

Municipal Site Evaluation Application

APPLICANT INFORMATION		ACCOUNT #:
APPLICANT NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
EMAIL:		PERMIT TYPE
SITE/PROPERTY INFORMATION		<input type="checkbox"/> TYPE 1: demolition of existing structure(s), building free standing structures (shed, detached garage, pool, sprinkler system, patio etc.)*
ADDRESS:		
CITY/STATE/ZIP:		
PIN:		<input type="checkbox"/> TYPE 2: building additions, expansions (additional rooms, second floor)**
CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)		
NAME:		
ADDRESS:		
EMAIL:	PHONE:	
<p>*When applicable, this application must be accompanied by scale drawing showing existing structures, proposed addition, and existing location of well and/or septic system on the property. **IF ADDITIONAL BEDROOMS, CONTACT PLAN REVIEW (630)-221-7045</p>		
Approved By		Date / /
Health Department has no objection to the issuance of a permit for this work. This approval is void if substantive changes are made to the plans as submitted.		
Not Approved By		Date / /
Review of proposed plans for the above property revealed problems in relation to the private well or sewage disposal system on this property. Therefore, the Health Department objects to the issuance of a permit for this work. (See Attached letter)		
Re-evaluated and Approved By:		Date / /
Sanitarian Comments:		
Record Number		Date / /