



1400 Mt. Zion Parkway  
Mt. Zion, IL 62549  
www.mtzion.com  
Office: 217-864-5424  
Fax: 217-864-5935

**VILLAGE OF MT. ZION**

PERMIT TO:  DRIVEWAY/PARKING LOT  DEMOLITION  EXCAVATION

OWNER OF PROPERTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY TYPE:  RESIDENTIAL  COMMERCIAL

CONTRACTOR: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**\*SITE PLAN MAP IS REQUIRED, PLEASE SEE PAGE 2\***

**Ordinance 1994-95-8 states that "The party receiving the Building Permit must initiate construction within twelve (12) months of the issuance of the Building Permit. The correct construction must be completed, and a final Certificate of Occupancy must be issued within 18 months of the issuance of the Building Permit. If the party receiving the Building Permit fails to comply with these time limitations, the Building Permit is revoked." The party receiving the Building Permit is in violation of this Ordinance.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
FEE:\$ _____	DATE PAID: _____
APPROVED BY: _____	DATE: _____
PERMIT NUMBER: _____	

**Site Plan Instructions:**

The following information needs to be shown on the map:

1. All existing structures
2. The proposed structure(s) with the dimensions (in feet)
3. The distance (in feet) from the property line to the proposed structure
4. The direction of North
5. The distance (in feet) from any accessory structure (8 foot minimum)

