



Kathi Urban, Director

COUNTY OF PEORIA
DEPARTMENT OF PLANNING & ZONING

PEORIA COUNTY COURTHOUSE • ROOM 301
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TELECOMMUNICATIONS CARRIER FACILITY BUILDING PERMIT APPLICATION

The following shall be reviewed by this Department when determining if a building permit can be issued, or if a variance will be required. If all of the provisions of Public Law 90-522, which have been added to the Peoria County Unified Development Ordinance, are met or exceeded, then a permit shall be issued within thirty (30) days of receipt of the application.

APPLICANT INFORMATION:

Name:
Address:
City, State Zip:
Phone:

CONTRACTOR INFORMATION:

Name:
Address:
City, State Zip:
Phone:

ENGINEER INFORMATION:

Name:
Address:
City, State Zip:
Phone:

GENERAL INFORMATION:

Parcel ID No:
Parcel Address:
E. C. Permit No.:
Construction Cost:

ACCESSORY STRUCTURE INFORMATION:

Size & square footage:
Height:
Foundation:
Exterior Walls:
Interior Walls:
Roof:
Heat Type:
Air Conditioning:

STATUTORY REQUIREMENTS:

Zoning:
Parcel Size:
Tower Height:
Fencing Height:
SETBACKS: Front, Side, Rear
Tower
Accessory Bldg

- 1. Does the facility encroach onto any existing easements? YES / NO
2. Does the facility encroach onto any existing septic system? YES / NO
3. Will there be removal of any trees greater than 3" dia. at 3 feet agl (above ground level)? YES / NO
4. If yes, is the replacement plan attached? YES / NO
5. Does the facility face an existing residential use in a residential zoning district? YES / NO
6. If yes, is the landscaping plan attached? YES / NO
7. Is the lighting for security & safety purposes only? If not, note the reason on the site plan. YES / NO
8. Is the tower site located in a special flood hazard area? YES / NO
9. If yes, show firm panel #, floodzone, BFE & FPE information on site plan.
10. Is the facility to be manned daily? If yes, please show off-street parking on site plan. YES / NO
11. What is the horizontal separation distance, in feet, to nearest principal residential structure?

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

OWNER/OWNER'S AGENT

FOR OFFICE USE:

Date Filed:
Date Approved:
Variance Required: YES / NO
Filed By:
Approved By: