

City of Dixon 121 W Second St

Dixon, IL 61021

Phone: (815)288-1403

Email: <u>info@discoverdixon.org</u> Date:

IMPORTANT: COMPLETE ALL ITEMS IN ALL SECTIONS Permit applicant name: Location:_____Zoning:____ Property PIN #:_____ **Property use: Permit Type:** ____Single Family Residential ____New Building ____Addition ____Garage/Shed Two or more family Number of units_____ _____Repair/replacement _____Roof _____Deck/Porch/Patio Non-residential _____Demo/moving/foundation _____Pool _____Electric Type_____ _____Windows _____Priveway ____Fence ____Other____ **Costs:** Property Owner/Lessee name/ph. number: _____Materials/Supplies Electrical Address (if permit applicant is not owner): ___Plumbing ____HVAC Contractor name/ph. number: (if none state self) ____Total Cost Description of work to be done including information on materials used: Sub-contractors (include type of work)(if none indicate such):

Permit Applicant Signat	ure		Date	
Accessory Buildings: A building, as illustrated of Dixon's minimum se property line.	n the included d	lrawing, will be pla	ced/built on the prope	rty according to the City
Permit Applicant Signat	ure		Date	
Fence Permits: As owned included drawing, are corresponsible for discrepa	orrect to the best	of my knowledge	and the City of Dixon	will not be held
Permit Applicant Signat			Date	
Use & setback measurerFront Yard Rear Yard Site or Plot Plan:	nents _Side Yard _Side Yard	Notes:		
				3y
Fee	Receipt#	Approved by		