



**COUNTY OF TAZEVELL
DEPARTMENT OF COMMUNITY DEVELOPMENT**

11 South 4th Street, Room 400, Pekin, Illinois 61554

Phone: (309) 477-2235 Fax: (309) 477-2358 Email: zoning@tazewell-il.gov

Jaclynn Workman, Community Development Administrator

The following checklist is aid in a thorough submittal process and shall be submitted with a Permit Application:

- Completed Communication Facility Permit Application to include a Site Plan of the lot showing the new structure(s), setbacks from lot lines and between buildings, septic system, well and location of driveways, parking and landscaping areas. **Allow 14 business days for approval.**
- Completed Mechanical Permit Application for Electrical (if applicable).
- Site Plan of the lot showing the new structure, setbacks from lot lines and between buildings, septic system, well and location of driveways, parking and landscaping areas.
- Scaled construction plans. **1 - Electronic set**, architecturally sealed construction plans, scaled at 100% emailed to zoning@tazewell-il.gov or **1 complete set** of architecturally sealed construction plans. Construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed; and show in detail that it will conform to the provisions of applicable codes, relevant law, ordinances and rules and regulations, as determined by the building official. All plans shall include all structural, mechanical (electrical, plumbing, HVAC), accessibility and fire protection systems. Applicant is responsible for knowing the current adopted building codes.
- An access permit or sign off is required from the appropriate road district (IDOT for State Highways, Tazewell County Highway Dept. for County Highways or Township Road Commissioner for Township Roads)
- A non-refundable Fee (see below) is required at the time of filing the application. Cash or check only

FEES Associated

Communication Facilities (Includes equipment buildings & fencing)	\$25.00 per vertical foot with a \$1,250.00 minimum fee
Communication Facilities (Co-location)	\$1,250.00* (may require electrical)
Electrical Permits: (include electrical service upgrades and revisions)	
- up to 1,500 square feet	\$55.00
Erosion, Sediment Stormwater Permits:	
- 5,000 to 21,780 square feet	\$250.00
- more than 21,780 square feet	\$75.00 per acre minimum \$450 and maximum \$3,000

The following codes, with amendments, adopted by the County Tazewell Board are to be enforced solely for multi-family, commercial, industrial and institutional structures are as follows:

- International Building Code 2018
- International Property Maintenance Code 2018
- NFPA 70: National Electrical Code 2017 Edition
- State of Illinois Plumbing Code Part 890 Illinois Administrative Code
- International Mechanical Code 2018
- International Fire Code 2018
- Illinois Accessibility Code
- Illinois Energy Conservation Code (current edition)
- International Existing Building Code 2018
- NFPA 100, Life Safety Code



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TELECOMMUNICATIONS CARRIER FACILITY BUILDING PERMIT APPLICATION

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS

Phone: _____

Phone: _____

Email: _____

Email: _____

Applicant Name: _____

Applicant Phone: _____

SITE PARCEL ID NUMBER: _____

SITE 911 ADDRESS: _____

*An address MUST be applied for prior to issuance of any Permit

ESTIMATED COST OF PROJECT CONSTRUCTION: \$ _____

Colocation/Attached Antenna: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Tower: <input type="checkbox"/> Yes <input type="checkbox"/> No	If new Tower is it: Monopole <input type="checkbox"/> Lattice <input type="checkbox"/> Guyed <input type="checkbox"/>
Tower Height: _____ ft.	Fencing Height: _____ ft.	Tower Setbacks: Front: _____ Side: _____ Rear: _____
Accessory Building/Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: such building shall be so designed to be compatible with the character of the area</small>	Square Footage of Accessory Building: x _____ = _____ ft.	Accessory Building/Equipment Setbacks: Front: _____ Side: _____ Rear: _____
What is the Horizontal Separation Distance of the new tower, in feet, to the nearest principal residential structure: _____ ft.	Will there be removal of trees greater than 3" dia. at 3 feet above ground level: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility face an existing residential use in a Residential Zoning District: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the landscaping plan attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

**All information contained herein and or any accompanying documents are true and correct
If the scope of work is modified the Owner/Applicant shall contact the Community Development Department**

Signature: _____
 Contractor Owner Applicant

Date: _____

Received By _____

OFFICE USE ONLY:

SUBDIVISION: _____ LOT # _____ ZONING: _____ PARCEL SIZE: _____

ENTRANCE PERMIT: REQUIRED N/A

ENTERPRISE ZONE YES-# _____

VARIANCE GRANTED: YES - CASE NO. _____

SPECIAL USE GRANTED: YES - CASE NO. _____

REVIEWED BY: _____

REVIEW APPROVAL DATE: _____

BUILDING PERMIT # _____

DATE OF PERMIT ISSUANCE: _____



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APPLICATION FOR A MECHANICAL PERMIT

Permit Type check all that apply: Electrical (EL) Plumbing (PL) HVAC (HV)

Residential: Commercial:

New Existing New Existing

Single Family Two Family Phase 1 Phase 3

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS

Phone: _____

Phone: _____

Email: _____

Email: _____

APPLICANT NAME: _____

APPLICANT PHONE: _____

SITE PARCEL ID NUMBER: _____

SITE 911 ADDRESS: _____

*An address MUST be applied for prior to issuance of any Permit

DESCRIBE WORK TO BE CONDUCTED: _____

ELECTRICAL INFORMATION:

Temp Pole Add New Wiring Remodel Service Replacement Meter Replacement HVAC

Number of Amps: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

PLUMBING INFORMATION:

(Fixtures include: toilets, interceptors, bath tubs, drinking fountains, urinals, floor drains, wash basins, water heaters, washers, sinks, rough-ins, showers, sewage ejectors. **NOT:** dishwashers, garbage disposals, water softeners)

Number of Fixtures _____ Fire Sprinklers: # of sprinkler heads: _____ Lawn Sprinklers: # of sprinkler heads _____

PLUMBING CONTRACTOR: _____ LIC# _____ Phone # _____

Anyone other than the homeowner doing their own work must provide a copy of the State of Illinois Plumbing License

HVAC INFORMATION:

Number of Heating Units: _____ Number of AC Units: _____ Number of GEO Thermal Units: _____

Commercial only: Square Feet of Heating _____ Square Feet of A/C _____

HVAC CONTRACTOR: _____ PHONE: _____

The undersigned does hereby agree to install above noted work in compliance with the laws of the State of Illinois and with the code of Tazewell County. It is the responsibility of the permit holder/property owner to call and make arrangements for required inspections. **If a change in the contractor is needed, please inform the Department. Any changes to the scope of work may be subject to additional fees. All stand-alone permits will expire 180 days from the date of issuance.**

Signature: _____ Date: _____
Contractor Owner Applicant

OFFICE USE ONLY:

DATE OF PERMIT ISSUE: _____ BUILDING PERMIT # _____

REVIEWED BY: _____