)	142.00	03-15-01-607-D
Erick Kern			
Wright, Carl 6-7-10	DCK	13.00	05-35-04-202
Myers, Randall 6-9-10	Add-on porch	24.00	11-03-06-826
Jill Bunyan 6-15-10	Addition to porch	12.00	04-21-02-424-A
Brad & Lisa Hoehner	house	310.00	05-34-04-182-B
"	pole barn	50.00	"
Allfell Communications 6-17-10	Addition to cell tower	110.00	02-31-11-178-AL
Dale Yates 6-18-10	cabin	30.00	01-07-00-026
Kathryn Meadows	mobile home done	190.00	04-23-02-449-A
Fred Nikola 6-20-10	mobile home done	12.00	08-13-05-834-C
Emilia Hartsock 7-15-10	2 bed 2 bath Addition	36.00	05-28-03-931
Carter Dallas 7-20-10	pole barn	44.00	05-33-04-164-A
Mike Keller	grain bin	170.00	11-25-07-055-A

10-05		Phillip Brown	Mobile Home	108.00	06-35-
10-06	✓	Deon Warden 1-19-10	Mobile Home Ok Storage	10-	08-34-
10-07	✓	Larry Mikes 1-22-10	garage	$40.00	08-13-
10-08	✓	Patricia Seals 1-25-10	MH & additions	24.00	14-00-1
10-09	✓	Jim & Alysia Kaufman 1-26-10	addition	$80.00	02-02-
10-10	✓	Juanita Eads 1-27-10	2 M Homes ok	$13.80	07-12-
10-11	✓	Mike Mason 1-27-10	Pole Barn	$28.00	08-24-
10-12	✓	Donald Messamore 1-27-10	pole barn	36.00	14-00-
10-13	✓	James & Ursula Reynolds 1-28-10	mobile Home ok	144.00	08-13-
10-14	✓	Thomas Terry 1-28-10	home	610.00	04-34-0
10-15	✓	Gary Glazer 2-1-10	grain bin	10.00	08-07-
10-16	✓	AT & T Mobility Cell Tower 2/2/10	cell tower upgrade	110.00	04-29-0
10-17	✓	Clarence & Rebecca Pind 2-3-10	mobile home mobile home	270.00	05-28-
10-18	✓	Marc & Ruth Levinson 2-9-10	Mobile home ok	16.60	04-05-
10-19	✓	Robert Haas 2-10-10	Cabin	70.00	02-30-
10-20	✓	Clarence Blatter 2-16-10	Mobile Home ok	176.00	14-00-
10-21	✓	Dustin Tripp 2-16-10	Home	$656.00	01-29-
10-22	✓	Randy Lambin 2-16-10	pole barn	100.00	11-09-0
10-23	✓	Jared Wasuleski	Mobile Home	168.00	~~pt 03-14~~ pt 03-14-
10-24	✓	Carla ? Dale Leskey 2-17-10	carport	12.00	05-21
10-25	✓	Gary Dahmer 2-22-10	carport	$11.60	08-10-
10-26	✓	Joel Vercide 3-2-10	(MH) ok & garage	289.00	07-23
10-27	✓	Jessica & Eric Neffman 3-4-10	Home	310.00	06-23-0
10-28	✓	Amanda Sullivan 3-8-10	Home	710.00	01-27-00
10-29	✓	Clarence Pind 3-9-10	pole barn	27.00	05-28-0
10-30	✓	William Pind	mobile home & Shed	198.00	05-28-0
10-31	✓	Austin Dent	Home	340.00	04-18-02
10-32	✓	William Chapman 3-12-10	Shed	10.00	11-08-0
10-33	✓	Merle Walker 3-23-10	Mobile Home ok	141.13	08-11-0
10-34	✓	Don Rich 3-23-10	mobile Home ok	210.00	09-12-0
10-35	✓	Dennis York 3-24-10	Pole Barn	30.00	0515-

10-76	✓	Jim Moreland	8-23-10	MH ok	148.—
10-77	✓	Jim Reynolds	8-27-10	pole barn	20.00
10-78	✓	Stanley Treat	8-27-10	cattle shelter	20.00
10-79	✓	Joe Restivo	8-30-10	cabin	100.00
10-80	✓	Todd Mowery	8-30-10	dwelling	250.00
10-81	✓	Kenneth Lingle	9-31-10	pole barn	$40.00
10-82	✓	Cunningham Vineyards	9-3-10	Shed	47.00
10-83	✓	Brian Laraway	9-7-10	pole barn	40.00
10-84	✓	Cynthia Pfau	9-7-10	addition	$40.00
10-85	✓	Robert Pitts	9-8-10	home	110.00
10-86	✓	Jacob Alley	9-9-10	addition	210.00
10-87	✓	Valerie Sullivan	9-9-10	Mobile Home (ok)	10.00
10-88	✓	Brenda Goodman	9-10-10	metal frame garage & carport	24.00
10-89	✓	Mike Smith	9-13-10	garage	30.00
10-90	✓	Larry Lence	9-16-10	MH (ok)	10.00
10-91	✓	Darren Theis	9-24-10	(tire shop) pole barn	50.00
10-92	✓	Chris Nouseman	9-27-10	house	310.00
10-93	✓	Stanley + Sheron Pearson	9-27-10	pole barn	$22.00
10-94	✓	Jerry Rambean	10-5-10	MH (ok)	204.00
10-95	✓	Christina Urban	10-8-10	MH ok	234.00
10-96	✓	Darrel Manus	10-8-10	pole barn Add-Lim-To	42.00
10-97	✓	Joel Burkholder	10-12-10	MH ok	40.00
10-98	✓	Barry Holcomb		shed (portable)	$18.00
10-99	✓	Charles & Sharon Aden	10-13-10	house	130.00
10-100	✓	Carroll Mowry	10-13-10	house	120.00
10-101	✓	Don Shipley	10-25-10	MH ok	116.00
10-102	✓	Jan Nielsen	10-25-10	MH (ok)	180.00
10-103	✓	Charles Peck	10-25-10	pole barn	26.00
10-104	✓	Chris A Brewer	10-25-10	Mobile Home (ok)	210.00
10-105	✓	John Rendleman	10-28-10	Mobile Home	70.00

10-110	✓ Lynn Warhurst 11-18-10	MH	10.00	07-0
10-111	✓ Karl Swaizer 11-22-10	pole barn	24.00	04-3
10-112	✓ George Oliver 11-23-10	MH	$89.90	01-2
10-113	✓ Phillip Wright	MH	$104.00	08-1
10-114	✓ McKENZIE, ~~WESTEN~~ REGINA 12-6-10	GAR	26.00	02-
10-115	✓ Richard Schaefer Approved 12/7/10	Garage	$29.00	14-0
10-117	✓ Joyce Poole Approved 12-9-10	MH	262.00	05-
10-116	✓ James & Helen Olivo 12-21-10	house	362.00	01-22
10-118	✓ Derrig & Cheryl Ragsdale 12-21-10	MH	120.00	14-20
10-119	✓ Dorris Barnhart 12/27/10	MH	$214.00	06-1

TAX #4379 TITLE 95

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-19-04-599

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

I. LOCATION OF BUILDING

Number and street: 5610 St. Rte. 127-S

Subdivision or Addition | Lot | Block | Census tract

Legal Description: S 19 T13S R1W Pt S PTNW of RY S RT NW 109.07ac.

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 12/23/10

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	$ 102,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	–0–
11. TOTAL COST OF IMPROVEMENT	$ 102,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make DEER VALLEY Size 32'X76' Yr. Model 2010

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

Mobile home
- No subdivision
- No floodplain
- Rec. for approval

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

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 HIGH EFFIC.
- 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. DIME
- 48. N
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 2,432
- 50. Total land area, sq. ft.

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 4
- 54. Number of bathrooms: Full 2; Partial 0

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

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	DORRIS L. BARNHART	5610 St. Rte 127-S Jonesboro, ILL	62952	833-6524
	Andrea D. BARNHART	" Same "		
2. Contractor or Builder	BROOKS VILLAGE GREEN HOMES "DEER VALLEY"	2601 FAIRMONT HOMES DR. - MARION IL 62959	62959	997-1357
3. Architect				

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

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

Signature of applicant: Dorris L. Barnhart

Address: 5610 STATE RT 127 S JONESBORO, ILL 62952

Application date: 12/27/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lee	$ 214.00	12-27-10	10-119

Payment of $214.00 CK# 5174 received by Union County Treasurer

Date 1-7-11

Darren M. Bailey (B)

UNION COUNTY Prop. No. 04-26-02-523-F

BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 200 Bethel Church Rd, Cobden

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1W S. 26 1.04 AC PT E 1/2 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 [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 [X] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

12x12 Cook portable warehouse

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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 _____

purchased prior to Jan 1, 2010

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$60,000

MOBILE HOME INFO:

Date MH was set-up:	Jan. ?
Make	Clayton
Size	28x52
Yr. Model	
Previous MH Owner	
Previous MH Location	Mt Vernon
Current MH Owner	Jerry & Cheryl Ragsdale
Current MH Location	200 Bethel Church Rd. Cobden
Current Land Owner	Jerry & Cheryl Ragsdale

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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. DIM
48.
49.
50.

Mobile home
• Previously subdivide
• No Floodplain
∴ Rec. for approval

K. NU PA
51.
52.

L. RE
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 & Cheryl Ragsdale	200 Bethel Church Rd. Cobden IL	62920	893-2341
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 Ragsdale		12-21-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rabell Hull	$ 130.00	12-21-10	10-118

Payment of $130.00 Ck# 2393 received by Union County Treasurer

Date 1-7-11

Darren M. Bailey

UNION COUNTY Prop. No. 01-28-00-371-A1
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 550 S. Rocky Comfort, Makanda
Subdivision or Addition: | Lot: | Block: | Census track:
Legal Description: 11-1E S. 28 PT NW 22.87 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 Oct 20, 10
Completion construction date Feb 1, 10
Beginning construction date _____
Completion construction _____

New home
- No subdivision
- No flood plain
∴ 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 $176,000

MOBILE HOME INFO:
Date MH was setup:
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 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] 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 [ ] No

J. DIMENSIONS
48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions 30x36 1080
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	James & Helen Bliss	550 S Rocky Comfort Rd Makanda IL 62958		
2. Contractor or Builder	EA Knight Construction	1300 Pin Oak Dr. Carterville, IL 62918		618-985-3000
3. Architect				

fill out builder info & phone #. sign

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

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

Signature of applicant: Layanne Griggs - for EA Knight Construction | Address | Application date: 12-30-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rudd	$ 362.00	12-30-10	10-116

Payment of $362.00 Ck# 8567 received by Union County Treasurer
Date 1-7-11 Darren M. Bailey (B)

Dec. 23. 2010 11:23AM union county assessors office No. 1116 P. 1

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

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

Signature of applicant: Regina McKenzie | Address: 1415 Texas Eastern Rd 62912 | Application date: 10-6-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rudd	$ 26.00	10-6-10	10-114

Payment of $26.00 Ck# 1110 received by Union County Treasurer
Date Dec. 8, 2010 Darren M. Bailey (B)

UNION COUNTY Prop. No. 05-27-.884
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 200 Poole Lane Anna
Subdivision or Addition | Lot | Block | Census track
Legal Description: S 27 T12 R1W N & W PT E1/2 NE 45 64
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

Mobile Home

Beginning construction date 12/20/10
Completion construction date 1-15-10

- No subdivision
- No flood plain

∴ Rec. for approval

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

10. Cost of Improvement ..... $ 126,200.00
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 ..... $ 126,200.00

MOBILE HOME INFO:
Date MH was set-up:
Make 2011 Deer Valley Size 32X84 Yr. Model 2011
Previous MH Owner new
Previous MH Location 200 Poole Lane
Current MH Owner Jackie & Joyce Poole
Current MH Location
Current Land Owner Jackie & Joyce Poole

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. 45 64

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	Joyce Poole	200 Poole lane 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: 200 Poole Lane Anna IL 62906 | Application date: 12-9-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lee	$ 262.00	12-9-10	10-117

Payment of $262.00 CK# 3238 received by Union County Treasurer
Date Feb 3, 2011
Darren M. Bailey

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N.. 08-12-05-811-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
1030 Bridwell Ln.				

Legal Description: S12 T12 R2W Pt NW SE Tract 11

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	$ 92,000
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 Deer Valley	Size 30 X 60 Yr. Model 2011
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

Mobile home
- Previously Subdivided
- No Flood plain
- Rec. for approval

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

E. PRINCIPAL TYPE OF FRAME

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

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. DI...

48. ...	
49. Total square feet of floor area, all floors, based on exterior dimensions	1900
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Phillip A. Wright	1030 Bridwell Lane, Cobden, IL	62920	618-967-137...
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
Phillip A. Wright	1030 Bridwell Lane Cobden IL 62920	12-3-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randell Lamb	$ 194.00	12-3-10	10-113

Payment of $194.00 Cash received by Union County Treasurer

Date Dec. 8, 2010 Darren M. Bailey

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-21-00-239-A

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

I. LOCATION OF BUILDING

Number and street: 1130 S. Rocky Comfort Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 21 T11 R1E Pt SW NW + Pt NW SW 4 acres

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [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	$39,995
To be installed 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: 12/15/10

Make CAVALIER Size 28 X 52 Yr. Model 2010

Previous MH Owner N/A

Previous MH Location N/A

Current MH Owner ~~George & Lena Oliver~~

Current MH Location Ne

Current Land Owner

Mobile home
• Previously subdivided
• In flood plain
Raised above BFE
∴ Rec. for approval

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

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. DIM
48.
49.
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	George Oliver			697-5622
				697-6145
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
Lena C. Oliver	2665 Skyline Dr., Alto Pass, IL 62905	11/23/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rudd	$ 89.90	11-23-10	10-112

Payment of $89.90 CK# 3536 received by Union County Treasurer

Date Dec. 8, 2010

Darren M. Bailey

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-03-05-156

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

I. LOCATION OF BUILDING

Number and street: Alto Waterworks Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 11-2W 53 SW SE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New 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 _____

to be used as storage

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: Nov 29, 2010
Make Elcar Size 10X50 Yr. Model 1980
Previous MH Owner
Previous MH Location J D Carney
Current MH Owner Lynn Warhurst
Current MH Location Cartersville
Current Land Owner Donald & Sandra Reimbold

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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. DIM
48.
49.
50.

Mobile home
• No subdivision
• No Floodplain
• Rec. for approva

K. NUI PAI
51.
52.

L. RES
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	Lynn Warhurst	1196 Alto Waterworks Rd Cobden IL	62920	833-0080
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: 11-18-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randell Randt	$ 10 00	11-18-10	10-111

Payment of $10.00 Cash received by Union County Treasurer

Date Dec. 8, 2010 Darren M. Bailey

(B)

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-30-02-699

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

I. LOCATION OF BUILDING

Number and street: 325 Baker Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S30 T11 R1W PT SW NW 20.70acres

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* 30x40 Pole BARN

Beginning construction date 12-15-10

Completion construction date 1-15-11

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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	$ 7000.00
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	$ 7000.00

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

Pole Barn
- No subdivision
- No flood plain
∴ 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 [ ] 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.: 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	Karl Sweitzer	325 Baker Hill RD Cobden IL	62920	618-893-4363
2. Contractor or Builder	TRU Built			
3. Architect				

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

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
Karl Sweitzer	325 Baker Hill RD Cobden IL 62920	11-22-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randell Lynch	$ 24.00	11-22-10	10 - 111

Payment of $24.00 Cash received by Union County Treasurer

Date Dec. 8, 2010

Darren M. Bailey (B)

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-30-00-419-

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

I. LOCATION OF BUILDING

Number and street: 6190 WingHill Road Cobden IL

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 30 T11 R1E nw ne E1/2 nw Pt E1/2 SW SW SW 239.37

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date _____

Completion construction date _____

Mobile home
- No subdivision
- No floodplain
∴ Rec. for approva

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

10. Cost of Improvement ..... $ 7500

To be installed but not included in the above cost

a. Electrical $635

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: John Rendleman

Previous MH Location: Jonesboro, IL

Current MH Owner

Current MH Location

Current Land Owner: Keith Glasco | Tim Glasco

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 28x56 1568
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	Lauren Glasco	6190 WingHill Road Cobden IL	62920	618-697-364
	George Eldridge			870-588-55
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
Lauren Glasco	6190 Wing Hill RD Cobden 62920	11/6/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 26.27	11-18-10	10-110

Payment of $26.27 Cash received by Union County Treasurer

Date Dec. 8, 2010

Darren M. Bailey

~~08-24-08-048~~

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-24-06-049

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

I. LOCATION OF BUILDING

Number and street: 600 Old Willards Ferry Rd

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

Legal Description: S24 T12 R2W
PT S PT SW SW CR SWSW 59 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 11/4/10
Completion construction date 1/30/11

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, 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* addition to pole barn

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 700.00
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	$ 700.00

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

Pole barn 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 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify Open

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? NA
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: 16 x 56
50. Total land area, sq. ft.: 59 acres

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	Rebecka Livesay	600 old Willard Ferry Rd Jonesboro	62952	618 559 9310
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
Harold L Livesay	600 old Willard Ferry Rd	11-4-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 10.00	11-4-10	10-106

Payment of $10.00 Cash Rec. # 2056 received by Union County Treasurer

Date 11-15-10

[illegible] Co. Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-10-00-769-A

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

I. LOCATION OF BUILDING

Number and street: 135 Carter Ridge Buncombe

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E S. 10 PT NW NW 2.47 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] 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 _____

Mobile home
- No floodplain
- Previously subdivide
- Rec. for approva

replaced MH RE

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$60,000

MOBILE HOME INFO:

Date MH was set-up:	Nov 4, 2010
Make: Deer Valley	Size: 30X60 Yr. Model: 2010
Previous MH Owner	
Previous MH Location	Cape Girardeau MO
Current MH Owner	Pauline Turner
Current MH Location	135 Carter Ridge
Current Land Owner	Rodney Turner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 [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	Pauline Turner	135 Carter Ridge Buncombe IL	62912	697-4847
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
Pauline A. Turner		11-4-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 130.00	11-4-10	10-107

Payment of $130.00 CK # 2580 received by Union County Treasurer

Date 11-15-10

Barry L. Magnus, Co. Trea
Dep.

UNION COUNTY Prop. N
BUILDING PERMIT APPLICATION

07-12-05-312-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 11-2W S. 12 PT SE NE 13.15 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 11-3-10
Completion construction date 4-30-11

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 225,000.00

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and ad[illegible] complete Parts 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 [ ] 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. 1932

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dwight & Karen Kiefer	120 S. West End Blvd Cape Girardeau, MO 63703		573-651-0715
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
Karen Kiefer		11-9-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rebell Rudd	$ 460.00	11-9-10	10-108

Payment of $460.00 CK#6946 received by Union County Treasurer

Date 11-15-10

Barry A. Maples, Co. Tres.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N 03-14-01 583

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

I. LOCATION OF BUILDING

Number and street: 3070 Friendship Church Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S14 T13 R1E S SDSE 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 [ ] 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 ..... $ 65,000.00

MOBILE HOME INFO:

Date MH was set-up: 11-02-10
Make | Size 28 X 50 | Yr. Model 2011
Previous MH Owner: New
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	Jack N West	3070 Friendship Church Rd Dongola	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: Jack West | Address | Application date: 11-15-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lundd	$ 140.00	11-15-10	10-109

Payment of $140.00 CK # 8781 received by Union County Treasurer

Date 11-15-10

Barry L Magnus Co. Trea
Reg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-14-05-843-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: S14 T12SR2W W of Rd PT NE NW 38.8 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 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

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

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

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

Beginning construction date 10/25/10

Completion construction date 11/20/10

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	$ 28,000.00
To be installed but not included in the above cost	
a. Electrical	500.00
b. Plumbing	1500.00
c. Heating, air conditioning	0
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$ 30,000.00

MOBILE HOME INFO:

Date MH was set-up:	not set yet
Make	Size 28 x 70 Yr. Model 1998
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

Mobile home
- No subdivision
- No floodplain
∴ Rec. for approval

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

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

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. D...
- 48. Number of stories _____
- 49. Total square feet of floor area, all floors, based on exterior dimensions 1960
- 50. Total land area, sq. ft. 38.8

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Rendleman	PO Box 866 Jonesboro IL	62952	(618)6972484
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 Rendleman		10/28/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randell Reed	$ 70.00	10-28-10	10-105

Payment of $70.00 Cash #2039 received by Union County Treasurer

Date 11-3-10

Bailey L. Morgan, Co. Treas

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-11-00-067-A

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

I. LOCATION OF BUILDING

Number and street: 515 Wayside Ln.

Subdivision or Addition | Lot | Block | Census track

Legal Description: S11 T11 R1E Pt N & E Pt W 1/2 Section 208.78 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 _____

Completion construction date 11-20-10

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	$ 100,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 100,000.00

MOBILE HOME INFO:

Date MH was set-up:	11-20-10
Make: Dutch	Size: 30 x 68 Yr. Model: 2011
Previous MH Owner	
Previous MH Location	NEW
Current MH Owner	Chris A Brewer
Current MH Location	
Current Land Owner	Chris A Brewer

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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.
- 49. Mobile home
- 50. No flood plain

K. NUI PAI
- 51. No subdivision
- 52.

L. RES
- 53. N Rec. for approval
- 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	Chris A Brewer	1485 Parrish Ridge Ln Goreville IL	62939	922-2838
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
Chris A Brewer		10-25-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rebell Luke	$ 210.00	10-25-10	10-104

Payment of $210.00 CK#9539 received by Union County Treasurer

Date 11-3-10

Bobby J. Mayes, Co. Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-31-05-618-A

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

I. LOCATION OF BUILDING

Number and street: Rhine Rd Alto Pass

Subdivision or Addition | Lot | Block | Census track

Legal Description: NW NE, PT W½, NE NE 50 ac T-11-S, R-2-W Sec. 30

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10-25-10

Completion construction date 12-25-10

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	$ 8,000

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
- No subdivision
- No floodplain

∴ Rec. for approval

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

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: 26 x 32 = 832
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 Peck (Shawnee Home)	6790 Old US 50 Anna IL	62216	228-7431
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Charles Peck		10-25-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Orbell Luka	$ 26.00	10-25-10	10-103

Payment of $26.00 Ck #223 received by Union County Treasurer

Date 11-3-10

Billy J. Myers, Co. Treas. mg.

UNION COUNTY Prop. No. 04-14-02-232-B
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 3285 Water Valley Rd
Subdivision or Addition | Lot | Block | Census track

Legal Description: S14 T16 R1W 108 ac. PT NW NE, SW NE, NW SE PT SW SE N of Rd

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	$ 85,000
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:	10/26/2010
Make: Shult	Size: 30 x 64 Yr. Model: 2010
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	Jan Nielsen

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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. DIM
48.
49. Mobile home
50. No subdivision

K. NU PA
51. No floodplain
52.

L. RE
53. Rec. for approval
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	Jan Nielsen	3285 Water Valley Rd, Cobden, IL	62920	618 893 403
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
Jan L. [illegible]	3285 Water Valley Rd, Cobden, IL	10/25/2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 180.00	10-25-10	10-102

Payment of $180.00 CK #1611 received by Union County Treasurer

Date 11-3-10

Bobby G. Moyer Co. Treas
by [illegible]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-05-04-360

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
290 R&D Ln. Anna				

Legal Description: S5 T13 R1W PT E1/2 SE 42.50 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 [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

Mobile home

Beginning construction date _____

Completion construction date _____

- No subdivision
- No Floodplain
- ∴ Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 49,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	4,000.00
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 53,000.00

MOBILE HOME INFO:

Date MH was set-up:	10/26/10
Make SE Homes	Size 16X82 Yr. Model 2011
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

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

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

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

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

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [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	1198
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Don Shipley	290 R&D Lane Anna, IL	62906	614-4163
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]	290 R&D Lane Anna, IL 62906	10-25-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Kendall	$ 116.00	10-25-10	10-101

Payment of $116.00 CK# 1152 received by Union County Treasurer

Date 11-3-10

Bobby S. Meyers Co. Treas. Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-32-05-019

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

I. LOCATION OF BUILDING

Number and street: Sweet Potato Rd, Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec. 32 Twp 13 Range 1 West N 1/2 NW Prop # 06-32-05-019 226.50 acres

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10/20/10
Completion construction date 4/20/10

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	$ 43,500.00
To be installed but not included in the above cost	
a. Electrical	1,500.00
b. Plumbing	4,000.00
c. Heating, air conditioning	6,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 55,000.00

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and adc 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 _____

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.) Hooking To Existing

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: 1500
50. Total land area, sq. ft.:

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

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms: 2
54. Number of bathrooms: Full 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	Carroll Mowery	850 Sweet Potato Road Dongola, Il.	62926	618-747-2835
2. Contractor or Builder	Jeff Adcock	PO Box 70 Dongola, Il. 62926	62926	618-827-4787
3. Architect				

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

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 Carroll Mowery	850 Sweet Potato Road Dongola Il. 62926	10/12/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Smith	$ 120.00	10-13-10	10-100

Payment of $120.00 CK # 10901 (250.00) received by Union County Treasurer

Date 10/18/10

Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-29-01-884

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

I. LOCATION OF BUILDING

Number and street: Shake Rag Rd, Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 29 T13 R1E SE CE NW NE Prop. # 03-29-01-884

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 10/15/10

Completion construction date 4/15/11

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 46,000.00
To be installed but not included in the above cost	
a. Electrical	4,000.00
b. Plumbing	3,000.00
c. Heating, air conditioning	7,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 60,000.00

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 home
• No subdivision issue
• No floodplain
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions; 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: 936 sq.
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: N/A
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 2
54. Number of bathrooms: Full: 2 Partial:

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Charles J. & Sharon Adair	PO Box 70 Dongola, Il. 62926	62926	618-967-129 827-478
2. Contractor or Builder	"	"		
3. Architect				

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

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

Signature of applicant	Address	Application date
Charles J. Adair	PO Box 70 Dongola Il. 62926	10-13-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lamb	$ 130.00	10-13-10	10-99

Payment of $130.00 CK# 10901 (250.00) received by Union County Treasurer

Date 10/18/10

Bobby E. Mayes

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 03-30.01-924

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

I. LOCATION OF BUILDING

Number and street: 830 Shake Rag Rd.
Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S30 T13 R1E
SE NW SW NW
W Pt SW NE N Pt NW SW + Pt NE NW 86.54ac

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 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] 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* Portable Building (hunting shed)

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4000.00
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	$ 4000.00

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

Portable Building
- No subdivision
- No flood plain
∴ Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and ac[illegible] 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 _____ 200 Sq. Ft.
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Barry R. Holcomb	715 Shake Rag Road		
		Dongola, Ill	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
Barry R. Holcomb	715 Shake Rag Road Dongola Ill 62926	10-13-2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rudd	$ 18.00	10-13-10	10-98

Payment of $18.00 Rec. #2001 Cash received by Union County Treasurer

Date 10/18/10

Barry L. Mayne
Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-01-01-294

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

I. LOCATION OF BUILDING

Number and street: Corzine Rd.

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

Legal Description: S1 T13 R1E W1/2 SW NW, PT NW SW 62.25acres

N (S) E W from intersection of Moscow and Corzine 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 ..... $ 15,000.00

MOBILE HOME INFO: not yet purchased – Single wide
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner: Joel I. Burkholder

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

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. DIME
48.
49.
50.

Mobile home
• No subdivision issue
• No floodplain
• Rec. for approval

K. NUI PAI
51.
52. .....

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	Joel I. Burkholder	814 Petersburg Rd. Carlisle PA	17015	717-443-6581
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
Joel I. Burkholder	814 Petersburg Rd. Carlisle PA 17015	10-4-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Kraft	$ 40.00	10-12-10	10-97

Payment of $40.00 CK #2726 received by Union County Treasurer

Date 10/18/10

Beverly J. Magee

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-36-06-259-B

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

I. LOCATION OF BUILDING

Number and street: 1245 State Rt 127 S

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

Legal Description: 12-20 S 36
A W 1/2 E 1/2 NE 2.00 acres

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [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* Unpaved pole barn 600 SF
Beginning construction date _____
Completion construction date _____

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

C. COST *(Estimated)*

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

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

Home addition
- Previously subdivided
- Shown in Floodplain LOMA attached
∴ Rec. for approval

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

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	Darrell Manus	1245 State Rt 127 S Jonesboro IL	62952	833-5348
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
Darrell Manus		10-8-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rodell Kelly	$ 42.00	10-8-10	10-94

Payment of $42.00 CK# 7489 received by Union County Treasurer

Date 10/18/10

Beverly A. Mayne

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-10-01-486-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: S10 T13 R1E PT NE NE E of Rd.

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 [ ] One family
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

Mobile home

Beginning construction date _____

Completion construction date _____

• Previously subdivid
• No floodplain
∴ Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 108,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	w/ $500
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 112,000

MOBILE HOME INFO:

Date MH was set-up:			
Make Dutch	Size 32X80	Yr. Model 2010	
Previous MH Owner N/A New			
Previous MH Location			
Current MH Owner Steve & Christina Urban			
Current MH Location			
Current Land Owner Steve & Christina Urban			

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 Mobile Home

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2432
50. Total land area, sq. ft.	3.12 Acres

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	0
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	Christina Urban	3800 Moscow Rd Dongola	62926	827-3462
	STEVE Urban	3800 Moscow Rd Dongola	62926	827-3462
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]	3800 Moscow Rd.	9-26-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 234.00	10-8-10	10-95

Payment of $234.00 CK# 1940 received by Union County Treasurer

Date 10/18/10

[signature]

UNION COUNTY Prop. No. 14-00-12-239-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
4 Angus Lane, Anna	Denny Acres	4		

Legal Description: 12-1E 5 8 PT SW SE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New 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* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage

Mobile home
- Previously subdivided
- No floodplain
∴ Rec. for approval

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 ..... $ 97,000

MOBILE HOME INFO:
Date MH was set-up: Oct 11, 2010
Make Deervalley Legacy Size 30X60 Yr. Model 2010
Previous MH Owner
Previous MH Location Marion
Current MH Owner Jerry & Kathy Rambeau
Current MH Location
Current Land Owner Jerry & Kathy Rambeau

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – G; 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	Jerry Rambeau	416 W High Anna IL	62906	922-1625
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 Rambeau		10-5-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rudell Fuller	$ 204.00	10-5-10	10-94

Payment of $204.00 CK # 2559 received by Union County Treasurer

Date 10/18/10

Barry L. Magee
Trsy.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-19-02-350

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

I. LOCATION OF BUILDING

Number and street: 765 Baker Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S19 T11 R1W Pt SW SW 1.63

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	$ 6000.–
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 6000.–

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

Garage
- Previously subdivided
- No floodplain
∴ 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 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [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.: 14X24

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 _____ Partial _____

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Sheron A. Pearson	765 Baker Hill Cobden	62920	
	Stanley M. Pearson	" " "		
2. Contractor or Builder	Mark McKenzie	dirt work		771-9044
	Bilt Mor (JD)			
3. Architect				

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

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
Sheron A. Pearson	765 Baker Hill Rd Cobden	9-22-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Birdell Rambo	$ 22.00	9-27-10	10-93

Payment of $22.00 CK #6645 received by Union County Treasurer

Date 10-5-10

Bryan L. Magee Mgr.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-29-00-394-C

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

I. LOCATION OF BUILDING

Number and street: 8815 Winghill Rd Cobden

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

Legal Description: S29 T11 R1E
Pt NE SE
Pt SE NE 27.51 acres

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 150,000
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
- Previous MH Owner
- Previous MH Location
- Current MH Owner
- Current MH Location
- Current Land Owner

New home
- No subdivision
- No Floodplain
∴ 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 [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: 1792
- 50. Total land area, sq. ft.: 1 ACRE

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full 2; Partial 1

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Chris Houseman	8815 wing ihill Rd cobden IL	62920	(618) 697-3418
	Crystal Houseman			(618) 697-3419
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
Chris H		9-27-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rudell Kelly	$ 310.00	9-27-10	10-92

Payment of Cash $310.00 received by Union County Treasurer

Date 10-5-10

Barry L. Nagem

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I. 06-03-04-286-B

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

I. LOCATION OF BUILDING

Number and street: 3455 US 51 S Anna

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

Legal Description: Sec 3 T13 R1W Rt NW NE 1.96 acres

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

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

Pole Barn
- No floodplain
- Previously subdivided
∴ 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 [X] Gas
36 [X] 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: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 720
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	DAREN THEIS	3455 US 51 South		618
		Anna IL	62906	827-3333
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: Daren Theis | Address: | Application date: 9-24-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lambert	$ 50.00	9-24-10	10-91

Payment of $50.00 CK #2242 received by Union County Treasurer

Date 10-5-10

Barry A. Magee Mg.

Prop. ... 02-03-00-626-B1

UNION COUNTY
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: Dalton Pond Lane, Buncombe
Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E 03
PT SE SE 11.87 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	$ 0

MOBILE HOME INFO:

Date MH was set-up:	Sept 20 2010
Make Schult	Size 28X60 Yr. Model 1994
Previous MH Owner	Larry Lence
Previous MH Location	01-335-00-338 125 Eaves, Buncombe
Current MH Owner	Larry Lence
Current MH Location	02-03-00-626-B1 Dalton Pond Lane Buncom
Current Land Owner	Larry Lence

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part I; 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. DIME
48. I
49. T
50. T

K. NUM PAR
51. E
52. C

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

Mobile Home
• No subdivision
• No flood plain
∴ Rec. for approva

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Larry Lence	125 Eaves Lane Buncombe IL	62912	618-922-5644
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
Larry Lence		9-16-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ 10 00	9-16-10	10-90

Payment of Randall Kendl $10.00 Cash received by Union County Treasurer

Date 9-20-10

Barry [illegible]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-14-05-860

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

I. LOCATION OF BUILDING

Number and street: 264 State Pond Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S14 T12 R2W NW CR W RT SE SE Pt SE SW 7.29

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 [x] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Sept 13, 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	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 10,000.00

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

Garage
∘ 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 [ ] 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: 30 X 50
50. Total land area, sq. ft.: 7.29

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mike Smith	264 State Pond Rd.	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: Shirley A. Smith | Address | Application date: 9-13-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Reed	$ 30.00	9-13-10	10-89

Payment of Cash $30.00 received by Union County Treasurer

Date 9-20-10

Barry L. Mayer Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-10-04-431-B

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

I. LOCATION OF BUILDING

Number and street: 530 Body Barn Rd, Anna
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 13-1W S. 10 PT S1/2 SE 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 [X] Garage with carport
16 [X] Carport
17 [ ] Other – *Specify* gravel floor

Beginning construction date 9-13-10
Completion construction date 10-13-10

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 $ 7,000

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

Garage
- Previously subdivided
- No floodplain
∴ 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 [X] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. 22 x 31 682

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	Brenda & Lloyd Goodman	530 Body Barn Rd. Anna	62906	697-4497
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: Brenda Goodman
Address:
Application date: 9-10-10

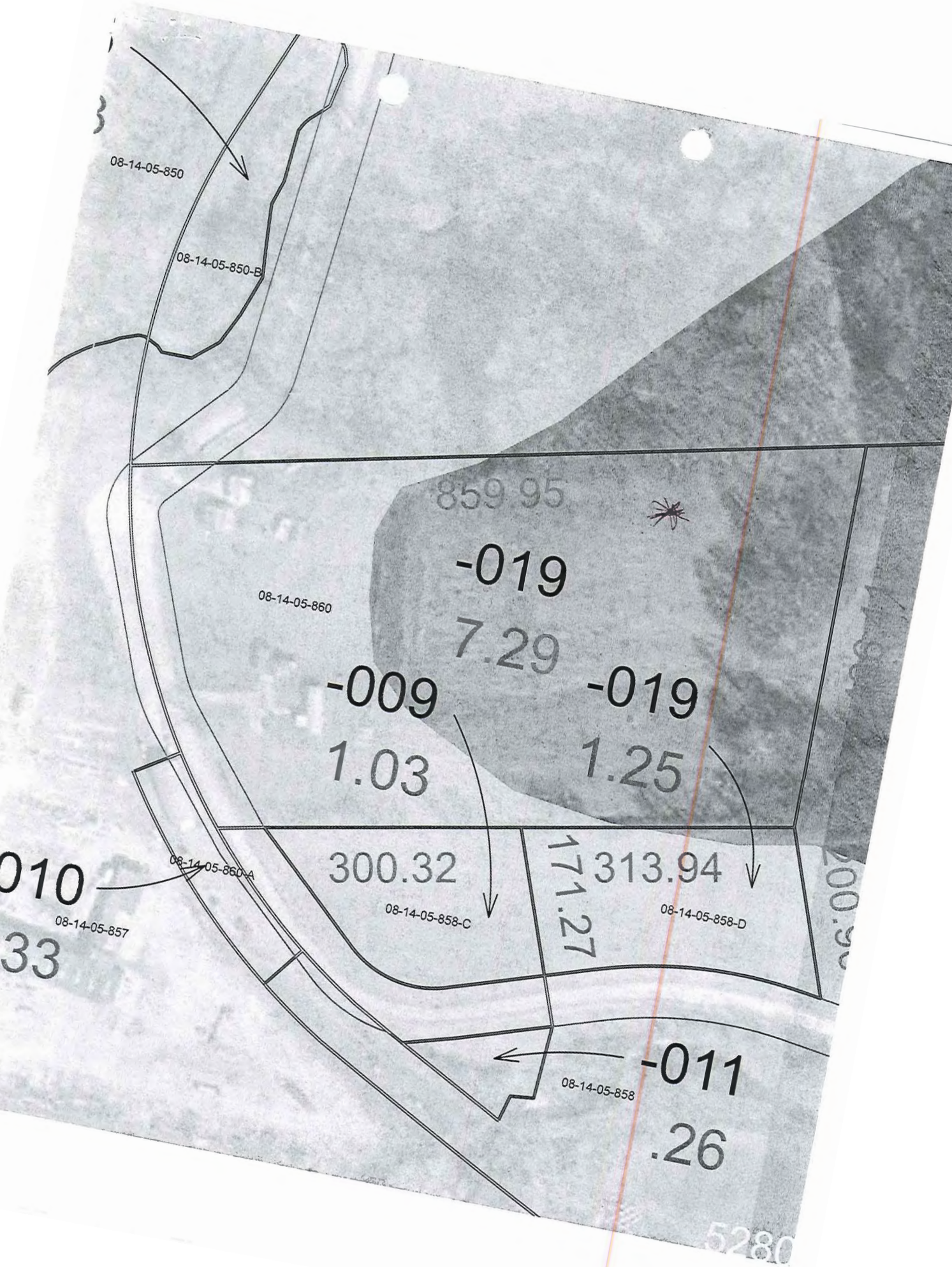
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Reed	$ 24.00	9-10-10	10-88

Payment of $24.00 Cash received by Union County Treasurer

Date 9-20-10

Barry L. Morgan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33
300.32
08-14-05-858-C
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313.94
08-14-05-858-D
-011
08-14-05-858
.26
5280

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 09-01-06-318

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

I. LOCATION OF BUILDING

Number and street: 340 Kornthal Church Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 1 T13 R2W SW CR PT NE S of Creek 1.90 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [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	$ 600.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make | Size 14 – 30 | Yr. Model

Previous MH Owner: Gladys Jones

Previous MH Location: 1936 Morgan School Road Jonesboro

Current MH Owner

Current MH Location: 340 Kornthal Church Rd Jonesboro

Current Land Owner: Valerie Sullivan

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

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. DIM
48. Home / Trailer Addition
49. • Previously subdivided
50. • In flood plain, 2.5' above BFE ∴ Rec. for approval

K. NU PA
51.
52.

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	Valerie Sullivan	340 Kornthal Church Rd Jonesboro IL	62952	(618) 833-7333
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
Valerie Sullivan	340 Kornthal Church Rd Jonesboro IL 62952	9-9-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ $11.20	9-9-10	10-87

Payment of Cash $11.20 received by Union County Treasurer

Date 10-5-10

[signature] Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-28-03-925

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

I. LOCATION OF BUILDING

Number and street: 810 US Hwy 51 S, Anna

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

Legal Description: 12-1W S 28 W SD NE NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

D. PROPOSED USE – *For "Wracking" 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* bedroom bath, office & upstairs area

Beginning construction date 9/3/10

Completion construction date 12/29/10

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 $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

Home Addition
- No subdivision
- No floodplain

∴ 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 [x] Gas ?
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories 2
- 49. Total square feet of floor area, all floors, based on exterior dimensions 1270
- 50. Total land area, sq. ft. ..... 14 acres

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

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	Jacob & Diana Alley	810 US Hwy. 51 South, Anna, IL	62906	618 697 1141
2. Contractor or Builder	Dean Corbit	1625 Gurley Loop, Anna, IL	62906	
3. Architect	Thad Heckman	1 Wagon Wheel Rd. Carbondale IL	62902	

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

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

Signature of applicant	Address	Application date
Jacob Alley	810 US Hwy 51 South, Anna, IL	9/9/10

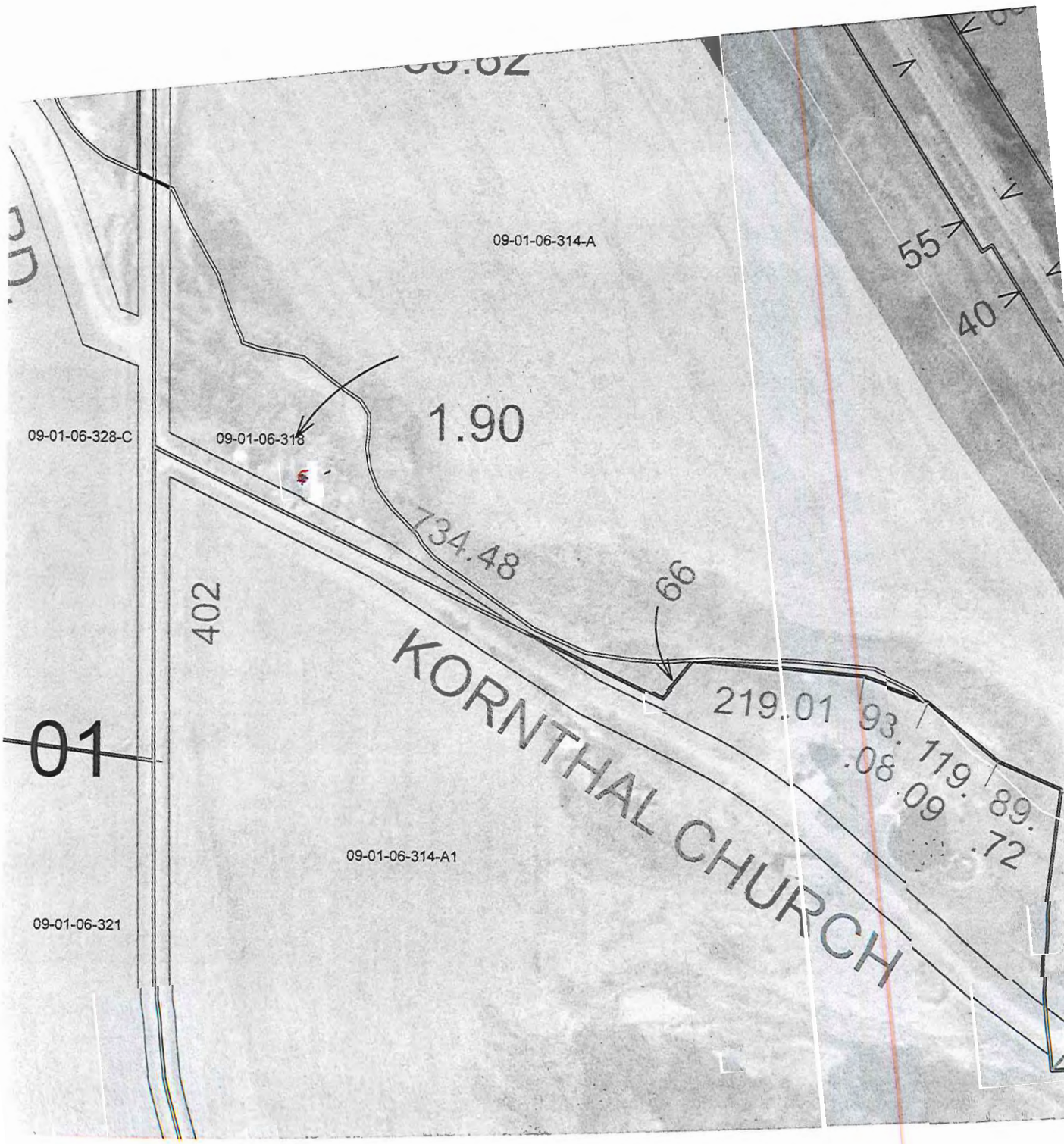
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Reed	$ 210.00	9-9-10	10-86

Payment of CK #6004 $210.00 received by Union County Treasurer

Date 9-20-10

Benny L. Mayes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89.
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.09
.72
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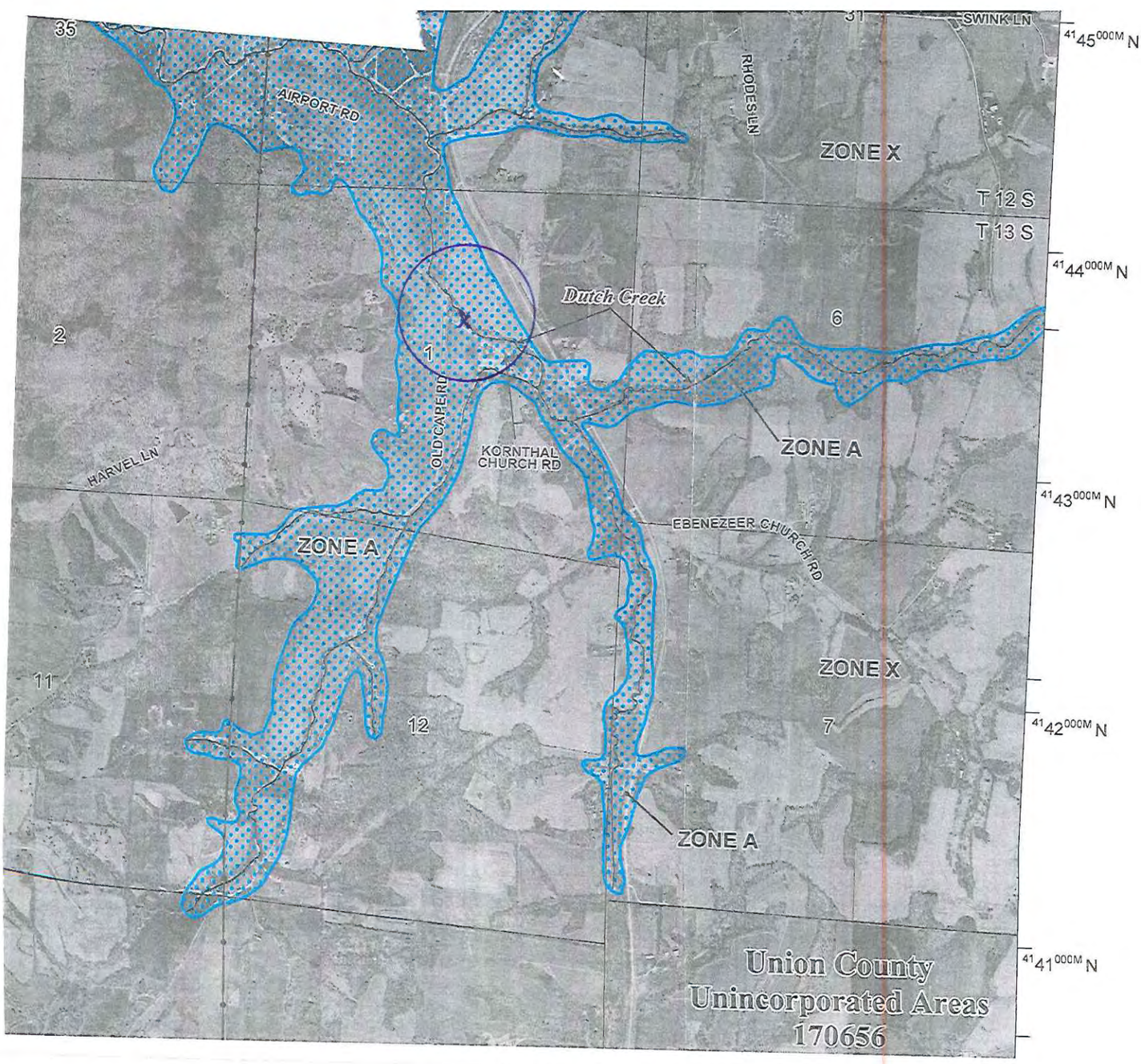
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31
SWINK LN
4145000M N
AIRPORT RD
RHODES LN
ZONE X
T 12 S
T 13 S
4144000M N
Dutch Creek
2
1
6
OLD CAPE RD
KORNTHAL CHURCH RD
ZONE A
HARVEL LN
4143000M N
EBENEZEER CHURCH RD
ZONE A
ZONE X
11
12
7
4142000M N
ZONE A
4141000M N
Union County
Unincorporated Areas
170656

100 yr. HW 415.90

BM	418.97	BS	HI	Elev.
		4.15	423.12	418.60

Shot = 4.52'

Elev. 418.60 is 1.6' below existing trailer floor. Addition can be installed as planned.

KEG

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. pt of 01-33-00- 479-Z

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
Gurley Loop				

Legal Description: Attached

N S E (W) from intersection of Grand view and Gurley Loop 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 ?

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 35000
To be installed but not included in the above cost	
a. Electrical	2500
b. Plumbing	7500
c. Heating, air conditioning	5000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 50000

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 home
- Previously subdivided
- No floodplain
∴ 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	1150
50. Total land area, sq. ft.	0.834 acres

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	3

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	Robert P. Ho	465 Gurley Loop Buncombe Il.	62912	618-713-3294
	Roberta P. Ho			
2. Contractor or Builder	DW Builders	5115 State Hwy 146 E Anna Il	62906	618-833-7856
3. Architect				

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

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

Signature of applicant	Address	Application date
Robert Ben P. Ho	465 Gurley Loop Buncombe Il 62912	9/8/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rumble	$ 110.00	9-8-10	10-85

Payment of CK# 6334 $110.00 received by Union County Treasurer

Date 9-20-10

Barry L. Magner mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-15-04-532

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

I. LOCATION OF BUILDING

Number and street: 2195 Body Barn Rd. ; Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1W S. 15 PT NW NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] 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* _____

Beginning construction date 9-7-10

Completion construction date 12-30-11

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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	$ 10,000
To be installed but not included in the above cost	
a. Electrical	X
b. Plumbing	X
c. Heating, air conditioning	5000
d. Other (elevator, etc.)	X
11. TOTAL COST OF IMPROVEMENT	$ 15000

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

Home Addition
- Previously subdivided
- No flood plain
- Rec. for approva

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 wood

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: 400 sq ft
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
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	Cynthia Pfau	2195 Body Barn 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: Cynthia Pfau | Address | Application date: 9-7-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Brandell Rumbele	$ 40.00	9-7-10	10-84

Payment of CK #3896 $40.00 received by Union County Treasurer

Date 9-20-10

Barry L. Magnus Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N 05-33-04-164-A

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

I. LOCATION OF BUILDING

Number and street: Balcom Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-10 S. 33 PT SW SW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

8a [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 July 22, 2010

Completion construction date Aug 22, 2010

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Pole barn
- No flood plain
- Previously subdivided
∴ 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 [ ] 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. _____ 30 X 48 1440

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	Carter Dallas	2575 Boyd Rd. Anna	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
Floyd N Dallas		7-20-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Odell Lutes	$ 44.00	7-20-10	10-62

Payment of $44.00 Cash #1805 received by Union County Treasurer

Date 8/3/10

Bonny L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-28-03-930

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

I. LOCATION OF BUILDING

Number and street: 805 Brady Mill Rd, Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1W 5.28 PT NW NW E of RY

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date Aug 1, 2010
Completion construction date Nov 1, 2010

Beginning construction date _____
Completion construction date _____

* removing 84 ☐ covered porch

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

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

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

11. TOTAL COST OF IMPROVEMENT ..... $ 13,000

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 [X] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [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 ..... 28 x 24
50. Total land area, sq. ft. ..... 672 ☐

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	Emilia Hartsock	805 Brady Mill Rd Anna	62906	618-833-6271
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: Emily Hartsock | Address | Application date: 7-15-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Andell Lell	$ 36.00	7-15-10	10-61

Payment of $36.00 CK # 3204 received by Union County Treasurer

Date 7-19-10

Bailey T Mayer Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-23-02-449-A

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

I. LOCATION OF BUILDING

Number and street: 2172 Bethel Church Cobden
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 523 11-1W PT NE NE 13.54 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 06/01/2

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: 7-5-10
Make Platinum Size 30x62 Yr. Model 2010
Previous MH Owner
Previous MH Location Kentucky
Current MH Owner Jeffrey & Kathryn Meadows
Current MH Location
Current Land Owner Jeffrey & Kathryn Meadows

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jeffrey & Kathryn Meadows	2172 Bethel Church Cobden	62920	618-201-1937
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
Kathryn Meadows		6-29-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Arlell Lynch	$ 190.00	6-29-10	10-59

Payment of $190.00 CK # 3749 received by Union County Treasurer

Date 7/6/10

Betty L. Ingram

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 01-07-00-026

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

I. LOCATION OF BUILDING

Number and street: Water Valley Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1E 5.7 NW NE 40 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* Cabin

Beginning construction date 7-1-10
Completion construction date 1-1-11

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. 80X30 600ft

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
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	Dale Yates	428 N. Library Waterloo IL	62298	618-939-3989
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
		6-18-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lueck	$ 30.00	6-18-10	10-58

Payment of $30.00 CK# 176 received by Union County Treasurer

Date 6-23-10

Barry T. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-34-04-182-B

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Friendship School Rd				

Legal Description: Anna 12-1W 004 PT NW NW 16.01 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* pole barn with concrete pad

Beginning construction date 6-14-10
Completion construction date 12-14-10

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	$ 20,000

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. 30 X 50 1500 SF

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	Brad & Lisa Hoehner	75 Little Creek Loop Dongola IL	62926	618-697-4551
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
Brad Hoehner		6-15-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Andell Lee	$ 50.00	6-15-10	10-56

Payment of $50.00 CK # 4502 received by Union County Treasurer

Date 7/19/10

Bernard Mayer Treas.

UNION COUNTY Prop. No. 02-31-01 88-AL
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 1517 CHRISTIAN CHAPEL ROAD
Subdivision or Addition | Lot | Block | Census track
Legal Description: 12-1E 6.31
DONGOLA, IL 62926
PT E 1/2 SW
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

02-31-01-188-AL

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

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

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

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

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* 11'-5" x 16' EQUIPMENT SHELTER

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:
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 11'-5" x 16' EQUIPMENT SHELTER

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

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

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

I. TYPE OF MECHANICAL N/A
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: 184
50. Total land area, sq. ft.: _____

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

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 CONTACT: MIKE SANCHEZ	18300 E. 71st AVENUE, SUITE 120 DENVER, CO	80249	(303) 373-3416
2. Contractor or Builder	CONTRACTOR T.B.D.			
3. Architect	TOWER ENGINEERING CONTACT: EVAN MAGILL	3703 JUNCTION BLVD. RALEIGH, NC	27603	(919) 661-6351

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

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
Evan B. Magill	3703 JUNCTION BLVD.	6-17-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Dwell Kelly	$ 110.00	6-18-10	10-57

Payment of $110.00 CK # 11075 received by Union County Treasurer
Date 6/23/10
Bailey A. Myers

Jun. 17. 2010 1:24PM union county assessors office No. 0778 P. 2

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-34-04-182-B

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Friendship School Rd				

Legal Description: Anna 12-1W 5.34 PT NW NW 16.01 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 [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 6-14-10
Completion construction date 12-14-10

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	$150,000

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] 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 [ ] 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.	2400 sq

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	Brad & Lisa Hoehner	75 Little Creek Loop Jonesboro IL	62926	618-697-4551
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]	75 Li	6-15-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 310.00	6-15-10	10-55

Payment of #310.00 CK #4502 received by Union County Treasurer

Date 7/19/10

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 04-21-02-424-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
450 Blueberry Hill	Cobden			

Legal Description: 11-14 S. 21 N Pt SW SW 4.13 AC

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Adding 8x8' onto deck

Beginning construction date 6-15-10

Completion construction date 12-15-10

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	$ 1000

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	Jill & Christopher Bunyan	450 Blueberry Hill Cobden IL	62920	893-2192
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: Jill Bunyan | Address: | Application date: 6-15-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Andy Kuber	$ 12.00	6-15-10	10-54

Payment of $12.00 CK#9082 received by Union County Treasurer

Date 6-23-10

Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Proj. 11-03-06-825

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

I. LOCATION OF BUILDING

Number and street: 6730 State Forest Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S-3 T12-R3W PT NE, N1/2SE, PT N1/2SW, PT NW, 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 [ ] 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* Sun Room

Beginning construction date 6/9/10

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	Minal
b. Plumbing	-0-
c. Heating, air conditioning	-0-
d. Other (elevator, etc.)	-0-
11. TOTAL COST OF IMPROVEMENT	$ 5,000

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

Sunroom
- No flood plain
- No subdivision
- Recc. 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 _____

open windows

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 [X] No

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

J. DIMENSIONS
- 48. Number of stories: -0-
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 464
- 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: ____ Partial: ____

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Randall D Myers	6730 State Forest Rd Box 135	62998	618
		Wolf Lake Ill 62998		203 1969
2. Contractor or Builder	Randall D Myers			
3. Architect	-0-			

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

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

Signature of applicant	Address	Application date
Randall D Myers	State Forest Rd	6-9-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lumbe	$ 24.00	6-9-10	10-53

Payment of $24.00 Cash #1725 received by Union County Treasurer

Date 6/23/10

Barry L Myers Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I 05-35-04-202

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

I. LOCATION OF BUILDING

Number and street: 230 WRight Ln

Subdivision or Addition | Lot | Block | Census track

Legal Description: S-35 T12R1W PT NENW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 3,000.00
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	$ 3,000.00

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 [X] Individual (septic tank, etc.)

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

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

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

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Carl M. Wright	230 Wright Ln. Anna, Ill. 6290	62906	833-3583
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
Carl M. Wright	230 Wright Ln.	6-7/2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Fuller	$ 13.00	6-7-2010	10-52

Payment of $13.00 Cash received by Union County Treasurer

Date 6/7/10

Billy L. Magness, Co. Treas. Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N 03-15-01-607-D

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

I. LOCATION OF BUILDING

Number and street: 36880 Friendship Church Rd

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

Legal Description: 13-1E 5.15 PT SESE 10.30 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 [ ] New 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	$ 66,000

MOBILE HOME INFO:

Date MH was set-up: 6-1-10
Make: Deer Valley Size: 32x60 Yr. Model: 2010
Previous MH Owner: NA
Previous MH Location: NA. Cape Girardeau
Current MH Owner: Jacob Poat + Erica Kern
Current MH Location: 36880 Friendship Church Road Dongola, IL 62926
Current Land Owner: Jacob Poat + Erica Kern

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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	Erica Kern Jacob Poat	36880 Friendship Church Rd Dongola IL	62926	691-435
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
Erica Kern	36880 Friendship Church Rd. Dongola, IL 62926	3/18/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rudy Kuhl	$ 142.00	6-1-10	10-51

Payment of $142.00 CK # 1942 received by Union County Treasurer

Date 6/7/10

Barry L. Moore, Collector
mg

UNION COUNTY Prop. N 05-26-03-877-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
1755 FRIENDSHIP Sch Rd				

Legal Description: S-26 T12R1W 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 [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	$ 125 000
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	$ 125000

MOBILE HOME INFO:

Date MH was set-up:	
Make Commander	Size 1700 sqft. 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 [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	1699
50. Total land area, sq. ft.	8 acres.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
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	Roger & Debra Jackson	1755 Friendship Sch Rd Anna Il	62906	618 833 7061
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
Debra Jackson	1755 Friendship Sch Rd Anna Ill	5/27/2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 260.00	5-27-2010	10-50

Payment of $260.00 CK # 5438 received by Union County Treasurer

Date 6/7/10

Betty L. Mayer Co Treas

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-237-A

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

I. LOCATION OF BUILDING

Number and street: 2405 Old Cape Rd, Jonesboro
Subdivision or Addition: Plank Hill Sub.
Lot: 1
Block:
Census track:
Legal Description:
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn enclosed on 3 sides, dirt floor 30X40
Beginning construction date May 10, 10
Completion construction date Mar 1, 2011

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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 $275,000

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify 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 2
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. 1,039

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... basement
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	Pamela Buettikoffer	21910 N Emerald Rd Keyesport IL	62253	618-749-9963
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: Pamela Buettikoffer
Address:
Application date: 5-10-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Auth	$560.00	5-10-10	10-48

Payment of $560.00 CK # 1171 received by Union County Treasurer

Date 5-18-10

Bobby J. Meyer Mg.

Pt

UNION COUNTY Prop. No. 11-25-07-045
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: Hwy 146 & Follis Dr.
Subdivision or Addition | Lot | Block | Census tract
Legal Description: 11-3W S25 PT NE NW
Hwy 146 and Follis / Streets
Applicable Zoning District

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

A. TYPE OF IMPROVEMENT
- [X] 1 New Building
- [ ] 2 Addition (If Residential, enter number of new housing units added, if any, in Part D, 12)
- [ ] 3 Alteration (See 2 above)
- [ ] 4 Repair, replacement
- [ ] 5 Wrecking (If multifamily residential, enter number of units in building in part D, 12)
- [ ] 6 Moving (relocation)
- [ ] 7 Foundation only
- [ ] 8 Mobile Home

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

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 Store, mercantile
- [X] 28 Tanks, towers
- [ ] 29 Other – Specify

Beginning construction date
Completion construction date

Beginning construction date 6-1-10
Completion construction date 8-31-10

C. COST (Estimated) (Omit cents)

10. Cost of improvement $150,000
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 $150,000

MOBILE HOME INFO:
Date MH was installed:
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 new siding, complete only Part J; for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
- [ ] 30 Masonry (wall bearing)
- [ ] 31 Wood frame
- [X] 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
Will there be central air conditioning? N/A
44 [ ] Yes 45 [ ] No
Will there be an elevator? N/A
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
48. Number of stories 275' Lattice Self Support
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft. 10,000 Leased Area

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	AT&T Mobility c/o Network Real Estate	5055 Highway N, Ste 200 St. Charles, MO 63304	63304	636-922-3400
2. Contractor or Builder	TBD			
3. Architect	Michael L. Dixon Terrance M. Sauer	18116 Lackland Hill Parkway, Ste 400 St. Louis, MO	63146	314-993-1010

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

Signature of applicant: Mike Pinetti
Address: 5055 Hwy N, Ste 200, St. Charles MO
Application date: 4-28-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lundt	$310.00	4-28-10	10-49

Payment of $310.00 CK #526 received by Union County Treasurer
Date 5/18/10
Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 09-02-06-330-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
715 Harvel Lane				

Legal Description: S2 T13 R2W PT W 1/2 SESE

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* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4,000
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	$ 4,000

MOBILE HOME INFO:

Date MH was set-up:	JUNE 2010
Make	Shuzts Size 14x70 Yr. Model 1985
Previous MH Owner	Brad Howe
Previous MH Location	Ave ST Anna, IL
Current MH Owner	William Harvel
Current MH Location	715 Harvel Lane
Current Land Owner	Lonnie D. Harvel

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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: 980
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	William Harvel	P.O. Box 837 Jonesboro, IL	62952	618-614-6678
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]	P.O. Box 837 Jonesboro IL 62952	5-7-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 18.00		10-47

Payment of $18.00 Rec. # 1849 (Cash) received by Union County Treasurer

Date 8/30/10

[signature] Mgr.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-03-04-308-2

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: NE NE Sec. 3 13-12+

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 70,000.00
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	$ 70,000.00

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

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] 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

46. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2176
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
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	Big Creek Baptist Church	3820 US HWY 51 So Anna, IL. 62906	62906	
2. Contractor or Builder	Self - Church Members Foundation DW Builders			
3. Architect	B. D. Williams			

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

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
Allen Platt - Trustee	3820 US Hwy 51 So. Anna, Il. 62906	May 3, 2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Kuhl	$ 150.00	5-3-2010	10-46

Payment of $150.00 CK #6380 received by Union County Treasurer

Date 5/18/10

Barry A. Mayer Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-27-03-906

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description S27 T12 R1W 56 ac. PT SE SW, W PT NW SE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] 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	$ 0
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JOHN GARNER	825 FRIENDSHIP SCHOOL ROAD		
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 Garner	825 FRIENDSHIP SCHOOL ROAD	04-30-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lindsey	$ 10.00	04-30-10	10-45

Payment of $10.00 Cash #1630 received by Union County Treasurer

Date 5-3-10

Billy L Mayne
-Tr.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-06-02-097

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

I. LOCATION OF BUILDING

Number and street: 9935 Old HWY 51 N Cobden

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

Legal Description: Sec 11-11W PT SW SW 227.80 ac PT S1/2 SE, SE SW, N1/2 SW

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Cattle Shed one side 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 May 1, 2010
Completion construction date Sept 1, 2010

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	$ 6,000

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 20x40
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	Clifford Bradden	9935 Old HWY 51 N Cobden IL	62920	893-2940
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
		4-29-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lutz	$ 22.00	4-29-10	10-44

Payment of $22.00 Cash #1626 received by Union County Treasurer

Date 5-3-10

Bailey L. Myers

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-13-05-834-D

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

I. LOCATION OF BUILDING

Number and street: 1488 Kratzinger Hollow Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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	$ 0
To be installed 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 | Size 12 X 52 | 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	Linda Redman	1488 Kratzinger Hollow Rd. Cobden	62920	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Linda Redman		

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lindle	$ 10.00	4-29-10	1043

Payment of #10.00 CK #3049 received by Union County Treasurer

Date 5-3-10

Barry A. Mayer
Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-239-G

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
7 Angus Lane, Anna	Denny Acres	7		

Legal Description

N S

E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) Garage
3 [ ] Alteration (See 2 above)
4 [ ] 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	$ 13,000 MH 13,600 Garage

MOBILE HOME INFO:

Date MH was set-up:	June 1, 2010
Make Deer Valley Size 30X60 Yr. Model 2010	
Previous MH Owner	
Previous MH Location	Marion
Current MH Owner	James F Keistler
Current MH Location	
Current Land Owner	James F Keistler

III. SELECTED CHARACTERISTICS OF BUILDING

For new buildings and additions, complete Parts 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 30X30
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 Keistler	PO Box 434, Anna	62906	697-1495
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
		4-28-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Andy Lude	$ 246.00		10-42

Payment of $246.00 CK# 1915 received by Union County Treasurer

Date 5-3-10

Barry A. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-31-04-975

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 S31 T13 R1W NW CR 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 [ ] New 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	$62,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	2,000.00
c. Heating, air conditioning	0
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$64,000

MOBILE HOME INFO:

Date MH was set-up:
Make Champion Size 28x52 Yr. Model 2010
Previous MH Owner Countryside Home Center
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 Footings

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: 1200
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 0

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jeremy Miller	7870 St. Rt. 127 South Jonesboro, IL	62952	618-697-4521
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
Anna Miller	7870 St. Rt. 127 S Jonesboro, IL	4/22/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lambden	$138.00	4/22/10	10-40

Payment of $138.00 Cash #1611 received by Union County Treasurer

Date 5-3-10

Barry L. Mayer mg.

UNION COUNTY Prop. No.

BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and Street: 2695 Bald Knob Rd | Subdivision or Addition: | Lot: | Block: | Condo Mark:

Legal Description: Alto Pass, IL 62905 N S See attached Legal Description

E W from intersection of _____ and _____ Streets

NE Quarter of the SW Quarter of Section 11 Township 1 South, Range 2 West

Applicable zoning district:

07-17-05-443-A

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

83 ☒ Private (individual, corporation, nonprofit institution, etc.)
8 ☐ Public (Federal, State, or local government)

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

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

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 5-5-10

Completion construction date 11-5-10

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$15,000
To be installed but not included in the above cost	
a. Electrical	10,000
b. Plumbing	N/A
c. Heating, air conditioning	N/A
d. Other (elevator, etc.)	N/A
11. TOTAL COST OF IMPROVEMENT	$25,000

MOBILE HOME INFO: N/A

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☒ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – Specify N/A

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 ☒ 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 N/A
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	Laurie Brinkmann Agent for Verizon Wireless	701 Emerson Rd, Suite 333 St. Louis, MO	63141	314-993-1010
2. Contractor or Builder	TBD			
3. Architect	SSC	701 Emerson Rd, Suite 333 St. Louis MO	63141	314-993-1010

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

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
Laurie Brinkmann	701 Emerson Rd Suite 333 St. Louis MO 63141	4-21-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lubb	$60.00	4-26-10	10-41

Payment of $60.00 CK# 1225 received by Union County Treasurer

Date 5-3-10

Becky L Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 09-28-06-536-A1

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

I. LOCATION OF BUILDING

Number and street: 1005 Fair City Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date _____

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

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

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [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.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	1
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 TAylor	1005 Fair City Rd Jonesboro IL	62952	833-1881
	Vicki TAylor	1005 Fair City Rd Jonesboro IL		
2. Contractor or Builder	Jerry Price			
3. Architect				

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

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
	1005 Fair City Rd Jonesboro IL	4/12/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lenk	$ 30.00	4/12/10	10-39

Payment of #30.00 Cash #1581 received by Union County Treasurer

Date 4-21-10

Betty L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-31-05-010

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

I. LOCATION OF BUILDING

Number and street: 90 County Line Rd

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

Legal Description: S31 T13 R1W PT WSD SE SE E1/2 SWSE 41.76ac.

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

Beginning construction date 6-1-10
Completion construction date 12-31-10

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	$ 8000.00
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	$ 8000.00

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

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

E. PRINCIPAL TYPE OF FRAME

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

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 [ ] 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

46. 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 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	Dwayne Fehrenbacher	90 County Line Rd, Tamms, IL	62988	747-2811
	Dasha Fehrenbacher			
2. Contractor or Builder	Tru-Bilt	Marion, IL		
3. Architect				

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

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

Signature of applicant	Address	Application date
Dasha Fehrenbacher	90 County Line Rd Tamms, IL 62988	4/9/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 26.00	4-9-10	10-38

Payment of $26.00 CK #2122 received by Union County Treasurer

Date 4-21-10

[illegible] Mgr.

07-21-05-463-A

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

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

LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
3205 RHINE RD.				

Legal Description: PART OF THE WEST HALF OF THE SE1/4 OF SECTION 21, T5 11S, R2W OF THE THIRD PRINCIPAL MERIDIAN 40 acres

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date Aug 1, 2010
Completion construction date Aug 1, 2011

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 [✓] 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

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 756
50. Total land area, sq. ft. 10,890

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JAMES A. BROWN	3445 RHINE RD, ALTO PASS ILL. 62905	62905	893-2205
2. Contractor or Builder	JIM + DOUG BROWN	" " "		
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
James A. Brown	3445 RHINE RD. ALTO PASS ILL.	4-5-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rauch	$ 40.00	4-5-10	11-37

Payment of #40.00 Cash #1563 received by Union County Treasurer

Date 4-5-10

Betty J. Mayer
Matthew Martin

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-02-02-446-A

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

I. LOCATION OF BUILDING

Number and street: 2720 New Saratoga Rd. Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1W 5.2 PT NESE 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 [ ] New 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* _____

Mobile home
- No subdivision
- No floodplain
∴ Kcc, Sec approve

Beginning construction date _____

Completion construction date _____

replacing MH 05-157

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	$ 70,000

MOBILE HOME INFO:

Date MH was set-up:	May 15, 2010
Make Champion	Size 30x62 Yr. Model 2010
Previous MH Owner	
Previous MH Location	Mt Vernon
Current MH Owner	
Current MH Location	
Current Land Owner	Terry & Debra Strunk

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 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	Debra Strunk	2720 New Saratoga Rd Anna	62906	833-77[illegible]
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Debra L. Strunk		4-5-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Randel	$ 150.00	4-5-10	10-34

Payment of $150.00 Ck. # 5300 received by Union County Treasurer

Date 4-5-10

Bobby L. Magers
Matthew G. Lewis

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-15-03-227-A

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

I. LOCATION OF BUILDING

Number and street: 1425 Lick Creek Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 15 - T12 R1W
PT NW CR NW SE 2.25 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 3/24/10

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	$10,000
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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Pole barn
- Previously subdivided
- No flood plain
∴ 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 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify NA

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: ONE
49. Total square feet of floor area, all floors, based on exterior dimensions: 30 X 40
50. Total land area, sq. ft.: 13,00

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: NA
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: NA
54. Number of bathrooms: Full _____ Partial _____

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dennis L. York			
2. Contractor or Builder				
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
[signature]	1425 Lick Creek RD	3/24/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 30.00	3-24-10	10-35

Payment of $30.00 Cash #1534 received by Union County Treasurer

Date 4-5-10

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 09-12-06-375

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

I. LOCATION OF BUILDING

Number and street: 7800 Lingle Creek Rd
Subdivision or Addition: Jonesboro
Lot | Block | Census track

Legal Description: 13-2W S.12
S1/2 NW SW, N1/2 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 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units edded, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replecement
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 govemment)

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

Mobile home
• No subdivision
• Above flood elev
Near flood plain
∴ Rec. for approva

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

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

MOBILE HOME INFO:

Date MH was set-up:	March 12, 2009
Make: Champion	Size: 76x30 Yr. Model: 2010
Previous MH Owner	
Previous MH Location	Mt Vernon
Current MH Owner	Pamela Gawrych
Current MH Location	09-12-06-375
Current Land Owner	Don Rich

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 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	Don Rich	4700 Boyd Rd Anna	62906	833-6969
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
Don Rich		3-23-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Kent	$ 210.00	3-23-10	10-34

Payment of #210.00 CK# 8071 received by Union County Treasurer

Date 4-5-10

Barry L. Moore
Matthew C. Smith

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-11-05-982

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
1940 STATE Pond Rd				

Legal Description: S11 T12 R2W PT MID PT NW W OF M&O RR 35D NW SW OF 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 ☐ New 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	$ 65,564
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:	
Make Southern	Size 32X60 Yr. Model 09
Previous MH Owner	
Previous MH Location	
Current MH Owner	Ferrell Mobile Homes
Current MH Location	Benton, Mo
Current Land Owner	Merle E Walker

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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	Merle E Walker	1940 STATE Pond Rd.	62952	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Merle E. Walker		03-23-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ $141.13		10-33

Payment of _____ received by Union County Treasurer

Date _____

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-08-06-890

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

I. LOCATION OF BUILDING

Number and street: 1005 Wagon wheel Rd
Subdivision or Addition: Wolf Lake
Lot:
Block:
Census track:

Legal Description: S 8 12 R3W SW SW SW 182.61ac

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* Storage Shed (portable building)

Beginning construction date _____
Completion construction date _____

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 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 .....
49. Total square feet of floor area, all floors, based on exterior dimensions 10X16
50. Total land area, sq. ft. 160

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	William Chapman	1005 Wagon Wheel Rd Wolf Lake, IL	62998	618 697-
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
William Chapman		3-12-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Stern	$ 10.00	3-12-10	10-32

Payment of #10.00 Cash #1515 received by Union County Treasurer

Date 3-15-10

Bailey A. Mayer

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: William Chapman

Address: 1005 Wagon Wheel Rd.

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 618-697-9104 (work) _____

Address of subject property (if different from above):

same as above

Parcel (tax) Identification Number 11-08-06-890

Legal Description: sec. 8, T12S, R3W

SW¼, SW¼

Size of Subject Parcel (contiguous parcel under on ownership): 182.61 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 map
2. ✓ A copy of the FEMA floodplain map outlining the proposed site.
3. Nt Copies of any applicable state or federal permits.
4. ✓ Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) X
2. Agricultural structure _____
   a. Farm storage (machinery or equipment) _____
   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 363.2 + 1' = 364.2
2. Lowest floor elevation (including basement) of proposed structure 351.0

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:

Portable storage building near residence.

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

"

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

"

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

Building will be removed or vacated when flood threatens, including contents.

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

"

Based on the findings developed above, the granting body votes 2 ayes to 0 nays to _____ (approve or deny) this variance application.

Certified by: _____ 03-15-10
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.

_____ 3-15-10
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The Union County Variance Board at the 3-15, 2010 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,

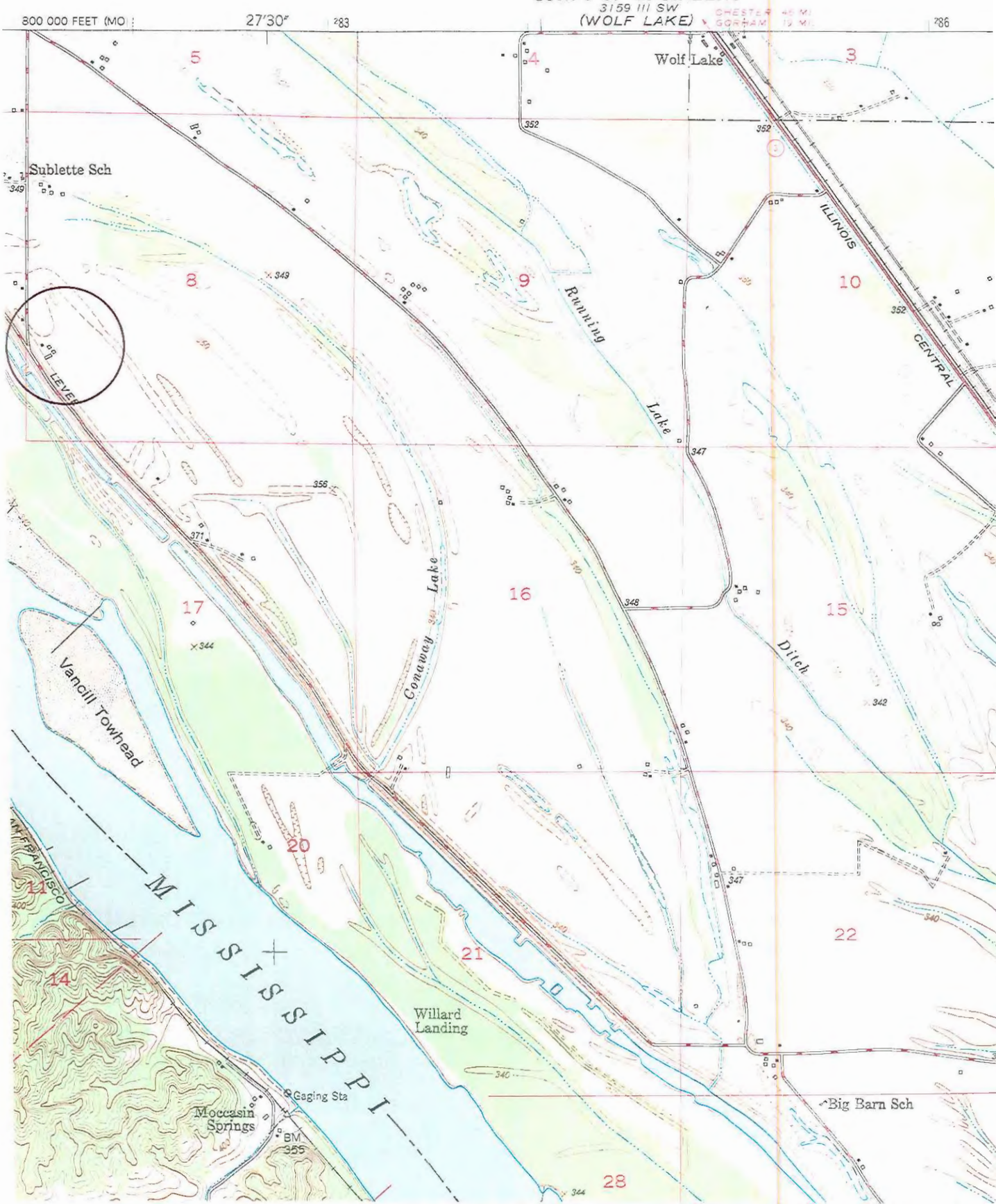
2. The grantee of the variance will be subject to increased risks to life and property.

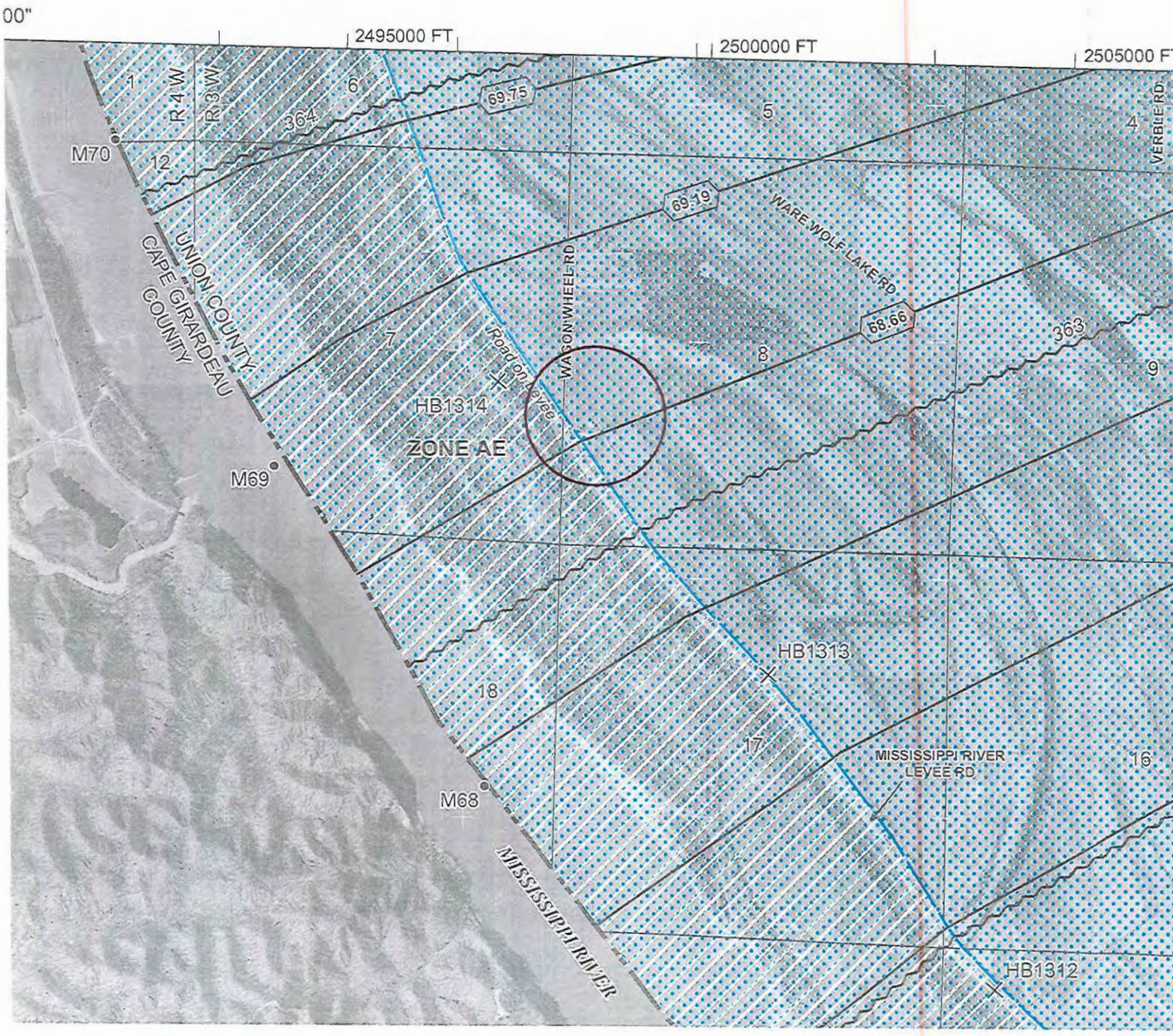
I acknowledge these risks and proceed assuming any and all risk and liability.

_____ _____
Grantee Date

_____ 03-15-10
Chairman-Variance Board Date

UNITED STATES
DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS
3159 III SW
(WOLF LAKE)




00"
2495000 FT
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R 4 W
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1
6
364
69.75
5
4
VERBLE RD
M70
12
69.19
WARE WOLF LAKE RD
UNION COUNTY
CAPE GIRARDEAU COUNTY
WAGON WHEEL RD
68.66
363
7
8
9
Road on levee
HB1314
ZONE AE
M69
HB1313
18
17
MISSISSIPPI RIVER LEVEE RD
16
M68
MISSISSIPPI RIVER
HB1312

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-18-02-319 (04-18-02-320.00)

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

I. LOCATION OF BUILDING

Number and street: 750 Toledo Cemetery Rd

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: Cobden

T11S, R1W, Sec. 18

N S 04-18-02-320-4

E W from 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 3/10

Completion construction date Approx 5/10

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	$ 165,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 165,000

MOBILE HOME INFO:

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

New home

- No flood plain
- Previously subdivided

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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	
49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	1646 [X]

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	4
54. Number of bathrooms – Full	2
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	Austin Dent	750 Toledo Cemetery Rd. Cobden IL		
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 Austin Dent	750 Toledo Cemetery Rd, Cobden IL	3-11-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lamb	$ 340.00		10-31

Payment of $340.00 CK # 13083 received by Union County Treasurer

Date 3-15-10

Barry A. Myers

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. PT of 05 28-03-954-C

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

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: S28 T12 R1W PT SW .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 [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

Mobile home (over)
- Previously subdivided
- No flood plain

Beginning construction date _____

Completion construction date _____

Dimen 20'x16'

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 94,358
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 94,000

MOBILE HOME INFO:

Date MH was set-up:	TBD
Make: Deer Valley	Size: 30x66 Yr. Model: 2010
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	William & Melissa Pind

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

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

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

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

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1980
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	William E Pind Melissa J Pind	210 Grand St (Current) Anna, IL 62906	62906	618 833-6034
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 [signature]		3-11-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 198.00		10-30

Payment of $198.00 CK # 1297 received by Union County Treasurer

Date 3-15-10

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I... 05-28-03-454-C

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

I. LOCATION OF BUILDING

Number and street: Lucas Hwy Rd, Hona
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-1W S.28 PT SW 10 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

Beginning construction date Apr 1, 10
Completion construction date May 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	$ 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

Pole barn
- No subdivision
- No Flood plain

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30 x 40 1200 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	Clarence Pund	422 Cook Ave Jonesboro IL	62952	833-297
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: Clarence E. Pund
Address:
Application date: 3-9-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lueck	$ 28.00	3-9-10	10-29

Payment of $28.00 Cash #1503 received by Union County Treasurer

Date 3-15-10

Bruce A. Mayer
Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-27-00-354

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

I. LOCATION OF BUILDING

Number and street: 290 Sullivan Rd

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

Legal Description: S27 T11 R1E PT 2 1/2 SW 18.66 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 $350,000

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 home
- No subdivision
- No flood plain
∴ Rec. 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 Geothermal

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 2670
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 3
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	Robert Sullivan	290 Sullivan Rd		618-697-
	Amanda Sullivan	Makanda, IL 62958		0047
2. Contractor or Builder	Falmer Construction			
3. Architect				

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

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

Signature of applicant	Address	Application date
Amanda Sullivan	290 Sullivan Rd Makanda, IL 62958	3/8/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lunch	$ 710.00	3-8-10	10-28

Payment of $710.00 Ck # 3564 received by Union County Treasurer

Date 3-15-10

Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 0623-04-660-B4B

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

I. LOCATION OF BUILDING

Number and street: 4495 St Johns Rd Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: PT NW NW 3.51 Sec. 23

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

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

- 1 [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	$ 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

New home
- No Floodplain
- Previously subdivid
∴ Rec. 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 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS
- 48. Number of stories: 2
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 2,000
- 50. Total land area, sq. ft.:

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

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 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	Eric + Jessica Hoffman	P.O. Box 442 4495 St Johns Rd Dongola, IL	62926	618 827 4418
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
Jessica K. Hoffman	4495 St Johns Rd	3-4-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Ladd	$ 210.00	3-4-10	10-27

Payment of CK # 4289 $210.00 received by Union County Treasurer

Date 3-15-10

Barry L. Mayer Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-23-05-483-B

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

I. LOCATION OF BUILDING

Number and street: 1410 Skyline Dr

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: S23 T11 R2W PT SE NE 8.36ac

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

Beginning construction date _____

Completion construction date _____

New mobile hom
- No subdivision
- No floodplain

∴ Rec. for approv

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 125,755
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.) garage	13,774
11. TOTAL COST OF IMPROVEMENT	$ 139,529

MOBILE HOME INFO:

Date MH was set-up:

Make Deer Valley Size 2,400 sq ft Yr. Model 2010

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner JOEL M. VERCIDE / LUISA VERCIDE

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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	2,400 sq ft
50. Total land area, sq. ft.	8.36 Acre

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	JOEL VERCIDE	1410 Skyline dr., Cobden, IL	62920	8932296
	LUISA VERCIDE			
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
Luisa	1410 SKYLINE DR. COBDEN, IL	3/2/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lundl	$ 289.00	3-2-10	10-26

Payment of $289.00 Cash #1481 received by Union County Treasurer

Date 3-15-10

Bruce T. Magnus
Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-10-05-764

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

I. LOCATION OF BUILDING

Number and street: 40 STATE Forest Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S10 T12 R2W PT 52/3 W1/2 SE 3.35ac

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 [X] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 2-15-10

Completion construction date 3-1-10

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	$ 800
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 800

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

Car port
- No flood plain
- Previously subdivided
∴ 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. _____

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 Dahmer	40 STATE Forest Rd Jonesboro	62952	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
[signature]	40 STATE FOREST RD Jonesboro	2/22/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 11.60	2-22-10	10-25

Payment of $11.60 Cash # 1461 received by Union County Treasurer

Date 2-25-10

[signature] Reg.

New Parcel

UNION COUNTY Prop. N. 05-21-03-147-A2
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: 425 US Hwy 51 S | Subdivision or Addition | Lot | Block | Census track

Legal Description: S21 T12 R1W PT SW 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 [ ] 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* Lean to on each side of carport

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

Beginning construction date 2-15-10
Completion construction date 11-1-10

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	$ 800.00

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

Car Port
• 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 _____

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 16x24
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	Carla & Dale Fookey	202 Evergreen, Anna	62906	833-5894
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
Carla Fookey		2-17-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lunsford	$ 12.00	2-17-10	10-24

Payment of $12.00 Cash #1448 received by Union County Treasurer

Date 2-25-10

Bailey L. Meyer
Mag.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I... pt 03-14-01-5A
pt 03-14-01-571-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
1795 Friendship Church Road				

Legal Description: attached

3ac more or less

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date March 2010
Completion construction date Oct 2010

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 79000.00
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	$ 79000.00

MOBILE HOME INFO:

Date MH was set-up:	
Make Clayton	Size 76 x 28 Yr. Model 2010
Previous MH Owner new	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner Jared and Stephanie Wasuleski	

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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. Mobile home
- No floodplain
- Plat filed
- Rec. for approval

K

L

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jared Wasuleski	5187 Lower Salem Ch. Rd. Grand Chain	62941	618-201-3421
	Stephanie Wasuleski	5187 Lower Salem Ch. Rd. Grand Chain		
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
Jared Wasuleski		2-17-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Todd	$ 168.00	2-17-2010	10-23

Payment of #168.00 CK #951 received by Union County Treasurer

Date 2-25-10

Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-09-06-899

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

I. LOCATION OF BUILDING

Number and street: 3985 Ware - Wolf Lake Rd

Subdivision or Addition: -

Lot: | Block: | Census track:

Legal Description: SW SW CK SW NW Sec. 9 T12S, R3-4W PT NW SE 162.63ac

E W from 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* pole barn

Beginning construction date ?

Completion construction date June 1, 2010

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 15000.00

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

Pole barn
- In floodplain waiver attached
- 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 _____

None

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 9000
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	Rusty Lambdin	3985 Ware-Wolf Lake Rd Wolf Lake IL 62998		833-3625
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Rusty Lambdin		2-16-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
John Grum	$ 100.00	2-16-10	10-22

Payment of $100.00 Cash #1446 received by Union County Treasurer

Date 2-25-10

Betty L. Mayne
Mg.

WET FLOODPROOFING VARIANCE APPLICATION FORM

COPY

Property Owner or Applicant

Name: Randy Lambdin

Address: 3985 Ware - Wolf Lake Road

City: Wolf Lake State: IL Zip: 62998

Phone: (home) (618) 833-3625 (work) _____

Address of subject property (if different from above):

same as above

Parcel (tax) Identification Number 11-09-06-899

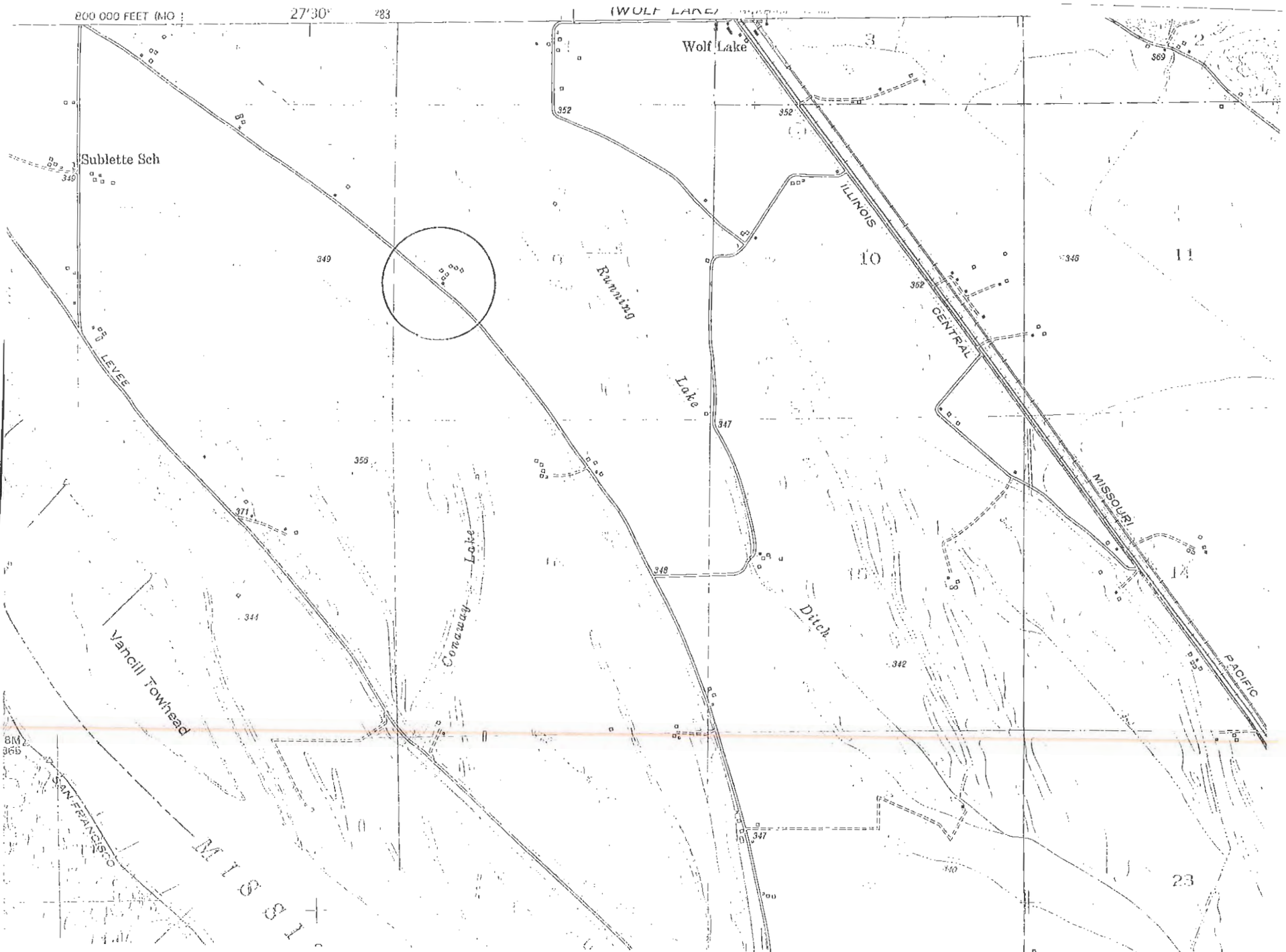
Legal Description: NW 1/4, SE 1/4, Sec. 9, T12S, R3-4W

Size of Subject Parcel (contiguous parcel under on ownership): 192.63 ac.

Floodplain Map Panel Number: 17181C0150C

The Following Items Should Be Submitted With This Application:

1. X 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. See attached USGS map
2. X A copy of the FEMA floodplain map outlining the proposed site.
3. NA Copies of any applicable state or federal permits.
4. X Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.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ILLINOIS
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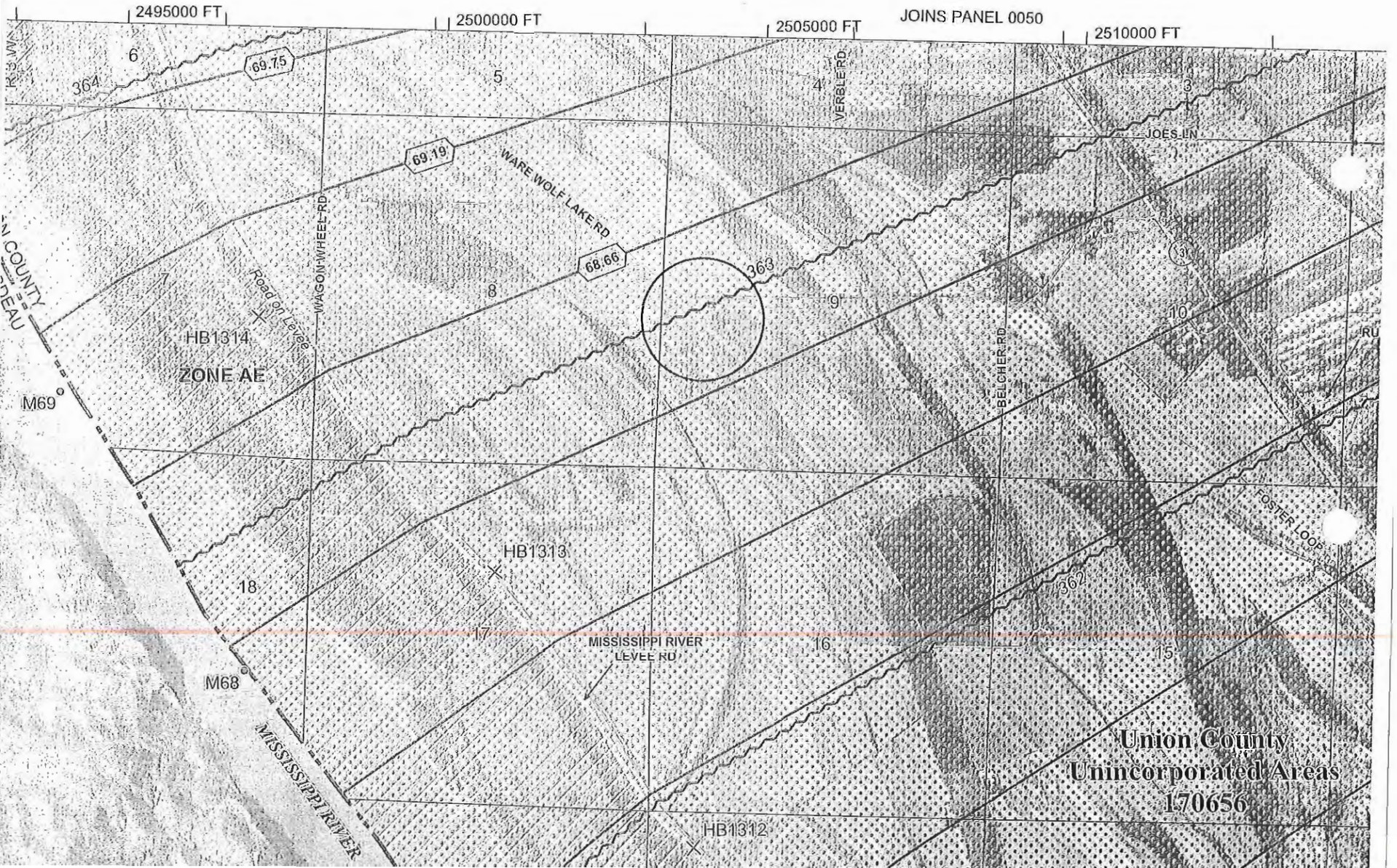
2495000 FT
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JOINS PANEL 0050
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WARE WOLF LAKE RD
WAGON WHEEL RD
VERBLE RD
JOES LN
BELCHER RD
FOSTER LOOP
Road on Levee
HB1314
ZONE AE
HB1313
HB1312
MISSISSIPPI RIVER LEVEE RD
MISSISSIPPI RIVER
M69
M68
364
363
362
6
5
4
3
7
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9
10
18
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16
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Union County
Unincorporated Areas
170656

UNION COUNTY Prop. No. 01-29-02 404-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

Number and street: Wing Hill Rd. Cobden
Subdivision or Addition | Lot | Block | Census track

Legal Description: T. 11S, R. 1E
Part of NE 1/4 of SW 1/4, Section 29

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 [ ] 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

1a [X] Private (individual, corporation, nonprofit institution, etc.)
2 [ ] 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* _____
16 [ ] Garage
15 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date 8/2010

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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	$ 302,000
To be installed but not included in the above cost	
a. Electrical	-0-
b. Plumbing	-0-
c. Heating, air conditioning	21,000
d. Other (elevator, etc.)	-0-
11. TOTAL COST OF IMPROVEMENT	$ 323,000

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

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

42 [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 Story w/ Basement
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 1 Story 2,200
50. Total land area, sq. ft. 3,400

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 2
52. Outdoors 2

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 4
54. Number of bathrooms { Full ..... 3 / Partial 1

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

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Dustin Tripp Adrienne Tripp	22426 Walnut Grove Rd. Creal Springs, IL. [redacted]	62922	(618) 777-3131
2. Contractor or Builder	Kyle Enz	P.O. Box 962 Carrier Mills, IL. 62917	62917	(618) 926-7288
3. Architect	(None)			

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

Signature of applicant: Dustin Tripp
Address: 22426 Walnut Grove Rd. Creal Springs, IL. 62922
Application date: 2/10/2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Nall	$ 656.00		10-21

Payment of $656.00 Ck# 1327 received by Union County Treasurer
Date 2-17-10

01-29-00-404

FEB. 9. 2010 8:37AM UNION COUNTY ASSESSORS OFFICE NO. 0434 P. 1

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: 255 Lucas Hap Rd

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

Legal Description: LOT 4 Rose Estates 1.69

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 2-18-10

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	$ 83000

MOBILE HOME INFO:

Date MH was set-up:	MARCH ?
Make Dutch	Size 28 X 56 Yr. Model 2010
Previous MH Owner	New
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	CLARENCE BLATTEL

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 Propane

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: 3
- 54. Number of bathrooms: Full: 2; Partial:

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CLARENCE BLATTEL	255 LUCAS HAP Rd	62906	573-979-26
2. Contractor or Builder				
3. Architect				

Mobile home
- No floodplain
- Previously subdiv.
- Rec. for approval

The owner of this building and the undersigned agree to conform to

I do hereby verify that the above-described building or mobile home prone area.

Signature of applicant	Address	Application date
Clarence Blattel	255 LUCAS HAP Rd	02-16-2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rudy Kunkel	$ 176.00	2-16-2010	10-20

Payment of $176.00 CK# 2643 received by Union County Treasurer

Date 2-25-10

Barry L. Magee

1

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-30-01-164

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: 330 T12 R1E NW SW PT SD NE SW 40.43

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date 11/12/09

Completion construction date 2/10/10

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	$ 30,000

MOBILE HOME INFO:

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

Cabin
- No floodplain
- No subdivision

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 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	400
50. Total land area, sq. ft.	600

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	100

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	ROBERT HAAS	315 CHRISTIAN Chapel Rd	62906	833-2520
	THEEDITION@315			
2. Contractor or Builder	Burt Reed	MT. VERNON		
3. Architect	Curt Reed	" "		

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

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]	315 CHRISTIAN Chapel Rd.	2/10/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 70.00	10-10-10	10-19

Payment of $70.00 CK # 1094 received by Union County Treasurer

Date 2-17-10

[signature]

UNION COUNTY Prop. N
BUILDING PERMIT APPLICATION

04-05-02-076

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

I. LOCATION OF BUILDING

Number and street: 165 Townsend Ln. Cobden

Subdivision or Addition | Lot | Block | Census track

Legal Description: 55 Cedar Bluff Ln. Cobden
Section 5 T11 R1W
PT SE SE 30 17 ac.

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

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

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	$ None
To be installed but not included in the above cost	
a. Electrical	800
b. Plumbing	1000
c. Heating, air conditioning	—
d. Other (elevator, etc.) gravel	1500
11. TOTAL COST OF IMPROVEMENT	$ 3300

MOBILE HOME INFO:

Date MH was set-up:	
Make Atlantic Homes Size 28 x 40	Yr. Model 1992
Previous MH Owner	Ruth A. Levinson
Previous MH Location	Paradise Acres, Cambria, IL
Current MH Owner	Ruth A. Levinson
Current MH Location	55 Cedar Bluff Lane
Current Land Owner	Marc & Ruth A. Levinson

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 mobile home

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	1120
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	0
52. Outdoors	2

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ruth A. Levinson Marc Levinson	165 Townsend Lane Cobden IL	62920	618 893 2
2. Contractor or Builder				
3. Architect				

- Mobile Home
- No floodplain
- No subdivision

The owner of this building and the undersigned agree to conform to

I do hereby verify that the above-described building or mobile home prone area.

Signature of applicant	Address	Application date
Marc Levinson	165 Townsend Lane Cobden IL	3/8/09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Thurston	$ 16 60	2-9-10	10-18

Payment of #16.60 CK #4940 received by Union County Treasurer

Date 2-17-10

Barry L. Thomas

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-28-03-954-C

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

I. LOCATION OF BUILDING

Number and street: Lucas Hap Road

Subdivision or Addition | Lot | Block | Census track

Legal Description: Part of the SW quarter of Section 28 Township 12 South Range 1 West of the Third Principal Meridian Union Co. EL. 5 ac

N S (E) W from Intersection of Rt. 51 and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date: March 2010

Completion construction date: Ap 2010

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 130,000
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	$ 130,000

MOBILE HOME INFO:

Date MH was set-up:	
Make: Fairmont	Size: 32X76 Yr. Model: 2010
Previous MH Owner	Village Green
Previous MH Location	Marion
Current MH Owner	Clarence & Rebecca Pind
Current MH Location	—
Current Land Owner	Clarence & Rebecca Pind

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 manufactured home

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
- No floodplain
- No subdivision
- Rec. for approval

K.

52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3

54. Number of bathrooms: Full 2; Partial 0

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Clarence E. Pind	422 Cook Ave. Jonesboro, IL	62952	618-833-2971
	Rebecca L. Pind	" " " " "		618-833-2971
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: Clarence E. Pind, Rebecca L. Pind

Address: 422 Cook Ave Jonesboro, IL 62952

Application date: 2-3-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Kendall	$ 270.00	2-3-10	10-17

Payment of $330.00 CK #3891 received by Union County Treasurer

Date 2-17-10

Bonnie L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N 08-07-05-739

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

I. LOCATION OF BUILDING

Number and street: 550 Beech Grove, Wolf Lake

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-2W S. 7 76.30 AC SE NW, PT SW NE, NE SW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* grain bin 30' TR ?

Beginning construction date _____

Completion construction date _____

moved from # 01-31-00-440

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

Grain bin
- No flood plain
- No subdivision
- Rec. for approva

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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	Gary Glasco	550 Beech Grove Wolf Lake IL	62998	833 5770
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
		2-1-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lundeen	$ 10.00	2-1-10	10-15

Payment of $10.00 Check #1412 received by Union County Treasurer

Date 2-17-10

Bobby L. Mayer Treas.

618-833-351

UNION COUNTY BUILDING PERMIT APPLICATION Prop. No. 04-29-02-587-L

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

I. LOCATION OF BUILDING

Number and street: 975 Bell Hill Rd

Subdivision or Addition | Lot | Block | Census tract

Legal Description: 529 T11 R1W PT S1/2 NE Leasehold

N S E W from intersection of Bell Hill and Blueberry Hill 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)
8 [ ] Public (Federal, State, or local government)

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

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

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

Beginning construction date
Completion construction date

Beginning construction date 2-22-10
Completion construction date 3-5-10

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:
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 ... for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

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)

N/A

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

40. Number of stories: 290' Guyed Tower
42. Total square feet of floor area, all floors, based on exterior dimensions: —
50. Total land area, sq. ft.: 2500 Leased Area

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	AT&T Mobility, c/o Network Real Estate	5055 Highway N, Ste 200 St. Charles, MO 63304	63304	636-922-3400
2. Contractor or Builder	TBD			
3. Architect	Michael L Owens, Terrance M Sear	1816 Lackland Hill Parkway Ste 400 St. Louis, MO	63146	314-993-1010

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

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 Nordi	5055 Hwy N, Ste 200 St. Charles MO	2-1-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Gary Lenk	$ $110.00	2-2-10	10-16

Payment of $110.00 CK #629 received by Union County Treasurer

Date 2-17-10

Bonnie L. Mau Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-34-02-811-A

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

I. LOCATION OF BUILDING

Number and street: 555 Cearny Ln. Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-10 S 34 00 S1/2 SW NW NWSW 10 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date Oct 2009
Completion construction date May 2010

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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	$300,000

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

• No floodplain
• No subdivision
∴ Rec. for approval

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

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 [ ] 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. DIM

48.
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. 2800 ±

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 4
54. Number of bathrooms: Full 3; Partial 1

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Thomas Cerny	PO Box 86 Cobden IL	62920	618-697-6225
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
Thomas N. Cerny		1-28-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Burdell Rawls	$ 610.00	1-28-10	10-14

Payment of $610.00 CK # 1013 received by Union County Treasurer

Date 2-1-10

Barry L. Mann
Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-13-05-834-A

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

I. LOCATION OF BUILDING

Number and street: 1600 Kratzinger Hollow Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-2W S. 13
PT NW SE 1.51 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 _____
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 ..... $ 67,000

MOBILE HOME INFO:
Date MH was set-up: March 1, 2010
Make Southern Size 33 x 66 Yr. Model 2010
Previous MH Owner
Previous MH Location Cape Girardeau
Current MH Owner James & Ursula Reynolds
Current MH Location 1600 Kratzinger Hollow Rd
Current Land Owner James & Ursula 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 elavator?
46 [ ] Yes 47 [ ] No

J.
- No floodplain
- Previously subdivided

K. ∴ 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	James & Ursula Reynolds	1600 Kratzinger Hollow 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	Address	Application date
James A. Reynolds	1600 KRATZINGER HOLLOW RD.	1-28-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Darrell Rauch	$ 144 00	1-28-09	10-13

Payment of $144.00 CK # 4697 received by Union County Treasurer

Date 2-1-10

Bonny L. Magers
TRA

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-11-726

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

I. LOCATION OF BUILDING

Number and street: 165 Crowell Heights Loop
Subdivision or Addition: Crowell Heights
Lot: 29
Block:
Census track:
Legal Description
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

8a [ ] 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 on gravel

Beginning construction date Feb 15, 10
Completion construction date Mar 15, 10

removing 10X4 shed

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

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

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

- No floodplain
- Previously subdivided
- Rec. for approval

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

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
50. Total land area, sq. ft.: 15000 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	Donald Messamore	165 Crowell Heights Loop Anna IL	62906	833-8304
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: Donald Messamore
Address:
Application date: 1-27-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Hamlet	$ 36.00	1-27-10	10-12

Payment of $36.00 #1400 received by Union County Treasurer

Date 2-1-10

Barry L. Moore

7 —

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-24-06-046-A

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

I. LOCATION OF BUILDING

Number and street: 250 Berryville Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 24 T 12 R 2W NW CR NW SW 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 [ ] 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	$ 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

- No Floodplain
- Previously subdivide
- Rec. for approval

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and a 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 [ ] 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. D

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

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mike Moon	PO Box 904 Jonesboro IL	62952.	697-6213
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Michael D Moon	250 Berryville RD	1-27-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Rauch	$ 28.00	1-27-10	10-11

Payment of $28.00 CK #8536 received by Union County Treasurer

Date 2-1-10

Bobby L Moore

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N. 07-12-05-309

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

I. LOCATION OF BUILDING

Number and street: 1425 Union Springs Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 12 T11 R2W N SD of NW NE 10 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

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* 2 MOBILE HOMES TOTAL 12 X 60

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 ..... $ 1,900.00

MOBILE HOME INFO: (2 MOBILE HOMES)

Date MH was set-up: January 2010

Make: Windsor Size: Yr. Model: 84

Previous MH Owner: Kevin & Beth Hileman

Previous MH Location:

Current MH Owner:

Current MH Location: 1425 Union Springs Rd Cobden

Current Land Owner: Juanita Eads

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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. DIM
48. No Floodplain
49. No subdivision
50.

K. NU PA
51. Rec. for approv
52.

L. RE
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	Juanita Eads	1425 Union Springs 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	Address	Application date
		1-27-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Kennedy	$ 13.80 ~~10.00~~	1-27-10	10-10

Payment of #13.80 Cash #13.80 received by Union County Treasurer

Date 2-1-10

Billy L. Morgan

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 02-02-00-611-B

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

I. LOCATION OF BUILDING

Number and street: 1262 Texas Eastern Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E 3-2 Buncombe PT S1/2 SW NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date _____

Completion construction date Nov 2009

removed 150 ft²
added 400 ft²

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
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	35,000

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 add for wrecking, complete only*

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 400 ft²
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
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 & Alysia Kaufman	1262 Texas Eastern Rd Buncombe IL 62912		833-5750
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
		1-26-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Kendall	$ 80.00	1-26-10	10-09

Payment of $80.00 Ck # 5694 received by Union County Treasurer

Date 2-1-10

Barry L. Mayer
Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N 08-13-05-820

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

I. LOCATION OF BUILDING

Number and street: 1175 Kratzinger Hollow

Subdivision or Addition | Lot | Block | Census track

Legal Description: S13T12 R2W PTW1/2 NE W 2.00

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

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

Beginning construction date _____

Completion construction date _____

Home addition
- LOMA, out of flood plain, Zone A
- No subdivision
- Rec. for approval

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 15,000
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	$ 15,000

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 additions, complete Parts 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 [ ] 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: 700
- 50. Total land area, sq. ft.

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Larry Miles	1175 Kratzinger Hollow Rd Cobden, IL	62920	618-333-28
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. - This is in Flood ~~Plain~~ Prone Area - Structure tube one foot above lowest

Signature of applicant	Address	Application date
Larry Miles	1175 Kratzinger Hollow, Cobden, IL	1/22/2010

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lude	$ $40.00	1-22-2010	10-07

Payment of $40.00 CK # 3585 received by Union County Treasurer

Date 2-1-10

Billy L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N. 08-24-06-046-A1

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

LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: S24 T12 R2W PT NW SW 3.00 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

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 ..... $ –0–

MOBILE HOME INFO:

Date MH was set-up:	Jan 2010
Make	Size 12 X 44 Yr. Model ?
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	Deon Warden

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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
- Previously subdivided
- Rec. for approval

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	Deon Warden	P.O. BOX 401 Jonesboro	62952	
2. Contractor or Builder				
3. Architect				

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

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

Signature of applicant	Address	Application date
Deon Warden		1-19-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lehr	$ 10.00		10 06-

Payment of $10.00 Cash #1380 received by Union County Treasurer

Date 2-1-10

Bally S. Mann
Reg.

UNION COUNTY Prop. I
BUILDING PERMIT APPLICATION

06-35-05-084-A

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

I. LOCATION OF BUILDING

Number and street: 540 Mt Pisgah Rd Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: SQC 35 T 13 R 1 W PT NE SW 1.30 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 [ ] New 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	$49,000
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	$49000

MOBILE HOME INFO:

Date MH was set-up:	Mar 1, 2010
Make Fleetwood	Size 52 X 24 Yr. Model 2010
Previous MH Owner	Harks Brothers
Previous MH Location	Mayfield KY
Current MH Owner	Phillip Brown
Current MH Location	06-35-05-084-A
Current Land Owner	Phillip Brown

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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

- No Floodplain
- Formerly subdivided
- Rec. for approval

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	Phillip Brown	540 Mt Pisgah Rd		(618)697-0972
		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
Phillip Brown		1-19-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Ladd	$ 108.00	1-19-10	10-05

Payment of $108.00 CK #2561 received by Union County Treasurer

Date 1-19-10

Barry L Mayes

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... part of 08-26-06-187-C1

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

I. LOCATION OF BUILDING

Number and street: Berryville Rd Jonesboro

Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt of S 26 T 12 R 2W PTNW 10 AC.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [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 [ ] Cerport
17 [ ] Other – *Specify* Pole barn living (40x40) with Apartment

Beginning construction date Feb 2010

Completion construction date Oct 2010

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

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 20,000.00
To be installed but not included in the above cost	
a. Electrical	1,000.00
b. Plumbing	7,000.00
c. Heating, air conditioning	5,000.00
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$ 33,000.00

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

- No floodplain
- No subdivision is
∴ Rec. for approva

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

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 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	1
49. Total square feet of floor area, all floors, based on exterior dimensions	40 x 80
50. Total land area, sq. ft.	3200

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	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	Rusty Sullivan	260 TRIPP Cemetery 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	Address	Application date
Rusty Sullivan	Same	1/9/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Lowder	$ 76.00	1-12-10	10-04

Payment of $76.00 CK # 16225 received by Union County Treasurer

Date 1-19-10

Barry L. Mayer

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 14-00-11-246

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
3675 New SARATOGA				

Legal Description: LOTS 6-24 Original Plat of Saratoga

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 Jan 2010
Completion construction date June 2010

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

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 45,000.00

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

- No Floodplain
- No subdivision
- Rec. for approva

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

E. PRINCIPAL TYPE OF FRAME

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

F. PRINCIPAL TYPE OF HEATING FUEL

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

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

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

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 60x96
50. Total land area, sq. ft.: 5760

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Basler	3675 New Saratoga 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
John Basler	3675 New Saratoga Rd Anna IL 62906	1/10/10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randy Newell	$ 100.00	1-11-10	10-03

Payment of $100.00 CK #1858 received by Union County Treasurer

Date 1-19-10

Barry A. Myers

UNION COUNTY Prop. No. 01-22-00-261-A
BUILDING PERMIT APPLICATION

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

I. LOCATION OF BUILDING

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

Legal Description: Section 22 Township 11 Range 1E SE OR SWSW .79 C

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

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

B. OWNERSHIP

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

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

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

Beginning construction date ~~3-15-10~~
Completion construction date ~~8-15-10~~

SEASONAL USE

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

Beginning construction date 3-15-10
Completion construction date 8-15-10

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 3,500 =
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	$ 3,500.00

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

Tent
- No floodplain
- Previously subdivid
- Rec. for approv

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

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 BURNING 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 [ ] 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: 452
50. Total land area, sq. ft.: .80 AC

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

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Scott Sizemore	PO BX 391 Freeport, Illinois	61032	815 563-6007
2. Contractor or Builder	Scott Sizemore			
3. Architect				

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

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

Signature of applicant	Address	Application date
Scott Sizemore	PO BX 391 Freeport Il 61032	1-10-10

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Randall Lamb	$ $17.00	1-11-10	10-02

Payment of #17.00 MO. received by Union County Treasurer

Date 1-19-10

Bruce A. Moore
mg.

9

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I 05-06-03-024

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

I. LOCATION OF BUILDING

Number and street: Alma Nursery Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-10 S4 W of RR PT W½ NW; PT N PT E½ NW

N S 65.46 ac

E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

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

A. TYPE OF IMPROVEMENT

1 [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 Dec. 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 $200,000

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

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts 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 Geothermal

G. TYPE OF SEWAGE DISPOSAL

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

H. TYPE OF WATER SUPPLY

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

I. TYPE OF MECHANICAL

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

J. DIMENSIONS

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

K. NUMBER OF OFF-STREET PARKING SPACES

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

L. RESIDENTIAL BUILDINGS ONLY

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

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

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Steve Skaggs	PO Box 324 Hurst IL	62949	618-922-0231
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 12-4-09

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Rachel Ladde	$ 410.00	12-4-09	10-01

Payment of $410.00 CK# 1686 received by Union County Treasurer

Date 1-4-2010

Bobby L. Mason

07-36-05-662
07-36-05-662-A
07-36-05-665
07-36-05-670-A
07-36-05-671
07-36-05-670
07-36-05-673
07-36-05-670-B
07-36-05-674
07-36-05-670-C
07-36-05-675
04-31-02-797
04-31-02-806-A
04-31-02-806
04-31-02-804
05-06-03-019
05-06-03-017-A
05-06-03-024
05-06-03-017
05-06-03-038
05-06-03-027
05-06-03-031
05-06-03-027-B
05-06-03-027-A
05-07-03-049-A
05-07-03-047
05-07-03-048
05-07-03-045-A
05-07-03-046
05-07-03-049
05-07-03-046-B
08-01-05-678
08-01-05-679
08-01-05-677
08-01-05-679-A
08-02-05-694-B
08-01-05-680-C
08-01-05-680-C1
08-01-05-680-D
08-01-05-680-A
08-01-05-680-C2
08-01-05-680-B
08-01-05-680-E
08-01-05-680-E1
08-01-05-680
08-01-05-681
08-01-05-682
08-01-05-682-A
08-01-05-683
08-01-05-684
08-12-05-803
08-12-05-801
08-12-05-801-A
08-12-05-801-C1
08-12-05-797-B
08-12-05-802-A
08-12-05-801-B
08-12-05-802-B3
08-12-05-801-B1
08-12-05-796
08-12-05-802-B
08-12-05-802
08-12-05-801-C
08-12-05-798