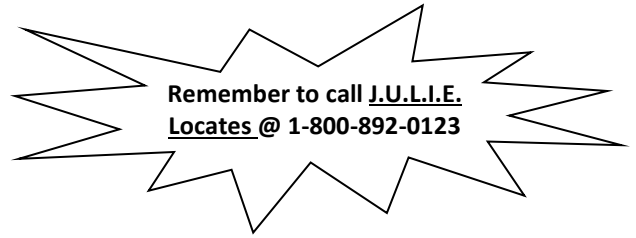




City of Streator
 204 South Bloomington Street
 Streator, Illinois 61364
 Phone: (815) 672-2517
 Fax: (815) 672-7566

Permit #: _____



ACCESSORY BUILDING PERMIT APPLICATION
(GARAGES, SHEDS, & CARPORTS)

Applicant Name: _____ Email: _____

Phone #: _____ Project Location Address: _____

Property Owner Name: _____ Address: _____

Owner Phone #: _____ Secondary Phone #: _____

Occupancy Classification: _____ Total Square Footage: _____

Actual Setback East: _____ Actual Setback North: _____ Actual Setback South: _____ Actual Setback West: _____

Estimated Valuation: _____ Additional Floors Sqft: _____ Construction Type: _____

Garage Sqft: _____ Height of Garage: _____ Method of Construction: _____ Zoning District: _____

Primary Contractor: _____ Phone #: _____

Address/City/State/Zip: _____

Sub-Contractor: _____ Phone #: _____

Address/City/State/Zip: _____

PLEASE NOTE
 A SITE PLAN IS **REQUIRED** PRIOR TO ANY REVIEW OF THE PROJECT.
 To assist you; a sample has been attached to this form.
YOU MUST HAVE YOUR PROPERTY LINES MARKED PRIOR TO SITE INSPECTION
ALSO, if the building will have electrical connection an Electrical Permit **WILL BE REQUIRED**.

Applicant's signature: _____ Printed: _____

APPROVED DATE: _____ _____ Building Inspector	FEE: \$ _____ PAID STAMP
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