Village of Durand

308 W. Main Street Ph: 815/248-2606 Durand, IL 61024 Fax: 815/248-2032

PRELIMINARY CHECKLIST For Building Permit

Applicant Information	Owner Information (if different)
Name:	Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
	cuments: ion. Include existing buildings and new) and their location on the site. Applicant
	rk them. Indicate the distance from the
☐ Elevation plan. Show a side view slope indicated.	w of new construction with height and
☐ Site plan should also include appl (indicate North).	icant's name, address, and directional sign
□ \$25.00 Building permit application	on fee. Received Date:
Property Zoned:	Property Pin Number:
Signature of Zoning Administrator	Date