

Department of Planning and Development
McHenry County Government Center - Administration Building

2200 North Seminary Avenue
Woodstock, Illinois 60098



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www.co.mchenry.il.us

**RESIDENTIAL ADDITIONS, ALTERATIONS & ACCESSORY STRUCTURES
SUBMITTAL CHECKLIST**

1. A completed Permit Application.
2. A Site Plan showing lot dimensions, structures and the proposed construction with setbacks for zoning purposes. **YOU MAY USE A COPY OF THE PLAT OF SURVEY.**
3. A Current Plat of Survey
4. Two sets of **DETAILED** construction plans at 1/4"=1'-0" scale. This includes:
 - Foundation Plan** [include beams & columns with sizes & locations, egress windows & stair location and sizes, concrete slab information, electrical layout, equipment location, etc.]
 - Floor Plans** [include headers and beam sizes, joist and rafter sizes, window sizes and location, electrical receptacles, switches and GFI designation and plumbing fixture layout.]
 - Exterior Elevation Views** of all Four Sides [include window sizes, roof venting, decks and guardrail regulations, roofing and siding materials].
 - Detailed Wall Sections** [include all construction component notes from roof to footings)
 - Truss Certificates must be signed and sealed by a State of Illinois Structural Engineer or Architect.
 - Unusual or non-standard construction may require signoff by an Illinois Structural Engineer or Architect.
 - **Existing** Floor Plans as well as **Proposed** Floor Plans may be required to be submitted if it is unclear what changes are being made to the existing residence.
 - Pool Manufacturer specifications for pumps, filters, and motors are required.
5. **Well/Septic System Impact Review Sheet/or Health Department approval.**
 - A copy of your current septic system will be required with the well/septic review sheet to verify if proposed work meets the Health Department setbacks. If a plan is not provided by the Health Department or our archival records, we will require a Health Department review and signoff to verify the location of your septic and well.
 - If Bedrooms are being proposed or 50% or more of habitable space is being added to the original structure, a Health Department review and signoff will be required.
6. **A nonrefundable review fee must be paid at the time of application. Cash or Check**
7. **A culvert certificate or sign off from the appropriate road district will be required. [IDOT for state highway's, MCDOT for county highway's or Township Road Commissioner for township roads]**
8. **A copy of the plumber's state license and registration as well as a letter of intent and the roofer's state roofing license.**
9. **WRECKING permits require a notarized letter from the owner stating that all utilities have been or will be disconnected prior to demolition AND signoff from the Health Department for well and/or septic abandonment.**
 - **The items in red are not required at the time of applying, but is required prior to issuing the permit.**

Office Use Only
Zoning _____
Category _____

PERMIT APPLICATION FOR ALTERATIONS AND ACCESSORY STRUCTURES

OWNER INFORMATION:	CONTRACTOR INFORMATION:
Name _____	Name _____
Address _____	Address _____
City, St, Zip _____	City, St, Zip _____
Daytime Phone _____	Phone _____

PARCEL INFORMATION:

Address _____

City _____ Zip _____ Property Phone: _____
 (If Applicable)

Parcel/Tax Number _____

Lot _____ Block _____ Unit _____

Subdivision _____

Mail Permit To: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Pickup	Number of Stories: _____
Construction: <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory	Number of Rooms: _____
Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Number of Bedrooms: _____
<input type="checkbox"/> Utility <input type="checkbox"/> Agricultural Exempt	Number of Bathrooms: _____
Building Type: <input type="checkbox"/> Private <input type="checkbox"/> Public	

Electrical Wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amps of panel 100____ 200____ 400____ other____
Type of Heat <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water	Exterior Wall Type: _____
Central Air? <input type="checkbox"/> Yes <input type="checkbox"/> No	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Fireplaces and/or Woodburning Stoves _____	Garage: <input type="checkbox"/> None <input type="checkbox"/> Attached <input type="checkbox"/> Detached
Chimney Type: _____	

Total # of Plumbing Fixtures: _____

Sinks _____ Toilets _____ Tubs _____ Showers _____ Misc _____ Hose Bibb _____ DW _____

Fencing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wrecking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stormwater Review: <input type="checkbox"/> Yes <input type="checkbox"/> No
New Siding: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ag Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	Red Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No
New Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool: <input type="checkbox"/> None <input type="checkbox"/> Aboveground <input type="checkbox"/> Inground	

Roofers Name: _____	Architect: _____
Roofers License #: _____	Stormwater Engineer: _____
Electrician _____	HVAC Contractor: _____
Excavator: _____	Plumber: _____
Concrete Contractor: _____	Plumber License #: _____
	Plumber Registration#: _____

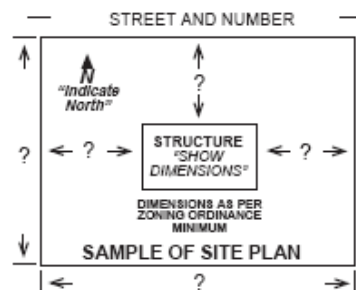
Square Footage of Work Covered by This Permit:

Main Sq. Ft. _____ **Garage Sq. Ft.** _____ **Deck/Porches Sq. Ft.** _____

Approximate Value of Work Covered by This Permit: _____

SITE PLAN

- Parcel stakes *must* be visible
- Show *all* structures existing on parcel at present time (incl. well & septic)
- Note if your facility is *existing* or *proposed*
- Note parcel size and building location
- Indicate *north* direction
- Indicate *all* adjacent roads/streets (both improved & unimproved)



ALL SETBACKS ARE MEASURED FROM THE OVERHANG TO THE PROPERTY LINE!

*SKETCH YOUR SITE PLAN BELOW - SUPPLY COMPLETE INFORMATION
LOCATE BUILDINGS ON PARCEL BY DIMENSIONS TO PARCEL LINES - NOTE ABOVE SKETCH*

NOTE: FRAUDULANT MISREPRESENTATIONS ON THE SITE PLAN MAY RESULT IN FORFEITURE OF ANY PERMIT ISSUED BY MCHENRY COUNTY PURSUANT TO A REVIEW OF THE APPLICATION.

NO INSPECTIONS UNTIL CULVERT IS INSTALLED AND ACCESS TO SITE IS AVAILABLE

P.I.N. _____ PERMIT # _____ DATE ISSUED _____

LOT/S # _____ BLOCK # _____ SUBDIVISION _____ UNIT # _____

ADDRESS _____

STPLAS.F09 12/09 - CSM