



Accessory Permit Application

Cost: \$50

(Please make Checks payable to Village of Stockton)

155 W. Front Avenue

Stockton, IL 61085

Phone 815-947-2515 Fax 815-947-3413

I. Project & Owner Information						
Owner's Name:			Phone:		Email:	
Owner's Address:			City:		State:	Zip:
Project Address:						
II. Construction Information						
Type of Improvement (Check all that Apply)			Type of Permit (Check all that Apply)			
<input type="checkbox"/> New Building			<input type="checkbox"/> Fence			
<input type="checkbox"/> Remodel/Alteration			<input type="checkbox"/> Porch (Less than 250 sq ft.)			
<input type="checkbox"/> Repair/Replace			<input type="checkbox"/> Deck			
Other (Please List): _____			<input type="checkbox"/> Swimming Pool			
			<input type="checkbox"/> Storage Shed			
			<input type="checkbox"/> Solar Panels			
			Other (Please List): _____			
III. Design						
A. General Contractor List ALL Other Subcontractors on a separate sheet if needed						
Contact Person:				Company:		
Address:		City:		State:		Zip:
Phone/Fax:				Email:		
B: Design/ Characteristics						
Is the structure: <u>Attached</u> to, or <u>Detached</u> from the main structure?						
Material to be used:	Metal	Vinyl	Wood	Brick	Block	Other: _____
Foundation:	Concrete Slab		Posts	Other: _____		
C. Structure Dimensions						
For Fences list height and length only.						
Width:	Height:		Length:		Total Sq Ft:	
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Site Plot Plan - <u>REQUIRED</u> - Show property lines, easements, R.O.W., Streets etc. and the structure on the lot, and the dimensions of the front, rear, and side yards (from the structure to the property line).						

Cost of Construction: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent to conform to all applicable laws of this jurisdiction.

Date: ____ / ____ / ____

Signature of Applicant	Print Name
For Office Use Only:	
Application: Approved Denied	_____ Zoning Administrator / Date