

MARENGO BUILDING DEPARTMENT
835 West Grant Highway, Marengo, IL 60152
815-568-2669 FAX: 815-568-0569

DRIVEWAY / PARKING AREA APPLICATION and PERMIT

Permit Number: _____

Date Issued : _____

Expires: _____

Reviewer: _____

APPLICANT SECTION IN BOX BELOW (please print legibly)

Address of project: _____ P.I.N. _____ - _____ - _____

Zoning District: _____ COST: \$ _____

Property Owner / Developer Name: _____ Daytime phone: _____
Address: _____
E-Mail: _____

Contractor name: _____ Address: _____
Daytime phone: _____ E-mail: _____ Fax: _____

Include a current plat of survey or accurately drawn site plan indicating easements, dimensions and placement of driveway / parking (existing and proposed). Include setbacks and location of principal building and all improvements and structures.
(Check all that apply to your project)

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Driveway	<input type="checkbox"/> Driveway extension	<input type="checkbox"/> Parking pad	<input type="checkbox"/> Parking lot
--------------------------------------	-------------------------------------	-----------------------------------	---	--------------------------------------	--------------------------------------

ALL PAVED AREAS ABUTTING PUBLIC STREETS MUST HAVE A BUTT JOINT NO OVERLAY

Driveway / parking area surface to be _____ Square foot area being paved: _____
(Concrete, asphalt, pavers)

Base thickness: _____ Paving material thickness to be: _____ Driveway width at lot line _____
(Not to exceed 22' at R.O.W.)

Driveway width at widest: _____ Driveway length: _____
(Maximum 33') (Driveways to be a minimum of 5' from side lot line)

Parking space size: _____ No. of Parking spaces: _____ No. of Accessible parking spaces: _____

Parking space angle: _____
(45°/90°)

Under penalty of intentional misrepresentation, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement / project in compliance with all provisions of the applicable ordinances. I am responsible for obtaining all required permits and approvals from jurisdictions including but not limited to; I.D.O.T., D.N.R., F.E.M.A., I.E.P.A., Marengo Fire Protection District and 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.

▶ SIGNATURE of Owner / Agent _____ Date _____

Permit Cost: Driveways \$75.00 Driveway extension/ parking pads \$35.00 Off Street Parking / lots are based on size
DO NOT include payment with application.

BEFORE DIGGING CALL J.U.L.I.E. 1-800-892-0123 Dig Number : _____

To schedule all inspections call: 815-568-2669 8:00AM – 3:00PM Monday thru Friday

The area below is for inspectors use only

REQUIRED INSPECTIONS: Property stakes may need to be located and lot lines strung upon inspection, if requested.

Pre pour _____ Final _____ Striping (if lot) _____

ALL PAVED AREAS ABUTTING PUBLIC STREETS MUST HAVE A BUTT JOINT NO OVERLAY

Streets must be kept clean at all times!