

**FIVE OR MORE UNITS
MULTI family SINGLE FAMILY ATTACHED dwellings**

Marengo Building Department
835 West Grant Highway
Marengo, IL 60152

Phone: 815-568-2669
Office hours Monday – Friday: 7:30 am - 3:30 pm
24 hour fax: 815-568-0569

Address of project _____

Parcel Identification Number _____ - _____ - _____ - _____

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1. A **completed permit application**, signed by owner / agent. All applicable information (including COST of construction) must be provided. (Included in packet).
 2. A **current plat of survey** depicting any existing improvements, easements and structures. Parcel identification number must be submitted with this document.
 3. **Six sets** of construction documents. See checklist.
 4. **Six sets of site plans**. See checklist.
 5. A **completed contractors list** with required licenses. (Included in packet).
 6. **ADDITIONAL INFORMATION OR DOCUMENTATION MAY BE REQUIRED AS DEEMED NECESSARY BY THE BUILDING DEPARTMENT STAFF.**
 7. Owner's name _____
 8. Owner's daytime phone _____ Fax _____
 9. Owner's address _____
 10. Proposed number of units _____

As the permit applicant I understand that I am responsible for:

Submitting all application materials as required by the Building Department, obtaining all permits and approvals from jurisdictions including but not limited to; I.D.O.T., D.N.R.-O.W.R., F.E.M.A., I.E.P.A., the Marengo Fire Protection District and the McHenry County Department of Health. In addition, I agree to pay all permit and review fees including but not limited to architect, attorney, engineer or outside review firm fees incurred by the City regarding my permit application.

Applicant's signature

Date

Applicant's name (printed)

Daytime phone