

COMMERCIAL / INDUSTRIAL
Alteration / Addition
Permit Application Requirements

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 _____

P.I.N. _____ - _____ - _____ - _____

1. A **completed permit application**, signed by owner / agent. All applicable information (including COST of construction) must be provided.
2. **SIX sets** of construction documents. See checklist.
3. **SIX sets** of site plans. See checklist
4. A **completed contractors list** with required licenses.
- 5.. **ADDITIONAL INFORMATION OR DOCUMENTATION MAY BE REQUIRED AS DEEMED NECESSARY BY THE BUILDING DEPARTMENT STAFF..**

6. Owner s name _____ 7. Owner s daytime phone _____

8. Owner s address _____ fax _____

9. Tenant s name _____ 10. Tenant s daytime phone _____

11. Tenant s address _____ fax _____

12. Type of proposed business _____

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)