2007

852	New dwelling (Dean Corbin)	330.00		05-15-03-225-K
853	New dwelling (Paul Ring)	610.00		06-08-04-403-(pt)
854	shed (Mark Weaver)	70.00		02-36-01-274
854-A	shed (Janet & Elaen Weaver)	8.00		02-35-01-250-E
855	Dwelling + garage (Kenneth Bunta)	170.00		01-34-00-501-B4
856	pole barn (Don Wilhelf)	40.00		02-07-00-716-A ~~B~~
857	Pole Bldg (Richard Weaver)	31.00		02-36-01-280
858	✓ farm bldg (Barry Hinerib)	50.00	received 3-23	03-30-01-913-A
859	✓ mobile home (Charles Johnson)	120.00	3-23 received	06-13-04-484
860	✓ restroom for St John's Lutheran Church (Sonny Eichelman)	-0-	3-23 received	none 13-1W Sec 17
861	pole barn	34.00		08-03-05-706-B
862	trailer	34.00	new parcel	06-24-04-717-B7
863	✓ furnace room (Terry Stanley)	12.00	4-4	04-26-02-523-E
864	✓ pole barn (Bill ~~Bass~~)	20.00	4-4	04-16 02-266
865	shed (Stanley & Peggy Hilemon)	24.00		09-14-06-406-D
866	pole barn (Michael Goodman)	18.00		06-16-04-555-D
867	mobile home (Rebecca Housman)	$17.00		06-15-04-532-A1
868	pole barn (Russell Sullivan)	$26.00		08-23-05-987
869	shed (Ron & Pat Mowery)	24.00		08-23-05-995-C
870	Garage (Raul Olandez)	$46.00		05-28-03-968
871	complete remodel (Kim Nowell)	$130.00		04-24-02-479
872	mobile office/cabin Barbara Casey	$150.00		07-17-05-447
873	pole barn Donna Morgan	34.00		05-23-03-775
874	house Xiaoxin Wang	$374.00		05-25-03-845-E
875	addition Tammy Clark	$30.00		04-35-02-885
876	mobile home Mathis & Jean Ayers	$150		14-00-10-824
877	MTL Garage Pamela Lentz	20.00		14-00-10-420
878	house demolition Myron Albers	-0-		07-05-05-180
879	mobile home Katie Morgan	$10.00		05-23-03-775
880	mobile home Francisco Durna	$20.00		07-13-05-354-C
881	house Glen Beanland	$590.00		05-32-04-149-A
882	pole barn Terry Reynolds	$50.00		08-23-05-975
883	Mobile home Claude Smith	$28.00		03-07-01-439
884	pole barn Brad Pender	$42.00		09-29-06-588-A
885	Pole BARN TERRY Riley	18.00		05-33-04-160-F
886	house David Gold	130.00		14-00-12-036-B
887	2 CABINS Jan York	210.00		07-14-05-369

permit #	Name &	what is	Bldg permit fee	Amount	property # JOHN 933-751
888	[illegible] Valdez	mobile Home		0	07-13-05-[illegible]
889	Jane Treece	addition		70.00	11-14-06-961
890	Verizon Wireless	cell tower		90.00	12-35-07-201
891	Michael Ralls	mobile Home		170.00	14-00-12-239-A
892	Jerry + Paula Cochron	Home		356.00	05-10-03-128-C
893	Jim Pickel	pole barn		28.00	09-20-06-431-C
894	Frank Chamness	pole barn		24.00	05-34-04-187
895	Robert Chamness	open shed		18.00	05-34-03-074
896 ✓	Samuel Jiardina	house		174.00	05-33-04-160-C
897 ✓	Daerin Duty	house		110-	07-04-05-171-B1
898 ✓	Peter Van Muyden (Plgrmy LLC)	Sanitation Building		14.00	01-22-00-258-A
899 ✓	Alto Vineyard LTD	fruit cooler		$70.00	07-10-05-247
900 ✓	Matthew & Kristen Ahlberg	Addition		60.00	04-31-02-792-A
901 ✓	Ray Bush	addition		$16.00	01-20-00-218
902 ✓	Wendel Davis	pole barn		$18.00	02-18-00-912
903 ✓	CLARENCE GIASCO	MOBILE HOME		120.00	05-05-03-005
904 ✓	John Bigler	Dwelling		$560.00 67.96	
905 ✓	Gerhardt Schaefer	Garage		28980.00	14-00-11-424-B
906 ✓	Lyn Crabtree	mobile home		32.00	05-22-03-774
907 ✓	Joe Restivo	2 cabins		90.00	07-08-05-212-A
908 ✓	Clay Mitchell	Home		$470.00	04-26-02-533
909 ✓	Mart Clark	addition		$50.00	04-35-02-885-D
910 ✓	Jose & Jerri Tehandon	mobile home		$240.00	05-31-04-123-A5
911 ✓	Larry Scott Swain	mobile home		230.00	08-03-05-706-B1
912 ✓	Robert Ames	mobile Home		90.00	14-0041-267
913 ✓	Mervin + Tammy Hence	Pole barn		$74.00	02-03-00-626A
914 ✓	Kenneth & Mary Bartley	Garage/ Apartment		40.00	03-15-01-607-A
915 ✓	Erica Wheaton	mobile home		$17.00	08-23-06-002-A
916	MIKE DOUCHANT	VERIZON WIRELESS		90.00	10-19-06-697
917 ✓	Jay Baity	house		350.00	02-07-00-718-
918 ✓	Robert Lintz	cabin		32.00	04-32-02-822-
919	Donna + Pam Dale	duplex		$180.00	PT OF 04-10-02-17[illegible]
920 ✓	Richard Mager Gary Fuller			$670.00	05-18-03-32[illegible]
921 ✓	Daniel Mattingly	Pole barn		$106.00	02-01-00-586
922 ✓	Terry Marshall	mobile home		$130.00	02-25-01-066
923	Jacqueline Bramm	Apt building + Commercial		$132.00	14-00-10-897 from 14-00-10-[illegible]
924 ✓	STAN LUMMUS	moving M Home		$10.00	05-14-03-195-A
925 ✓	Carolyn Timms	MA		80.00	05-30-04-082

965.	Richard Federman 12-17-07	log house	120-	01-25-00-298A
966	Richard Federman 12-17-07	barn	32-	01-25-00-298A
967	Walter Jackson 12-	cow shed	14 00	06-25-04-857

926	Daniel Hrpcha	garage 20x55	$22.00	[illegible]
927	Harold Gee	open Pole Building	15.00	02-0[illegible]
929	Wanda Hase Harold Mobile Home + Garage	Mobile Home + garage	156.00	14-00-12-266
930	Susan Holderfield	Garage	50.00	05-15-03-225-[illegible]
931	Earnest Russell	Grain bin	10.00	05-19-04-603
932	Carolyn Timms	pole barn	28.00	05-30-04-082
933	Kenneth Bartley	mobile Home	32.00	03-15-01-607-A
934	Revis Brown	barn	46.00	08-22-05-943
935	Robert Siegelman	mobile Home & pole barn	134.00	14-00-12-268 + 08-28-03-95[illegible]
936	Marvin & Angie Fairless	mobile Home	148.00	04-18-02-362-A1
937	Scott + Mickellynn Escue	house	310.00	04-16-02-271-D
938	Collin Carr	house	55.00	08-28-06-216
939	Eric & Janice Osman	Septic	$17.00	05-29-04-024
940	Ryan McAlister	pole barn	$42.00	02-29-01-129-A
941	Lawrence + Nancy Jackson	mobile home	90-	14-00-12-267
942	Peter Van Muylder	house	$210-	01-22-00-258-A
943	Otis Hamel	pole barn	11.00	08-23-05-972
944	Carrol Long	house	190	PART OF 06-09-04-419
945	Harold + Wanda Hase	pole barn	26.00	14-00-12-266
946	Rhoda Suits	mobile Home	170-	01-28-01-370
947	Roger Williams	House & pole barn	334.00	02-26-01-093
948	Doug Simmons	horse stall	12.00	05-10-03-134-[illegible]
949	Michael Ralls	pole barn	38.00	14-00-12-239-A
950	Gaylon Cates	pole barn	44.00	05-05-03-006
951	Robert Lindsey 10-24-07	mobile Home	74.00	07-06-05-195
952	Keith Johnson 10-25-07	house	270-	09-25-06-479-C
954	Jeff & Kelly McClellan 10-25-07	house	285-	08-20-01-723
955	Camern + Sara Roberts 11-5-07	house	170-	14-00-12-239-F
956	Sharon Rajoh 11-6-07	mobile home	248.-	14-10-02-172
957	Cecil & Glenda Franklin 11-6-07	pole barn & mobile home	186.00	08-10-05-747
958	Michael Penninger 11-13-07	Pole barn	26.00	09-01-06-328
959	Charles Ebersohl 11-15	mobile home	87.80	08-26-06-193-A
960	Patricia Walsh 11-15	barn	27.50	04-21-02-408-C2
961	Ricky Bue 11-15-07	Camper-	22.-	08-07-05-737-D
962	Lenore (Patrick) Russel 11-15-07	winery	110.00	04-08-02-129-A
963	Billy Abernathy 11-21-07	house	360.00	14-00-12-258-B
964	Kenneth Verble 12-6-07	pole barn,	50-	11-04-06-847-A

UNION COUNTY BUILDING PERMIT APPLICATION

Pro, No. 06-25-04-857

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 9565 US. HWY 51 S

Subdivision or Addition | Lot | Block | Census track

Legal Description: Section 25 13-1W
SW SW PT SE SW
20' off S side SE SW

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Cow shed - open on all sides

Beginning construction date 12-10-07
Completion construction date 4-10-07

2 14' side sheds (14x40)

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 16 X 40 2-14X40 side
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Walter Jackson	9565 US HWY 51 S, Dongola	62926	827-4736
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Walter Jackson | Address | Application date: 12-10-07

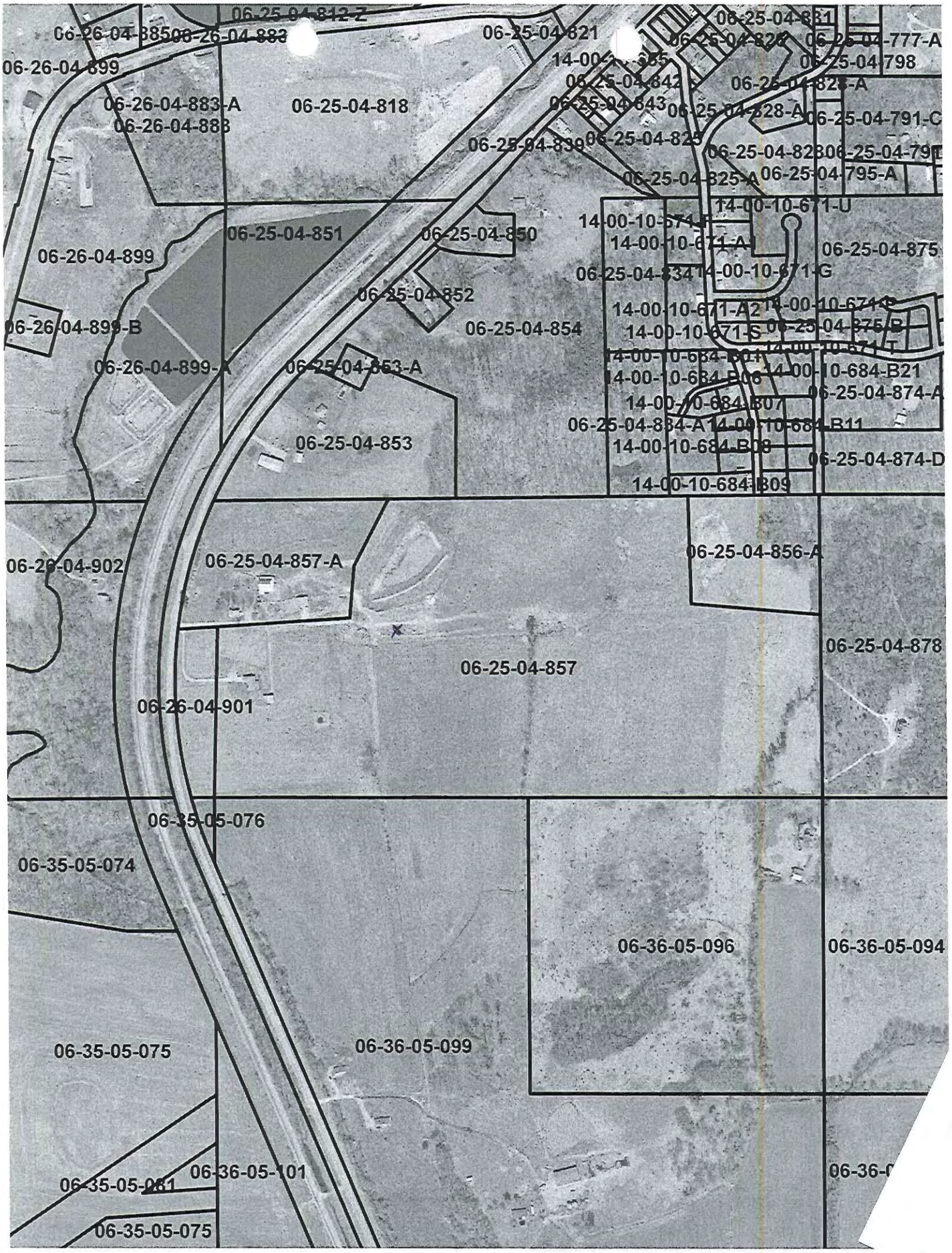
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 14.00	12-10-07	#967

Payment of $14.00 Cash received by Union County Treasurer

Date 1-08-08

Betty A. Mayer Treas.


06-25-04-812-Z
06-26-04-885
06-26-04-883
06-25-04-821
06-25-04-831
06-25-04-777-A
06-26-04-899
06-25-04-798
06-26-04-883-A
06-25-04-818
06-26-04-883
06-25-04-643
06-25-04-828-A
06-25-04-791-C
06-25-04-839
06-25-04-825
06-25-04-795-A
06-25-04-825-A
14-00-10-671-U
06-25-04-851
06-25-04-850
06-26-04-899
06-25-04-875
06-25-04-834
14-00-10-671-G
06-25-04-852
14-00-10-671-A2
06-26-04-899-B
06-25-04-854
14-00-10-671-S
06-25-04-875-B
06-26-04-899-A
06-25-04-853-A
14-00-10-684-B21
06-25-04-874-A
06-25-04-834-A
06-25-04-853
14-00-10-684-B11
06-25-04-874-D
14-00-10-684-B09
06-26-04-902
06-25-04-857-A
06-25-04-856-A
06-25-04-878
06-25-04-857
06-26-04-901
06-35-05-076
06-35-05-074
06-36-05-096
06-36-05-094
06-35-05-075
06-36-05-099
06-36-05-101
06-35-05-075

Building #1

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 01-25-00-298-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
not assigned # N. Lick Creek Rd	Buncombe, IL			

Legal Description: Union County parcel - see attachment for detailed survey # 01-25-00-298-A containing 80.0 AC

E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [X] Moving (relocation) **
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [X] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

** we are relocating an existing log house from Wisconsin to Union Co

Beginning construction date _____

Completion construction date _____

Beginning construction date Jan 15, 2008

Completion construction date May 1, 2008

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement $ 35,000.00

To be installed but not included in the above cost
a. Electrical 2500.00
b. Plumbing 3500.00
c. Heating, air conditioning
d. Other (elevator, etc.) well and septic 15,000.00

11. TOTAL COST OF IMPROVEMENT $ 55,000.00

MODILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify wood burning stove + fireplace

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

40. Number of stories 1 3/4
48. Total square feet of floor area, all floors, based on exterior dimensions 1,444
50. Total land area, sq. ft. 80.0 ac

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 0
52. Outdoors at bottom of driveway 4

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full 1 / Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner come trust beneficiary	Northstar Trust Co Richard J. Federman	#3315 500 W. Madison St Suite 3150 Chicago, IL	60661	
2. Contractor or Builder	D.D. Williams Const. Co.	877 S. Poplar Camp Rd Makanda, IL	62958	(618) 549-0659
	VanValin Restorations	N3035 Rome Oak Hill Rd Helenville, WI	53137	(262) 593-8415
3. Architect	N/A			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	41W591 Golden Oaks St. Charles IL 60175	12-11-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 120.00	12-17-07	965

Payment of CK# 1365 120.00 received by Union County Treasurer

Date 1-28-08

[signature] Mg.

Building #2

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 01-25-00-298-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: not assigned # - N. Lick Creek Rd
Subdivision or Addition: Buncombe, IL
Lot: | Block: | Census track:
Legal Description: Union County parcel – see attachment for detailed survey # 01-25-00-298-A
N E W from intersection of _____ and _____ Streets
Applicable Zoning District: _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [X] Moving (relocation) **
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

0a [ ] Private (individual, corporation, nonprofit institution, etc.)
0 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Barn

Beginning construction date _____
Completion construction date _____

Beginning construction date Jan 15 2008
Completion construction date May 1, 2008

** we are relocating an existing timber frame barn/grainery from Wisconsin to Union Co

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 10,000.00
To be installed but not included in the above cost	
a. Electrical	1,000.00
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 11,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify wood burning stove

G. TYPE OF SEWAGE DISPOSAL N/A

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1 3/4
49. Total square feet of floor area, all floors, based on exterior dimensions: 600
50. Total land area, sq. ft.: 80.0 ac

K. NUMBER OF OFF-STREET PARKING SPACES N/A

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY N/A

53. Number of bedrooms
54. Number of bathrooms { Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner (income trust beneficiary)	Northstar Trust Co / Richard J. Federman	#3315 500 W. Madison St Suite 3150 Chicago, IL	60661	
2. Contractor or Builder	D.D. Williams Const. Co	877 S. Poplar Camp Rd Makanda, IL	62958	(618) 549-0659
	Van Valin Restorations	N3035 Rome Oak Hill Rd Hebronville, WI	53137	(262) 593-8415
3. Architect	N/A			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of Applicant: [signature]
Address: 41W591 Golden Oaks St. Charles, IL 60175
Application date: 12-11-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 32.00	12-17-07	966

Payment of CK #1366 $32.00 received by Union County Treasurer
Date 1-08-08
[signature]

01-23-00-273
01-23-00-273-B
01-24-00-282-A
01-24-00-28
01-24-00-282
01-24-00-284-A
01-25-00-296-A
01-26-00-308-Z
01-25-00-292
01-26-00-310-A
01-25-00-298-A
01-25-00-292-Z
01-25-00-298
01-26-00-310
01-25-00-304
01-25-00-306
01-26-00-327
01-26-00-323
01-25-00-307
01-25-00-301
01-25-00-305
01-25-00-306
01-26-00-330
01-25-00-303

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-04-06-847-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 605 Verble Rd Wolf Lake

Subdivision or Addition | Lot | Block | Census track

Legal Description: S4 T12 R1W3 PT W1/2 SW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [✓] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
~~17 [✓] Other – Specify Machine Shed~~ RW

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [✓] Other – *Specify* Machine Shed

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement 20,000	$ 20,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO: N/A

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [✓] Other – Specify Pole Building

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify N/A

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public N/A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [✓] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 2400
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: N/A
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: N/A
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kenneth D. Verble	605 Verble Rd. Wolf Lake IL	62998	618-833-7203
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building ~~or mobile home~~ will be constructed in a non-flood prone area. Replacement of Pole Barn for Farm Machinery Storage exception [illegible]

Signature of applicant	Address	Application date
Kenneth D. Verble	605 Verble Rd Wolf Lake IL 62998	Dec 6 2007

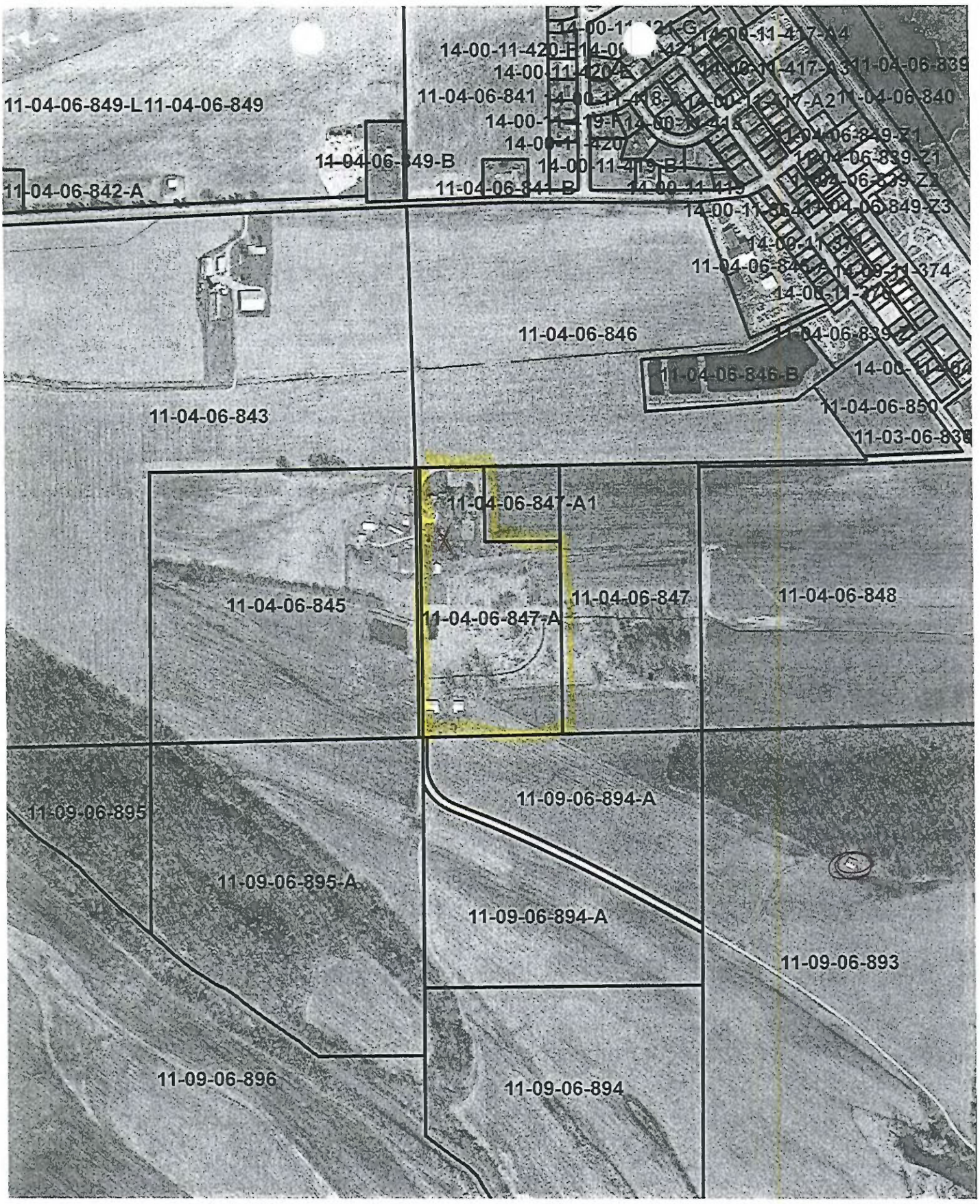
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00	12-6-07	964

Payment of $50.00 CK #1795 received by Union County Treasurer

Date 1-8-08

Betty A. Mayer


11-04-06-849-L
11-04-06-849
11-04-06-841
11-04-06-842-A
11-04-06-849-B
11-04-06-841-B
11-04-06-840
11-04-06-846
11-04-06-846-B
11-04-06-850
11-04-06-843
11-04-06-847-A1
11-04-06-845
11-04-06-847
11-04-06-847-A
11-04-06-848
11-09-06-895
11-09-06-894-A
11-09-06-895-A
11-09-06-894-A
11-09-06-893
11-09-06-896
11-09-06-894

Prop. 14-00-12-238-B

UNION COUNTY BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: LAKE RIDGE LN
Subdivision or Addition: SHANNON LAKE
Lot: 16
Block: —
Census track: —

Legal Description: LOT 16 - SHANNON LAKE ESTATES

(N) S E W from intersection of LAKE RIDGE LANE and SHANNON LAKE Streets

Applicable Zoning District: _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 9/15/07
Completion construction date 3/01/08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 175000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 175000

MOBILE HOME INFO:
Data MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1967
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 2
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial ..... —

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	MAG ENTERPRISES	PO BOX 125 VIENNA IL	62995	618 658-6065
2. Contractor or Builder	WEATHERBY CONSTRUCTION	METROPOLIS, IL	62960	
3. Architect	—			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Billy J. Arnett FOR MAG ENTERPRISES	PO Box 125 VIENNA IL 62995	10/18/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 360.00	11-21-07	# 963

Payment of $360.00 CK# 10001 received by Union County Treasurer

Date 12/3/07

Bailey D. Mayne Mg.

UNION COUNTY Prop. ... 04-08-02-129-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 8595 VS HWY 51 NORTH, COBDEN
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: S8 T11 R1W NW NE (OVER)
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [✓] Other – *Specify* WINERY

Beginning construction date _____
Completion construction date _____

Beginning construction date 11/15/07
Completion construction date 3/31/08

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 36,000.
To be installed but not included in the above cost	
a. Electrical	4000
b. Plumbing	6000.
c. Heating, air conditioning	4000.
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$ 50,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [✓] Other – Specify PROPANE

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 1980
50. Total land area, sq. ft.: 2500

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: 20

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	LENORE RUSSELL	8595 VS HWY 51 N COBDEN, IL 62920	62920	618 559 2422
2. Contractor or Builder	JOHN PATRICK RUSSELL	1910 COBDEN SCHOOL RD COBDEN, IL 62920	62920	618 893 2530
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lenore L. Russell	8595 VS. HWY 51 N, COBDEN 62920	11/15/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 110.00	11-15-07	#962

Payment of CK #4323 $110.00 received by Union County Treasurer
Date 11/27/07
Betty L. Mayer Dep.

$110 FEE + $2 e 1000. 10 T 100 = 110

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-07-05-737-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Beech Grove Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: SEC 7 T12 R2W PT NW NW 1.88 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [x] Mobile Home – Camper

B. OWNERSHIP

- 8a [x] Private (Individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [x] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date Oct 1 2007

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 6,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 6,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [x] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [x] Gas
- 36 [ ] Oil
- 37 [x] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning? 44 [ ] Yes 45 [ ] No

Will there be an elevator? 46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions:
- 50. Total land area, sq. ft.: 300

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed:
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 1
- 54. Number of bathrooms: Full: ; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ricky Bue	2744 Prospect Elkton Rd Prospect TN	38477	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: [signature] Address: 2744 Prospect Elkton Rd Prospect TN 38477 Application date: 11-15-07

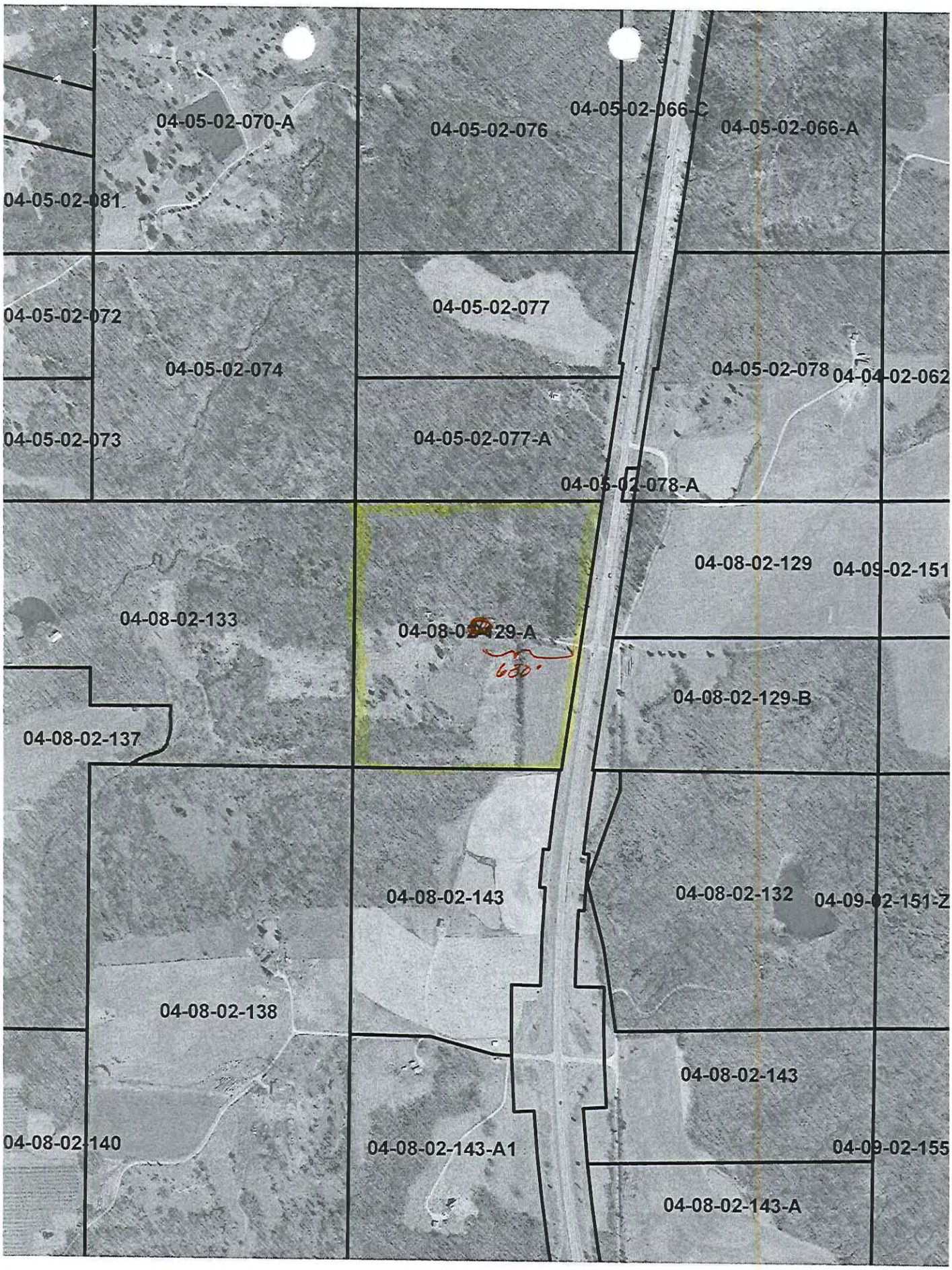
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 22.00	11-15-07	961

Payment of $22.00 Cash received by Union County Treasurer

Date 11-15-07

Billy D. Myers Mg.


04-05-02-070-A
04-05-02-076
04-05-02-066-C
04-05-02-066-A
04-05-02-081
04-05-02-072
04-05-02-077
04-05-02-074
04-05-02-078
04-04-02-062
04-05-02-073
04-05-02-077-A
04-05-02-078-A
04-08-02-129
04-09-02-151
04-08-02-133
04-08-02-129-A
630'
04-08-02-129-B
04-08-02-137
04-08-02-143
04-08-02-132
04-09-02-151-Z
04-08-02-138
04-08-02-143
04-08-02-140
04-08-02-143-A1
04-09-02-155
04-08-02-143-A

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-[illegible]-07-406-C2

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1090 Water Valley Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: See attached. PT NE [illegible] N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Horse barn

Beginning construction date 12/1/07
Completion construction date 12/7/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 8500
To be installed but not included in the above cost	
a. Electrical	250
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 8750

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [X] Other – Specify post frame

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify NA

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1200
50. Total land area, sq. ft.	1200

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name Mackeed	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	David Mackeed	1090 Water Valley Rd	62980	893-
	Patricia M. Welsh	Cobden IL		1492
2. Contractor or Builder	TN-Bilt	Marion IL		982-2160
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Patricia Welsh	1090 Water Valley Rd	10/15/07

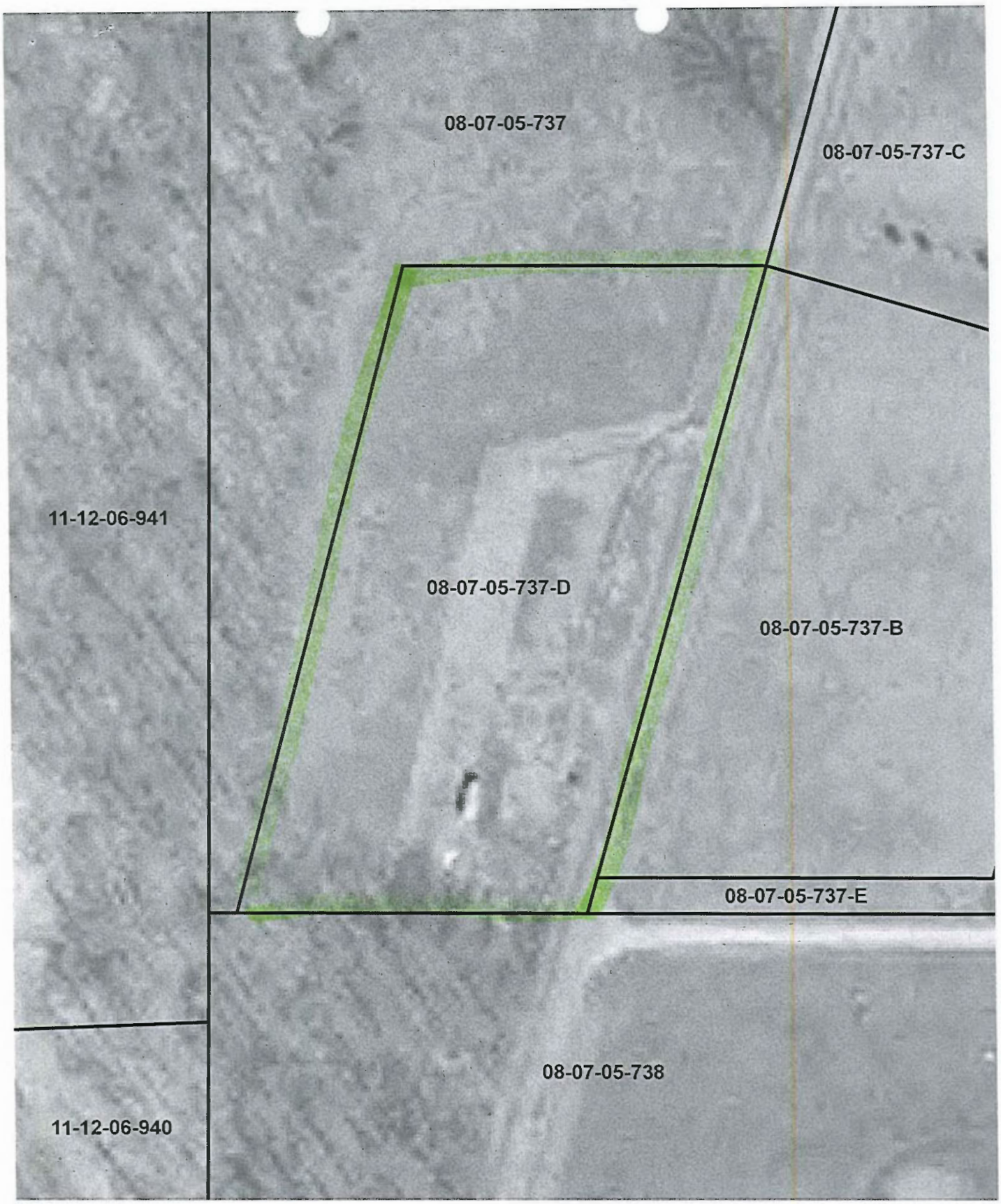
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ $27.50	11.15.07	960

Payment of CK# 1503 $27.50 received by Union County Treasurer

Date 11/27/07

Betty L. Mayne


08-07-05-737
08-07-05-737-C
11-12-06-941
08-07-05-737-D
08-07-05-737-B
08-07-05-737-E
08-07-05-738
11-12-06-940

, Road; thence S 33°29'52" W, along said Right-of-Way, a-
t-Way, S 55°08'36" E, a distance of 1044.88 feet to the
Union County, Illinois.

REBECCA

S.#1749
P.L.S. #1749

20.774 ACRES

N 33°29'52" E
230.30'

5.00'
N 56°30'08" W

S 55°08'36" E

50.0' EASEMENT FOR INGRESS, EGRESS AND UTILITY PURPOSES (1.97 acres)

S 55°08'36" E

1010.02'

1044.88'

R=1834.85
413.97

15.00'
S 69°17'22" E

N 20°42'59" E
266.55

436.19'
N 78°27'18" W

N 02°11'53" W
248.12'

115.43'

S 79°21'56" W
303.99'

POINT OF BEGINNING

496.32'

192.33'

N 03°42'41" E
96.94'

S 27°57'35" W
585.03'

50.36'

P.O.B.
50.0' EASEMENT

PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 22, TOWNSHIP 11 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN

PART OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 11 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN

SECTION LINE

1 STORY FRAME RESEIDENCE

GARAGE

WATER VALLEY ROAD
(RIGHT-OF-WAY VARIES)

TO US ROUTE 51

BASIS OF BEARINGS PER OCTOBER 1998 SURVEY BY P.L.S. #2546

SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER

STATE OF ILLINOIS
2995
SCOTT A. RICHARDS
PROFESSIONAL LICENSED LAND SURVEYOR

STATE OF ILLINOIS
UNION COUNTY ss
This instrument was filed for record
at 1:15 O'clock p.m.
692
MAR 23 2000
Recorded in Vol. 179 page 788
Clerk & ex-officio Recorder of Deeds

(Assign)
Base
(Easter)

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 09-01-06-328

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2220 Airport Rd. Jonesboro

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-21N Sec. 1 Pt NW 103.10 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (Individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn with concrete floor

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date Nov 19, 2007
Completion construction date Dec 30, 2007

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 8000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 40x80 3200
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Michael Deuinger	2220 Airport RD Jonesboro IL 62952		713-5596
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	2220 Airport RD Jonesboro	11-13-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 26.00	11-13-07	#958

Payment of #26.00 Cash received by Union County Treasurer

Date 11/27/07

[signature] Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-10-05-747

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2136 State Rt 127 N

Subdivision or Addition | Lot | Block | Census track

Legal Description: S10 T12 R2W W½ NE, Pt NE NW Pt E OD W½ NW 51.72 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [X] Other – *Specify* pole barn concrete pad

Beginning construction date: Feb 1, 08

Completion construction date: Mar 1 08

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	12,000 barn
11. TOTAL COST OF IMPROVEMENT	$ 12,000 MH

MOBILE HOME INFO:

Date MH was set-up:

Make: Redman Size: 32 x 60 1920 sq ft Yr. Model: 2007

Previous MH Owner

Previous MH Location: Salem IL

Current MH Owner: Cecil & Glenda Franklin

Current MH Location: 08-10-05-747 (127 N)

Current Land Owner: Cecil & Glenda Franklin

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	
49. Total square feet of floor area, all floors, based on exterior dimensions	30 x 40 1200 sq ft
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Cecil & Glenda Franklin	P.O. Box 11 McClure IL	62957	618-661-1492
2. ~~Contractor or Builder~~				
3. ~~Architect~~				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Cecil Franklin		11-6-07

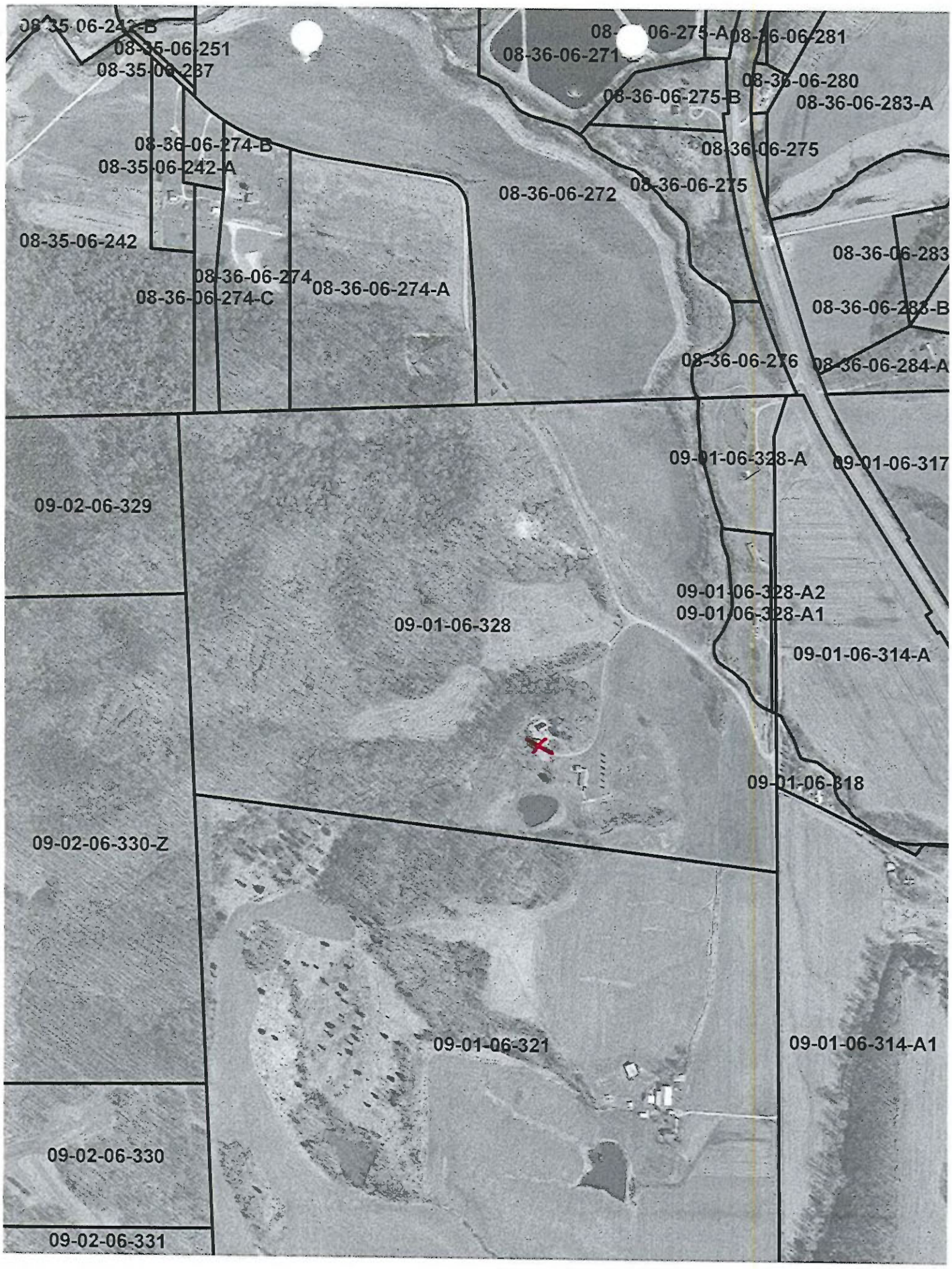
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

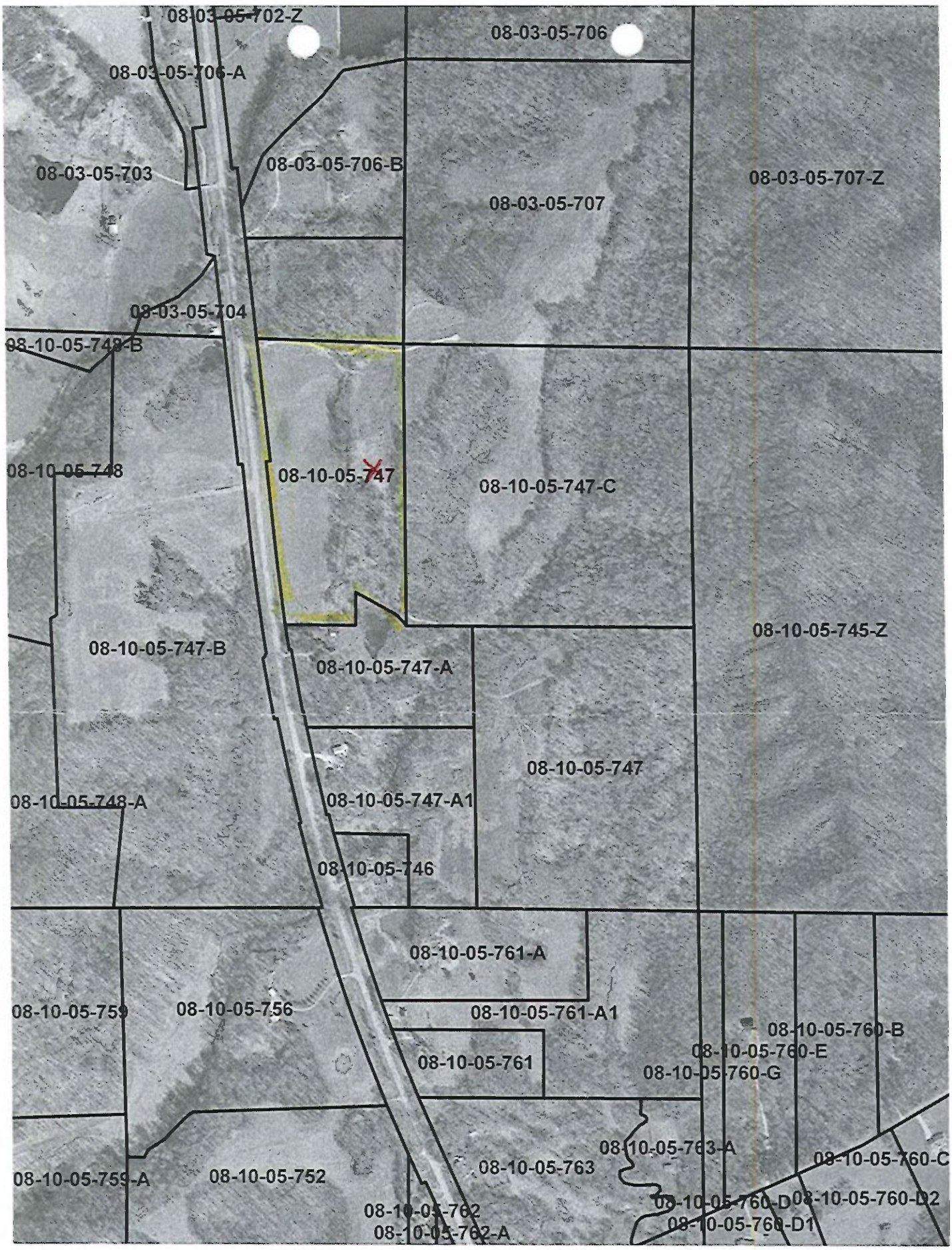
Approved by	Permit fee	Date permit issued	Permit number
Bill Jeakins	$ 186.00	11-6-07	# 957

Payment of $186.00 CK # 2386 received by Union County Treasurer

Date 3/4/08

Billy A. Mayer mg.


08-35-06-242-B
08-35-06-251
08-35-06-237
08-36-06-275-A
08-36-06-281
08-36-06-271
08-36-06-280
08-36-06-275-B
08-36-06-283-A
08-36-06-274-B
08-35-06-242-A
08-36-06-275
08-36-06-272
08-36-06-275
08-35-06-242
08-36-06-283
08-36-06-274
08-36-06-274-A
08-36-06-274-C
08-36-06-283-B
08-36-06-276
08-36-06-284-A
09-01-06-328-A
09-01-06-317
09-02-06-329
09-01-06-328-A2
09-01-06-328-A1
09-01-06-328
09-01-06-314-A
09-01-06-318
09-02-06-330-Z
09-01-06-321
09-01-06-314-A1
09-02-06-330
09-02-06-331


08-03-05-702-Z
08-03-05-706
08-03-05-706-A
08-03-05-703
08-03-05-706-B
08-03-05-707-Z
08-03-05-707
08-03-05-704
08-10-05-748-B
08-10-05-748
08-10-05-747
08-10-05-747-C
08-10-05-745-Z
08-10-05-747-B
08-10-05-747-A
08-10-05-747
08-10-05-748-A
08-10-05-747-A1
08-10-05-746
08-10-05-761-A
08-10-05-759
08-10-05-756
08-10-05-761-A1
08-10-05-760-B
08-10-05-760-E
08-10-05-761
08-10-05-760-G
08-10-05-763-A
08-10-05-760-C
08-10-05-759-A
08-10-05-752
08-10-05-763
08-10-05-760-D2
08-10-05-762
08-10-05-760-D
08-10-05-762-A
08-10-05-760-D1

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-10-02-172

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: S10 T11 R1W S1/2 NW SW 17.56

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [x] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 119,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 119,000.00

MOBILE HOME INFO:

Date MH was set-up:
Make Fairmont Size 2200 sq ft Yr. Model 2007
Previous MH Owner Village Green Homes
Previous MH Location
Current MH Owner Sharon Rajcok
Current MH Location
Current Land Owner Sharon Rajcok

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [x] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Sharon Rajcok	1330 Shiloh Rd Cobden IL	62920	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Sharon Rajcok	1330 Shiloh Rd Cobden IL	11-06-07

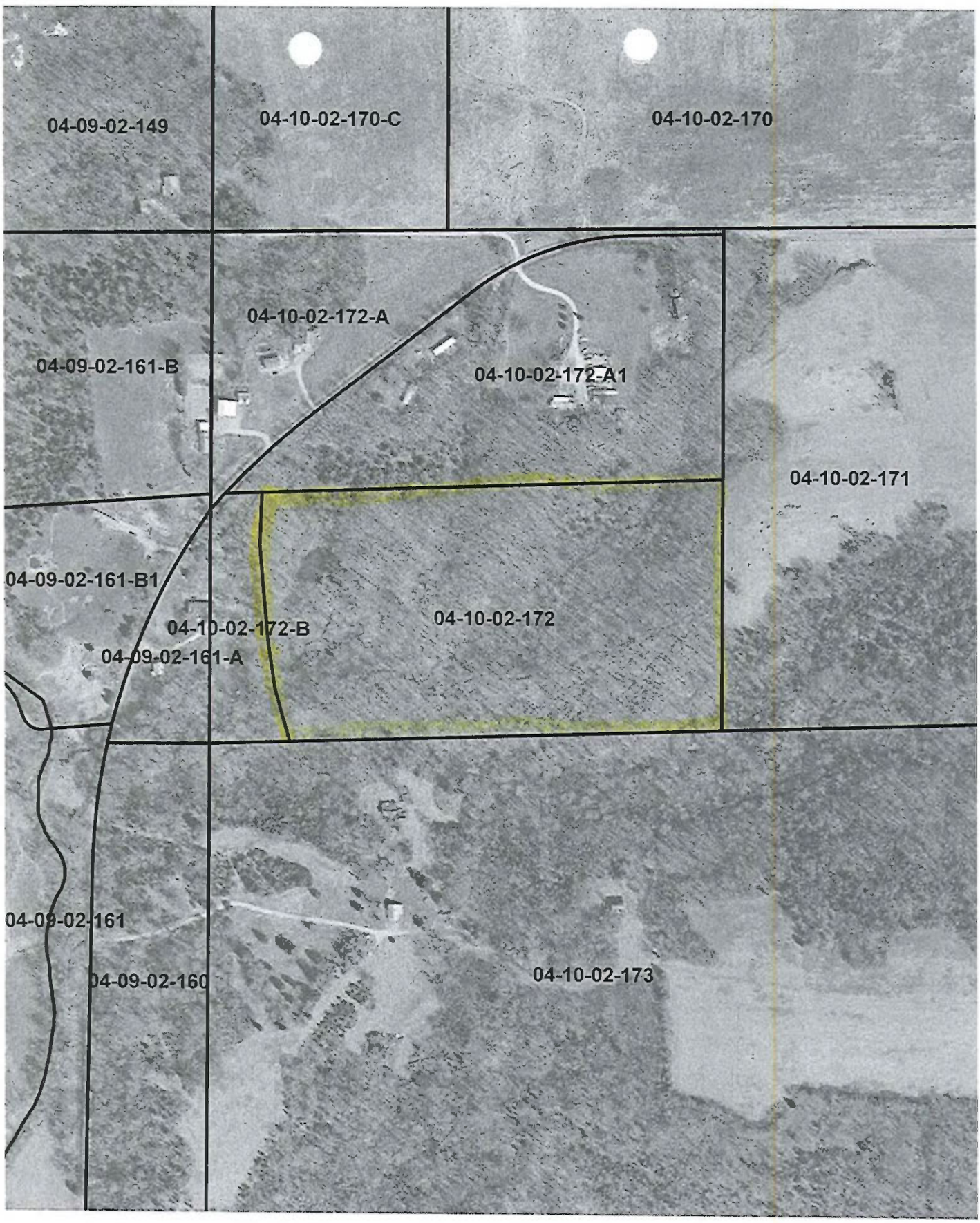
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
S. Jackson	$ 248.00	11-6-07	956

Payment of $248.00 Cash received by Union County Treasurer

Date 11-27-07

Becky Mayer


04-09-02-149
04-10-02-170-C
04-10-02-170
04-10-02-172-A
04-09-02-161-B
04-10-02-172-A1
04-10-02-171
04-09-02-161-B1
04-10-02-172-B
04-10-02-172
04-09-02-161-A
04-09-02-161
04-09-02-160
04-10-02-173

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-239-1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
6 Angus Lane	Denny Acres	6		

Legal Description: Angus Lane Lot #6 Denny Acres 2.00 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 11-12-07

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 80,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1232
50. Total land area, sq. ft.	2 acres

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	2
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Cameron Roberts	~~1070~~ P.O. Box 552 Anna, IL	62906	833-6984
	Sara Roberts	P.O. Box 552 Anna, IL		
2. Contractor or Builder	Cameron Roberts	P.O. Box 552 Anna, IL	62906	833-6984
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	P.O. Box 552 Anna, IL 62906	11-5-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 170.00	11-5-07	955

Payment of $170.00 CK# 1070 received by Union County Treasurer

Date 11-7-07 [signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-20-01-723

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: See Attached Sec 20 T13 R1E NW PT N1/2 NW Lt of 1 & 20.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [x] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6/6/07

Completion construction date 1/7/08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 115,000.00
To be installed but not included in the above cost	
a. Electrical	6,500.00
b. Plumbing	12,500.00
c. Heating, air conditioning	4,000.00
d. Other (elevator, etc.)	N/A
11. TOTAL COST OF IMPROVEMENT	$ 137,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [x] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1288
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	3
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jeff & Kathy McClellan	2045 Cypress Rd. Dongola Fl. 62958	62958	618-967-1290
2. Contractor or Builder	Jeff Acre	PO 70 Dongola Fl 62956	62956	
3. Architect	Owner			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jeff McClellan	2045 Cypress Rd Dongola Fl. 62956	6/6/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 284	10-25-07	954

Payment of $ 284.00 CK #502 received by Union County Treasurer

Date 11-7-07

Bobby A. Mayes Treas.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I. 09-25-06-479-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: | Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S25 T13 T24 27.82ac PT NE NE PT SE NW NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 130,000

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [✓] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 11-01-07

Completion construction date 2-29-07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [✓] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1480
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	3

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	2
Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	Zip code	Tel. No.
1. Owner	Keith J Johnson	109 Apple Lane Anna	62906	833-3630
	Tammy L Johnson			
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Keith J Johnson	109 Apple Lane Anna	10-25-07

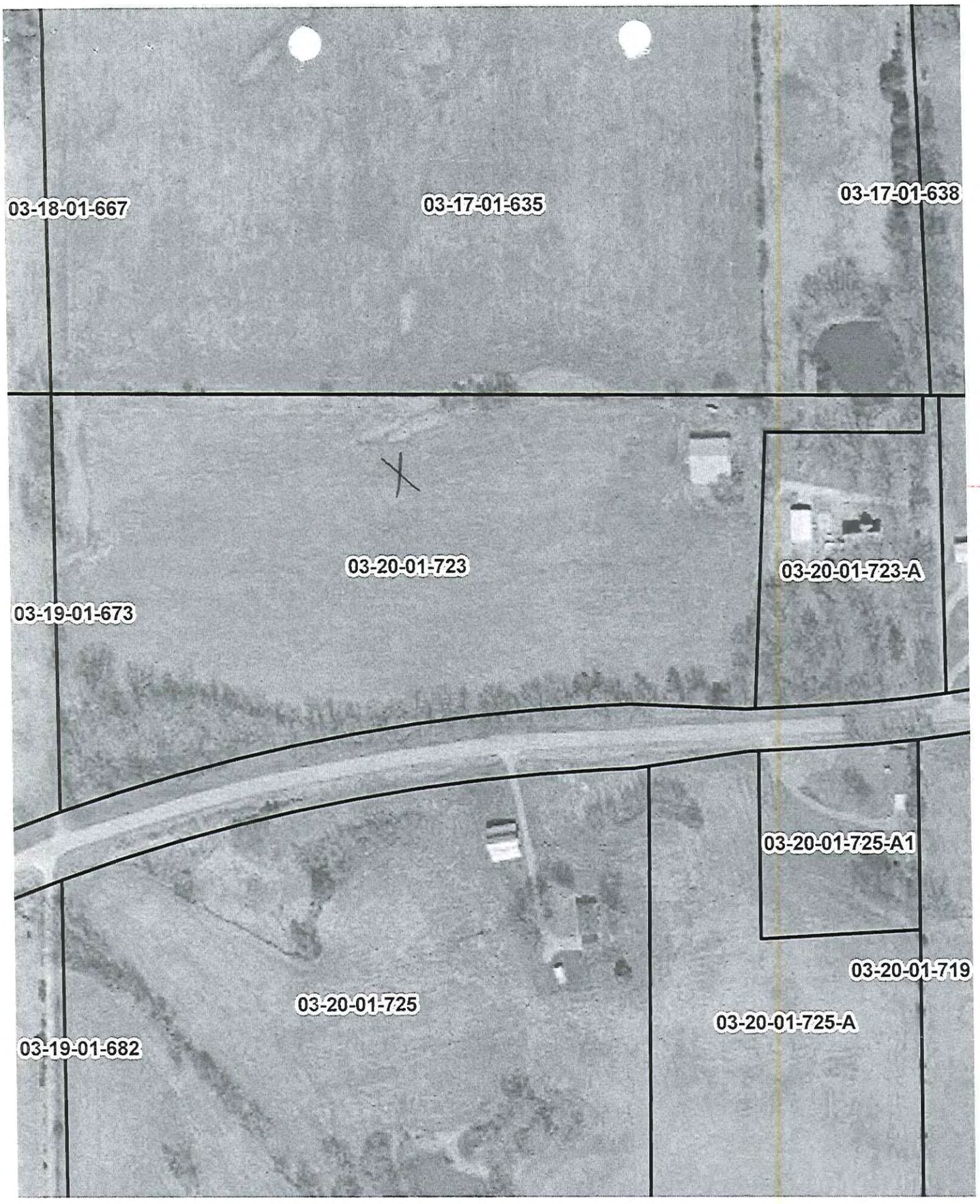
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

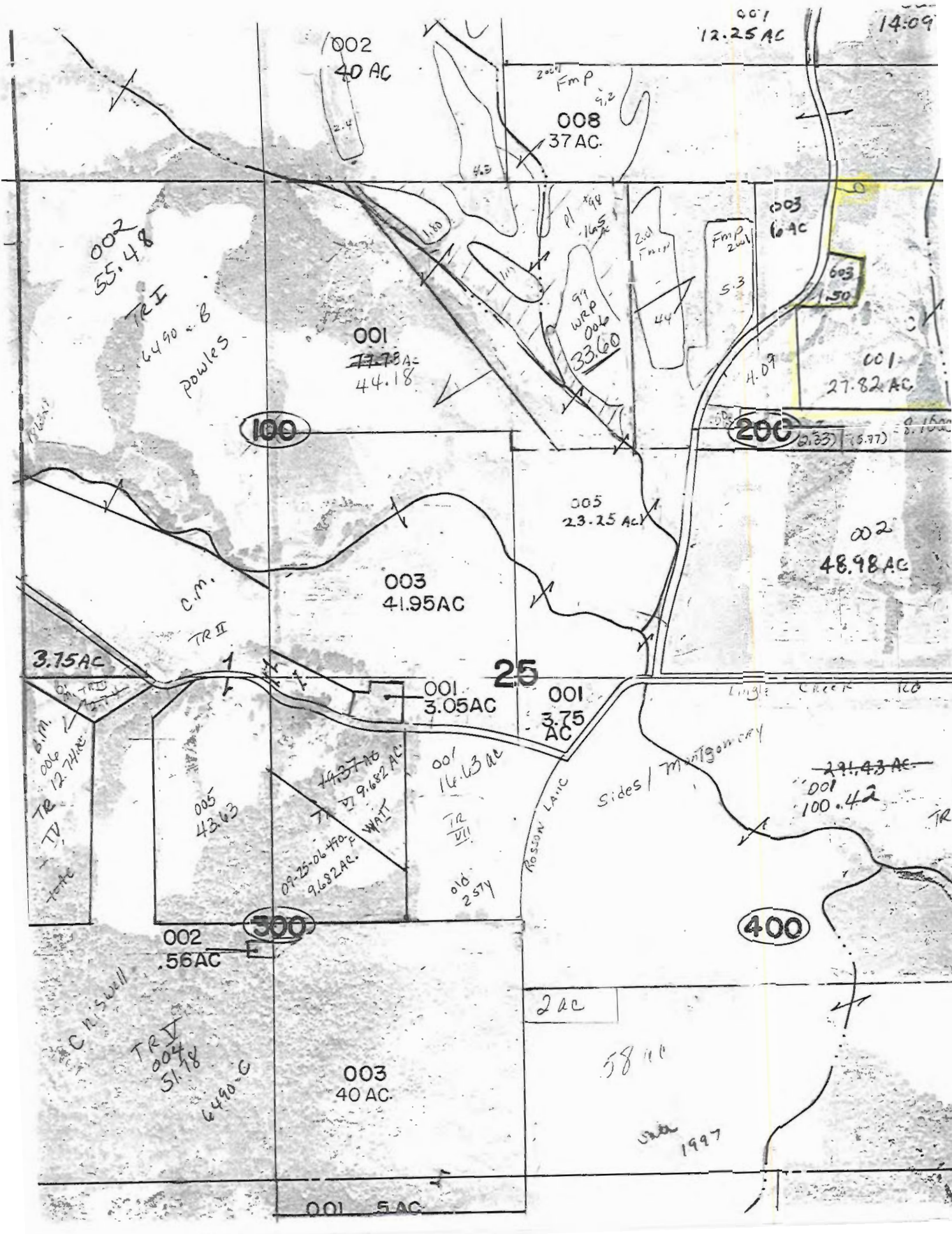
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 270.00	10-25-07	952

Payment of $270.00 CK# 9406 received by Union County Treasurer

Date 11-7-07

Bobby L Mayes Mg.


03-18-01-667
03-17-01-635
03-17-01-638
03-20-01-723
03-20-01-723-A
03-19-01-673
03-20-01-725-A1
03-20-01-719
03-20-01-725
03-20-01-725-A
03-19-01-682


002
40 AC
001
12.25 AC
14.09
008
37 AC
003
16 AC
002
55.48
TR I
6490 - B
Powles
001
44.18
27.82 AC
100
200
005
23.25 AC
002
48.98 AC
003
41.95AC
C.M.
TR II
3.75AC
25
001
3.05AC
001
3.75
AC
001
14.63 AC
TR VII
Sides / Montgomery
001
100.42
TR
005
43.63
TR VI
9.682 AC
WAT
09-25-06 470-4
9.682 AC.
Rosson La.
300
400
002
.56AC
2 AC
58 AC
TR V
004
51.48
6490 - G
003
40 AC.
1997
001 5 AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I

07-06-05-195

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Milligan Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 6 T11 R2W Pt NE N OF Public Rd 8.15ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New Building
2 ☐ Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Working (if multifamily residential, enter number of units in building in part D, 13)
6 ☐ Moving (relocation)
7 ☐ Foundation only
8 ☒ Mobile Home

B. OWNERSHIP

8a ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 32,005

To be installed but not included in the above cost

a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 32,005

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 ☐ One family
13 ☐ Two or more families – *Enter number of units* .....
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up:

Make: Cavalier Size: 16-80 Yr. Model: 2007

Previous MH Owner

Previous MH Location

Current MH Owner: Robert Lindsay

Current MH Location: 4070 Milligan Hill Rd.

Current Land Owner: Robert Lindsay

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public
41 ☐ Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public
43 ☐ Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Lindsay	4050 Milligan Hill Rd Apt 10 Paris	42025	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Robert W Lindsay		10-24-07

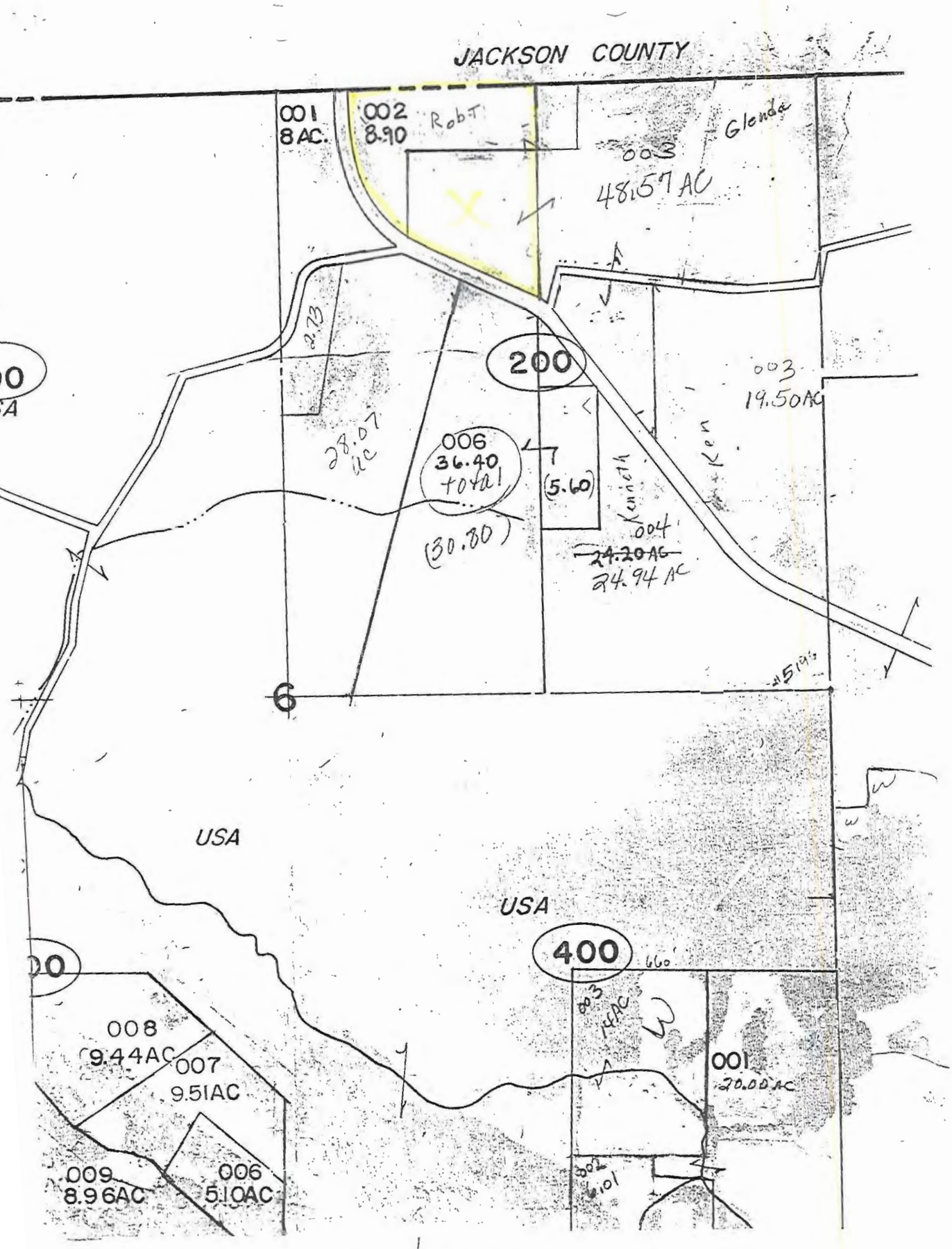
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 14.00	10-24-07	951

Payment of $74.00 CK# 6566 received by Union County Treasurer

Date 11-7-07

[signature] Mg.



ROBERT W. LINDSAY 04-93
JANET E. LINDSAY
4050 MILLIGAN HILL RD.
ALTO PASS, IL 62905

70-1039/812
4027060

6566

DATE 10/24/07

PAY TO THE ORDER OF BOBBY G. MYERS
TREASURER AND COLLECTOR $ 74.00

Seventy-four dollars $00/100 DOLLARS

FARMERS STATE BANK
ALTO PASS, ILLINOIS

MEMO

Janet Lindsay

⑆081210398⑆ 4027060⑈ 6566

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-05-03-004

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1596 Casper Church Rd. Cobden

Subdivision or Addition | Lot | Block | Census track

Legal Description: 5,6 12-1W PT W3/4 N1/2 SE 75.65 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn with concrete floor

Beginning construction date Nov 12, 07

Completion construction date Dec 31, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 17,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30x40 1200 sf
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Gaylor & Clara Cates	1596 Casper Church Rd. Cobden IL	62920	893-2622
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Clara Cates | Address | Application date: 10-17-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature] | Permit fee: $ 44.00 | Date permit issued: 10-17-07 | Permit number: #250

Payment of $44.00 CK #417 received by Union County Treasurer

Date 11-7-07

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 14-00-12-239-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1 Angus Lane, Anna
Subdivision or Addition: Denny Acres
Lot: 1
Block:
Census track:
Legal Description: 12-1E Sec 8
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* . . . . . _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* . . . . . _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn with concrete pad

Beginning construction date Oct 1, 07
Completion construction date Oct 15, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 14,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories . . . . . .
49. Total square feet of floor area, all floors, based on exterior dimensions . . . . . 30 X 40 1200 SF
50. Total land area, sq. ft. . . . . .

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed . . . . . .
52. Outdoors . . . . . .

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms . . . . . .
54. Number of bathrooms { Full . . . . . / Partial . . . . . }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Cobbie Rolls	1 ANGUS LN, ANNA, IL	62906	618-833-3535
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: [signature]
Address:
Application date: 10-15-07

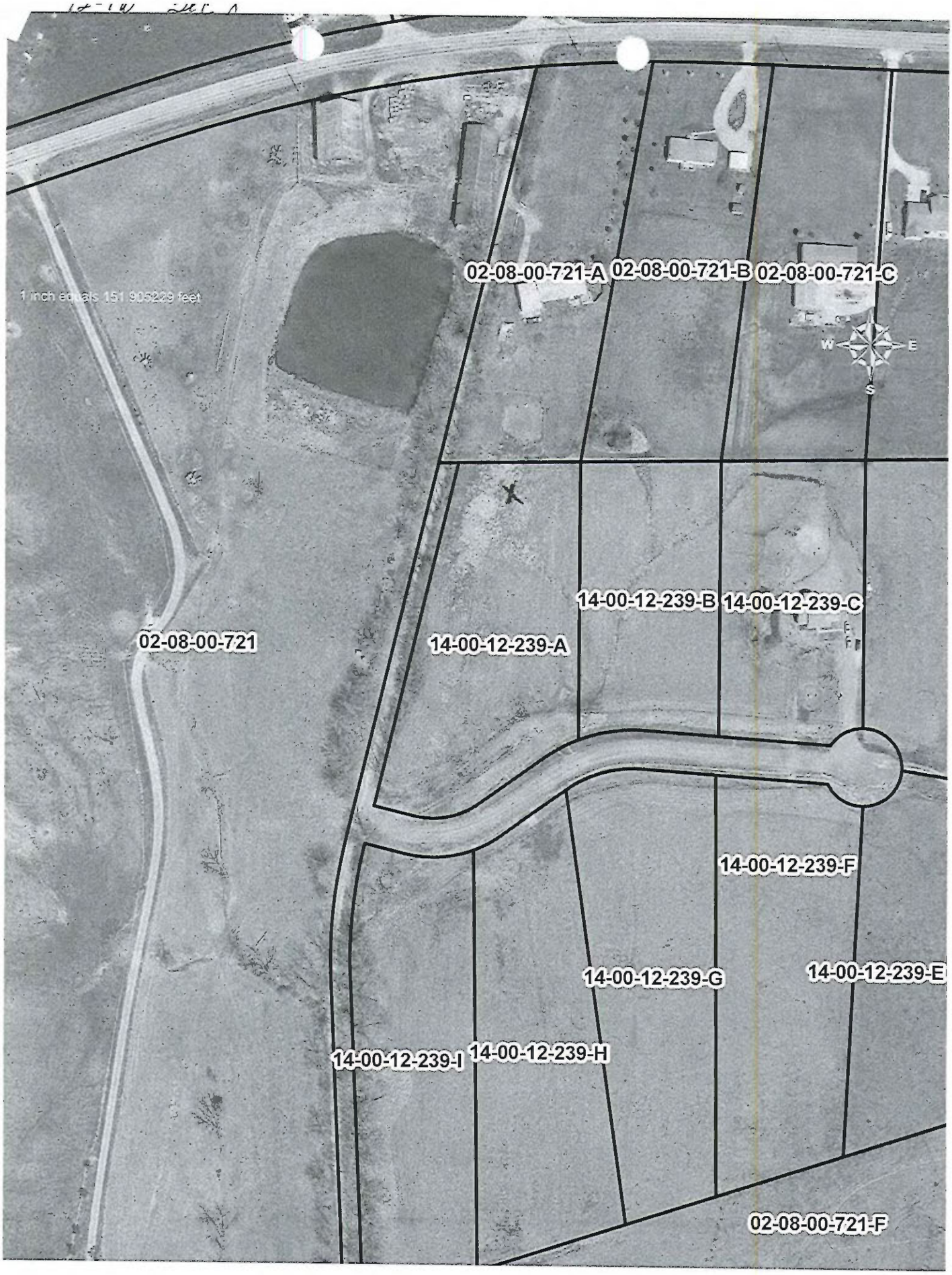
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature]
Permit fee: $ 38.00
Date permit issued: 11-15-07
Permit number: #949

Payment of $38.00 CK# 3151 received by Union County Treasurer

Date 10/17/07

[signature] mg.


1 inch equals 151.905229 feet
02-08-00-721-A
02-08-00-721-B
02-08-00-721-C
W
E
S
14-00-12-239-B
14-00-12-239-C
02-08-00-721
14-00-12-239-A
14-00-12-239-F
14-00-12-239-G
14-00-12-239-E
14-00-12-239-I
14-00-12-239-H
02-08-00-721-F

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-10-03-134-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 430 NEW SARATOGA RD

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S10 T12 R1W PT SE SE TRACT 1 1.54 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* horse run-in

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 10/20/2007
Completion construction date 10/21/2007

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 900
To be installed but not included in the above cost	
a. Electrical	100
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 1000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify none

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 250
50. Total land area, sq. ft.: 250

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: /
52. Outdoors: /

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: /
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Doug Simmons	430 New Saratoga Rd, Anna, IL	62906	833-7055
2. Contractor or Builder	"	"	"	"
3. Architect	"	"	"	"

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Doug Simmons | Address: 430 New Saratoga Rd | Application date: 10/10/2007

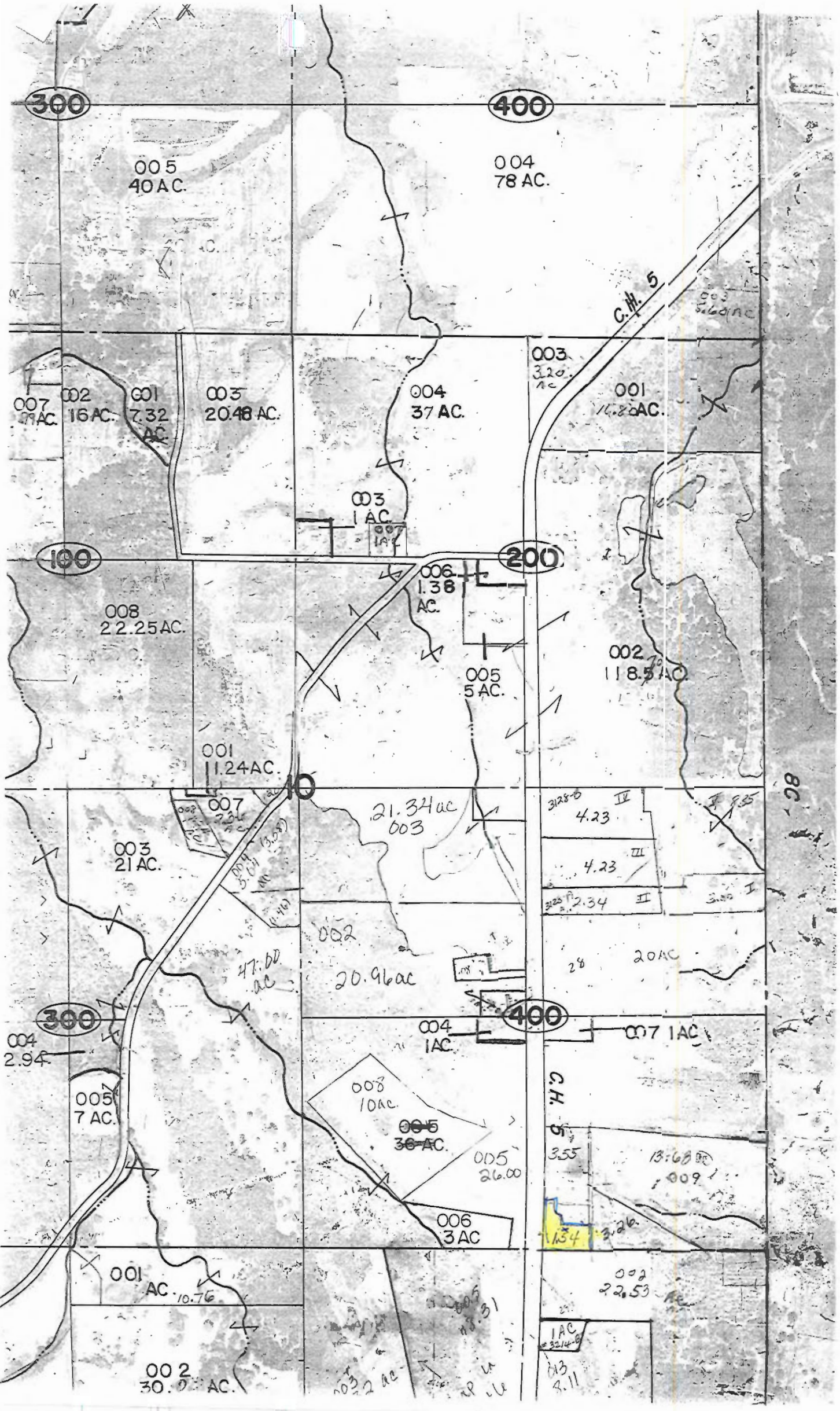
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[illegible]	$ 12.00	10-11-07	948

Payment of $12.00 Cash received by Union County Treasurer

Date 10/17/07

Bettye J. Mayse
Mg.


300
400
005
40 AC.
004
78 AC.
C.H. 5
003
3.20 AC
001
16.80 AC.
007
.79 AC.
002
16 AC.
001
7.32 AC.
003
20.48 AC.
004
37 AC.
003
1 AC.
007
1 AC
100
200
006
1.38 AC.
008
22.25 AC.
005
5 AC.
002
118.57 AC.
001
11.24 AC.
10
007
2.36 AC
21.34 ac
003
003
21 AC.
4.23
4.23
2.34
002
20.96 ac
47.00 ac
20 AC
300
400
004
2.94
004
1 AC.
007 1 AC
C.H. 5
008
10 AC.
~~005~~
~~30 AC.~~
005
26.00
3.55
13.68
009
006
3 AC
1.34
3.26
001
AC 10.76
002
22.53
1 AC
002
30.0 AC.
003
8.11

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-26-01-093

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 10196 STATE RT 146 E

Subdivision or Addition | Lot | Block | Census track

Legal Description: NESE SEC. 26 TOWNSHIP 12 RANGE 1 EAST

N S E W from intersection of MT PLEASANT Rd and HWY 146 Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [✓] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [✓] Other – *Specify* Pole Barn 40X30

Beginning construction date 11/07

Completion construction date 11/08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 150,000
To be installed but not included in the above cost	
a. Electrical	6,000
b. Plumbing	3,000
c. Heating, air conditioning	3,000
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 162,000

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [✓] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2560
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	N/A
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Roger Williams Marcia	4045 New Saratoga Rd	62906	815 978-5408
2. Contractor or Builder	DW Builders			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant [signature] | Address | Application date 10-10-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Roger A Williams	$ 334.00	10-10-07	947

Payment of $334.00 CK# 1105 _____ received by Union County Treasurer

Date 10/12/07

Bobby J. Mayes Mag.

002
005
5.06AC
001
137.16AC
006
1.94AC
007
22.12AC
004
1.97AC
011
11.63AC
009
.50AC
CEM.
004
.51AC
008
3.28AC
010
5AC
002
11.58
AC
003
3.29
AC
26
WILLIAMS
HOUSE
004
001
75.52AC
001
40AC
002
75.78AC
1.50
House
.80
1.06
003
13AC
001
20AC
001
13AC
003
44.76AC
002
16.5AC
002
1.29AC
004
2.24AC
005
98.71AC
001
247.5AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 01-28-01-370

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 760 Pitts Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S28 T11 R1E 2 ac W5/8 SW NE RT NW NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (Individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of Improvement ..... $ 80,000-

To be installed but not included in the above cost

a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 80,000-

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other - *Specify* _____

Beginning construction date _____

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up: 2nd of Oct. 2007
Make: Cavalier Size: 32x76 Yr. Model:
Previous MH Owner:
Previous MH Location:
Current MH Owner: Rhoda Suits
Current MH Location: 760 Pitts Rd.
Current Land Owner: Rhoda Suits

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Part E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { full ..... / partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Rhoda Suits	760 Pitts Rd Makanda IL	62958	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
X Rhoda Suits	760 Pitts Rd. Makanda IL 62958	10-9-07

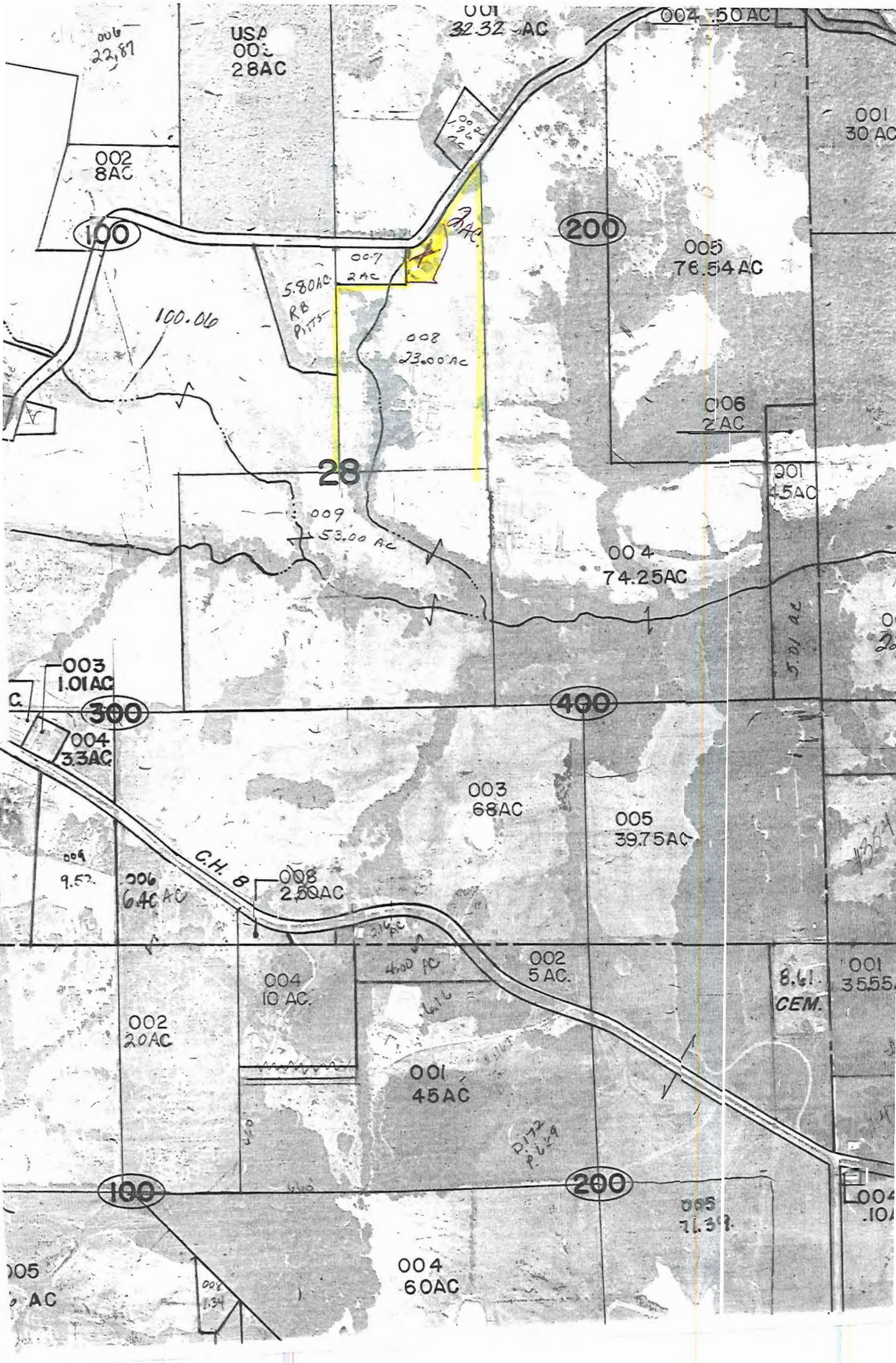
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 170.00	10-9-07	946

Payment of $170.00 CK# 7160 received by Union County Treasurer

Date 10/17/07

Bobby L. Mayne Treas.


006
22.87
USA
002
28AC
001
32.32 AC
004 .50AC
002
8AC
100
200
005
76.54AC
001
30 AC
007
2AC
5.80AC
RB
PITS
100.06
008
23.00AC
006
2AC
28
001
45AC
009
53.00 AC
004
74.25AC
003
1.01AC
300
400
004
3.3AC
003
68AC
005
39.75AC
C.H. 8
008
2.50AC
006
6.4C AC
004
10 AC.
002
5 AC.
8.61
CEM.
001
35.55
002
20AC
001
45AC
100
200
004
60AC

UNION COUNTY Prop
BUILDING PERMIT APPLICATION

14-00-12-266

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: US HWY 57 South Anna
Subdivision or Addition:
Lot: 1
Block:
Census track:

Legal Description: Sec 18 T12 Range 1W
ac. 1 136

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [x] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [x] Other – *Specify* pole barn

Beginning construction date 10-8-07

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 8,000 –
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ $26.00

MOBILE HOME INFO:

Data MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [x] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [x] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS
- 48. Number of stories: 30x40
- 49. Total square feet of floor area, all floors, based on exterior dimensions:
- 50. Total land area, sq. ft.: 1200

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed:
- 52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms:
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Harold & Wanda Hase	844 Mill Creek Rd Dongola Il	62926	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Wanda Hase	844 Mill Crk. Rd. Dongola, Il.	10-9-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 26.00		945

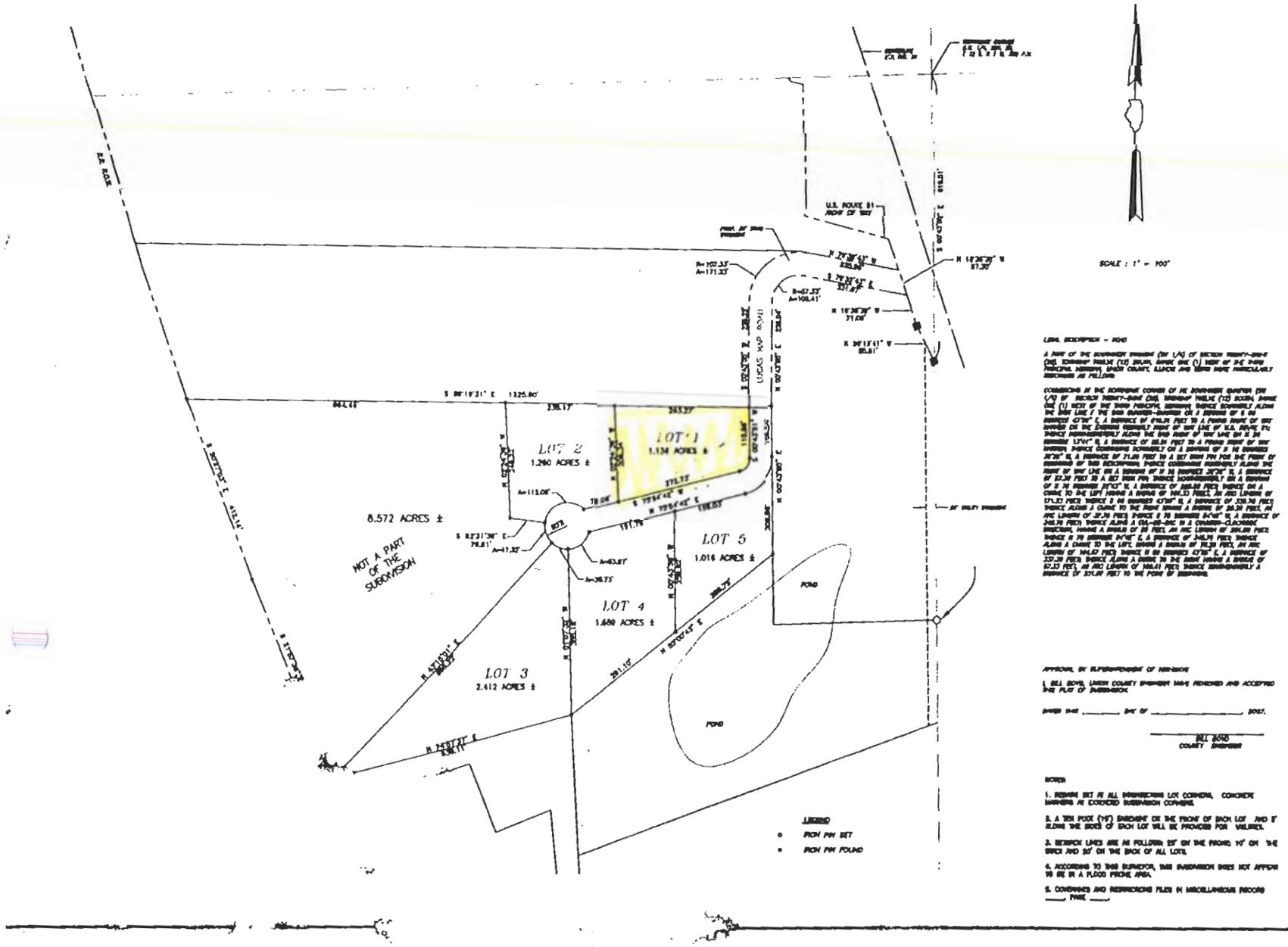
Payment of $26.00 CK# 3803 received by Union County Treasurer

Date 10/17/07

[signature]

ROSE ESTATES

A SUBDIVISION BEING IN THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 28, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE 3rd P.M.
UNION COUNTY, ILLINOIS



UNION COUNTY Prop. No. part of
BUILDING PERMIT APPLICATION # 06-09-04-419

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 840 Kimmel Cemetery Rd. | Subdivision or Addition: Anna IL | Lot | Block | Census track

Legal Description: PT SW 12.17 ac

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 10-8-07
Completion construction date 4-8-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 90,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: See attached
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 2
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Carrol Lang	840 Kimmel Cemetery Rd Anna IL	62906	827-4226
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Carrol Lang		10-1-07

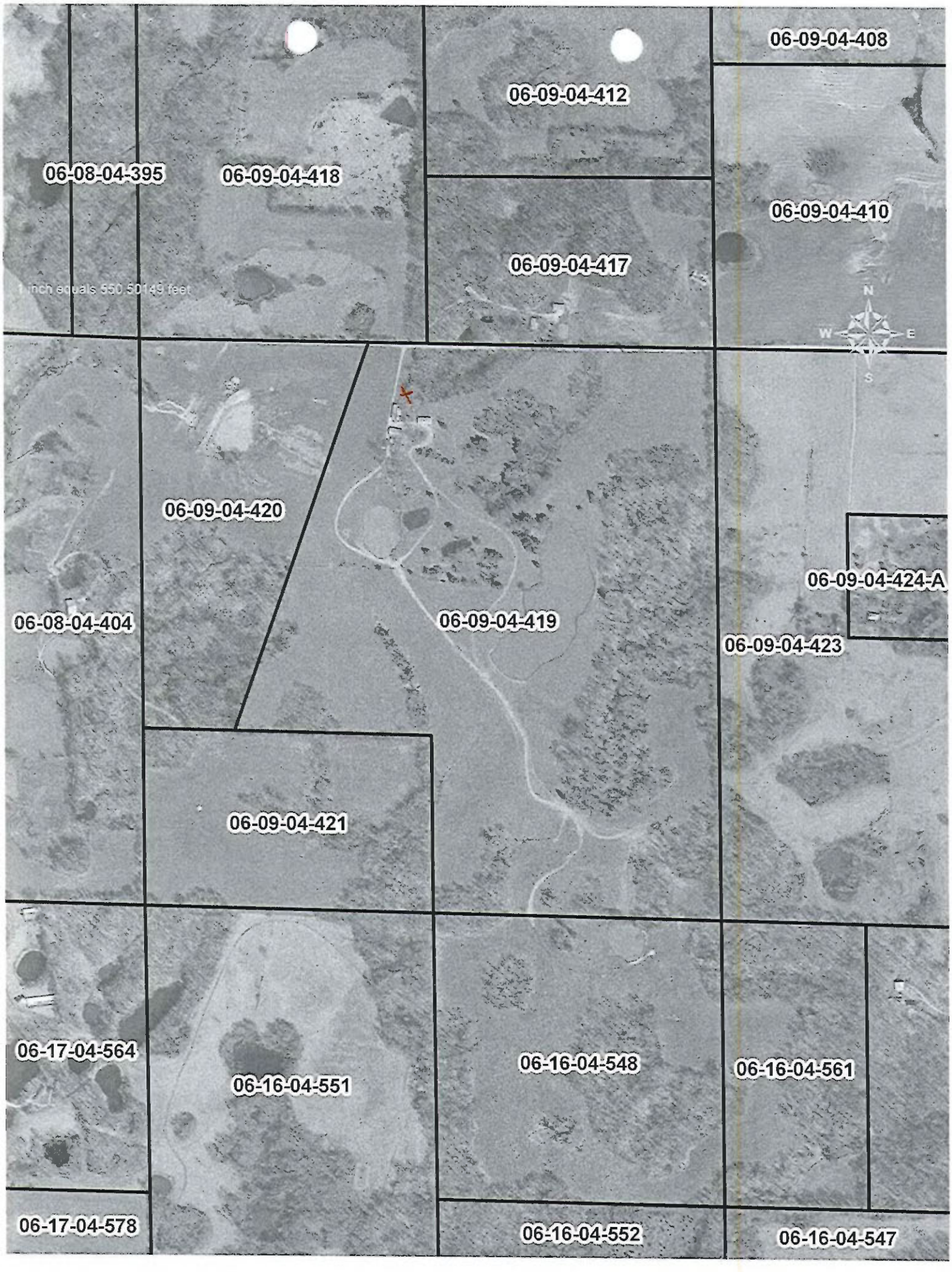
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

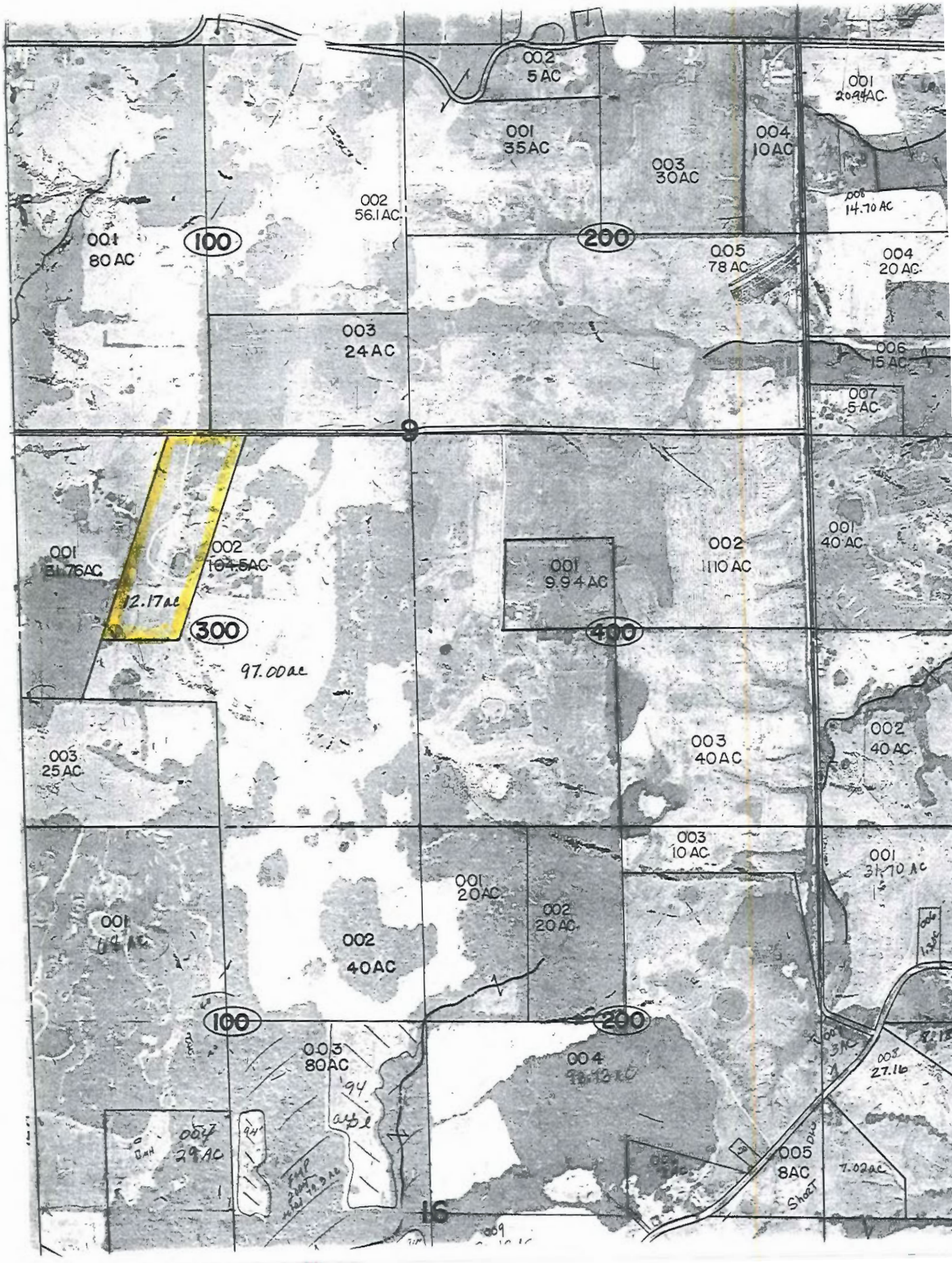
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 190.00	10-1-07	944

Payment of $190.00 CK # 9034 received by Union County Treasurer

Date 10/5/07

Bobby L. Meyer Mg.

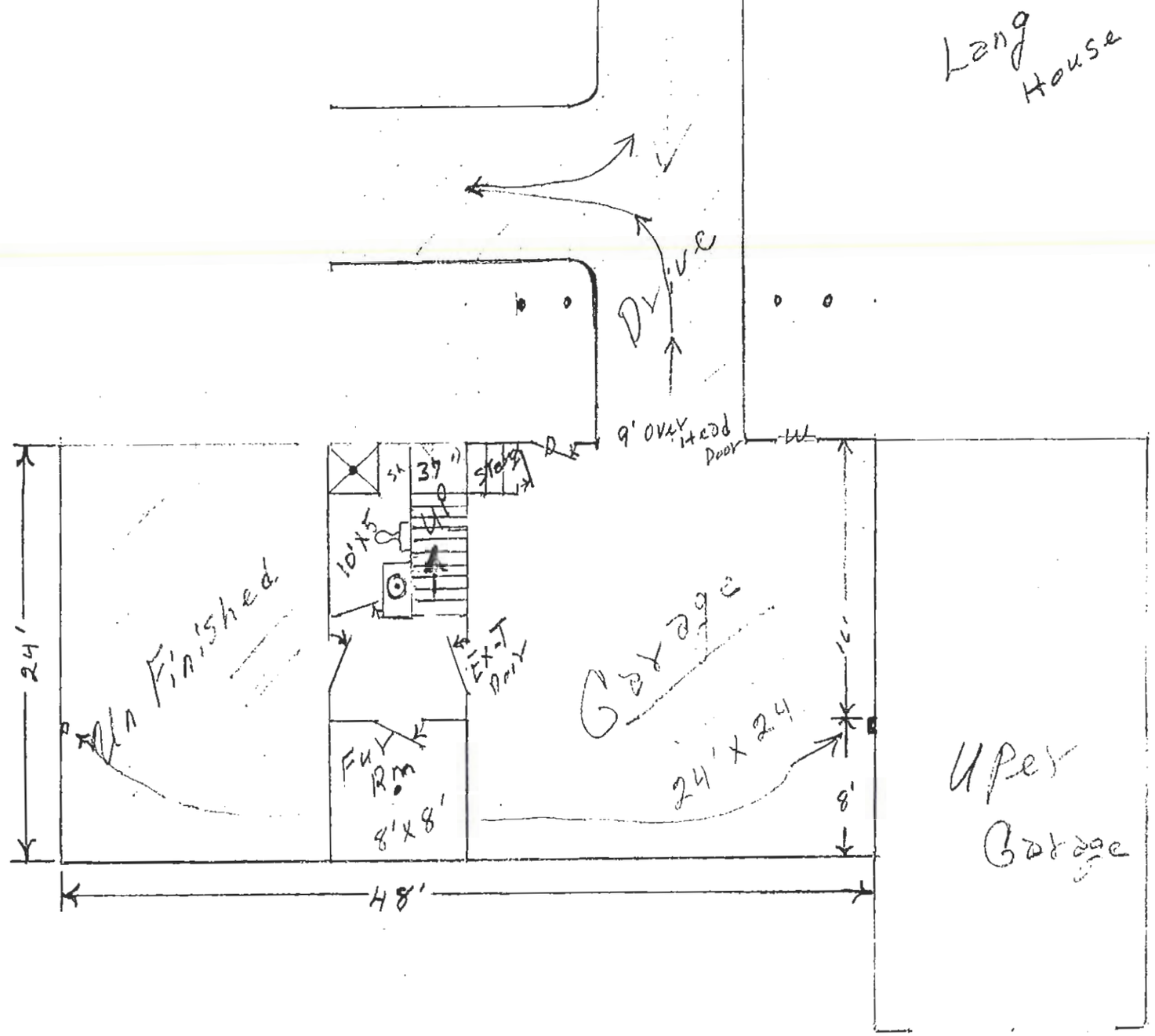

06-09-04-408
06-09-04-412
06-08-04-395
06-09-04-418
06-09-04-410
06-09-04-417
1 inch equals 550.50143 feet
N
W
E
S
06-09-04-420
06-09-04-424-A
06-08-04-404
06-09-04-419
06-09-04-423
06-09-04-421
06-17-04-564
06-16-04-548
06-16-04-561
06-16-04-551
06-17-04-578
06-16-04-552
06-16-04-547


002
5 AC
001
20.94 AC
001
35 AC
004
10 AC
003
30 AC
002
56.1 AC
006
14.70 AC
001
80 AC
100
200
005
78 AC
004
20 AC
003
24 AC
006
15 AC
007
5 AC
9
001
31.76 AC
002
104.5 AC
12.17 ac
300
97.00 ac
001
9.94 AC
002
110 AC
400
001
40 AC
003
25 AC
003
40 AC
002
40 AC
003
10 AC
001
31.70 AC
001
20 AC
002
20 AC
002
40 AC
100
200
003
80 AC
004
27.16
005
8 AC
7.02 AC
16

Lang House

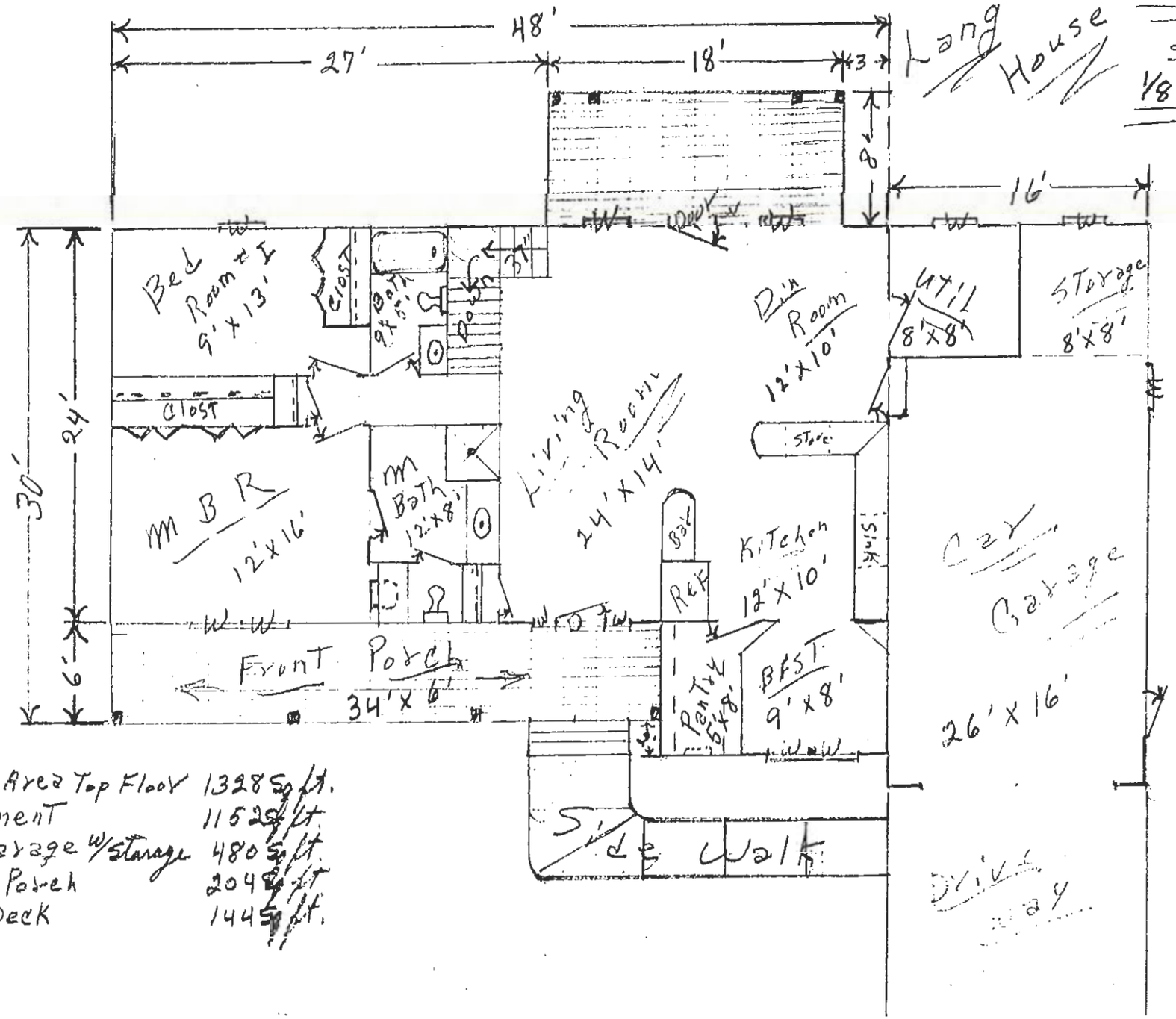
Pl #829

Scale 1/8" =



Th 827-4

Scale 1/8" = 1'



Living Area Top Floor	1328 Sq ft.
Basement	1152 Sq ft
Car Garage w/Storage	480 Sq ft.
Front Porch	204 Sq ft
Back Deck	144 Sq ft.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . 08-23-05-972

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2845 STATE 146 W

Subdivision or Addition | Lot | Block | Census track

Legal Description: S23 T12 R2W SE PT S PT NE NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT replacing old building

1 [X] New Building used lumber & tin
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn

Beginning construction date 9-21-07
Completion construction date 12-11-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 500.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 500.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL N/A
40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A
42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 30 X 20
50. Total land area, sq. ft.: 600

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Otis Namel	Box 891 Jonesboro IL	62952	833-6546
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Otis Namel
Address:
Application date: 9-21-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ $11.00
Date permit issued: 9-21-07
Permit number: 943

Payment of $11.00 Cash received by Union County Treasurer

Date 10/9/07

Bobby L Myers Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 01-22-00 258-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Robinson Hill Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 22 T11 R1E pt of SW SE 5ac. 12.08ac piece

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 9/22/07
Completion construction date 12/29/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement 60,000.00 $
To be installed but not included in the above cost
a. Electrical 6000.00
b. Plumbing 4000.00
c. Heating, air conditioning 21,000.00
d. Other (elevator, etc.) 0
11. TOTAL COST OF IMPROVEMENT $ 130,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify GEOTHERMAL

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1.5
49. Total square feet of floor area, all floors, based on exterior dimensions 2500
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors 3

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	VAN MUYLDER PETER	1880 PLEASANT WOODS CR, CARBONDALE	62902	(618) 713402
2. Contractor / Builder	JERRY KELLER			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant | Address | Application date 9-20-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 210.00	9-20-07	942.

Payment of #210.00 CK #663 received by Union County Treasurer

Date 10/9/07

Bruce A. Magnus Mag.

1 inch equals 318.774003 feet
N
W
E
S

UNION COUNTY BUILDING PERMIT APPLICATION

Prop 14-00-12-267

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
	ROSE ESTATES			

Legal Description LOT 2 1.290 AC. N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [x] Mobile Home

B. OWNERSHIP

- 8a [ ] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$ 40,000 –
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 40,000 –

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [x] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

MOBILE HOME INFO:

Date MH was set-up:

Make Southern Size 28 X 42 Yr. Model 2006

Previous MH Owner New

Previous MH Location

Current MH Owner LAWRENCE + NANCY JACKSON

Current MH Location BENTON MO.

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [x] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [x] Public
- 43 [ ] Individual (wall, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [x] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1232
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	LAWRENCE JACKSON	426 E JEFFERSON # 15 ANNA	62906	833-5984
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lawrence Jackson	426 E Jefferson # 15	9-13-07

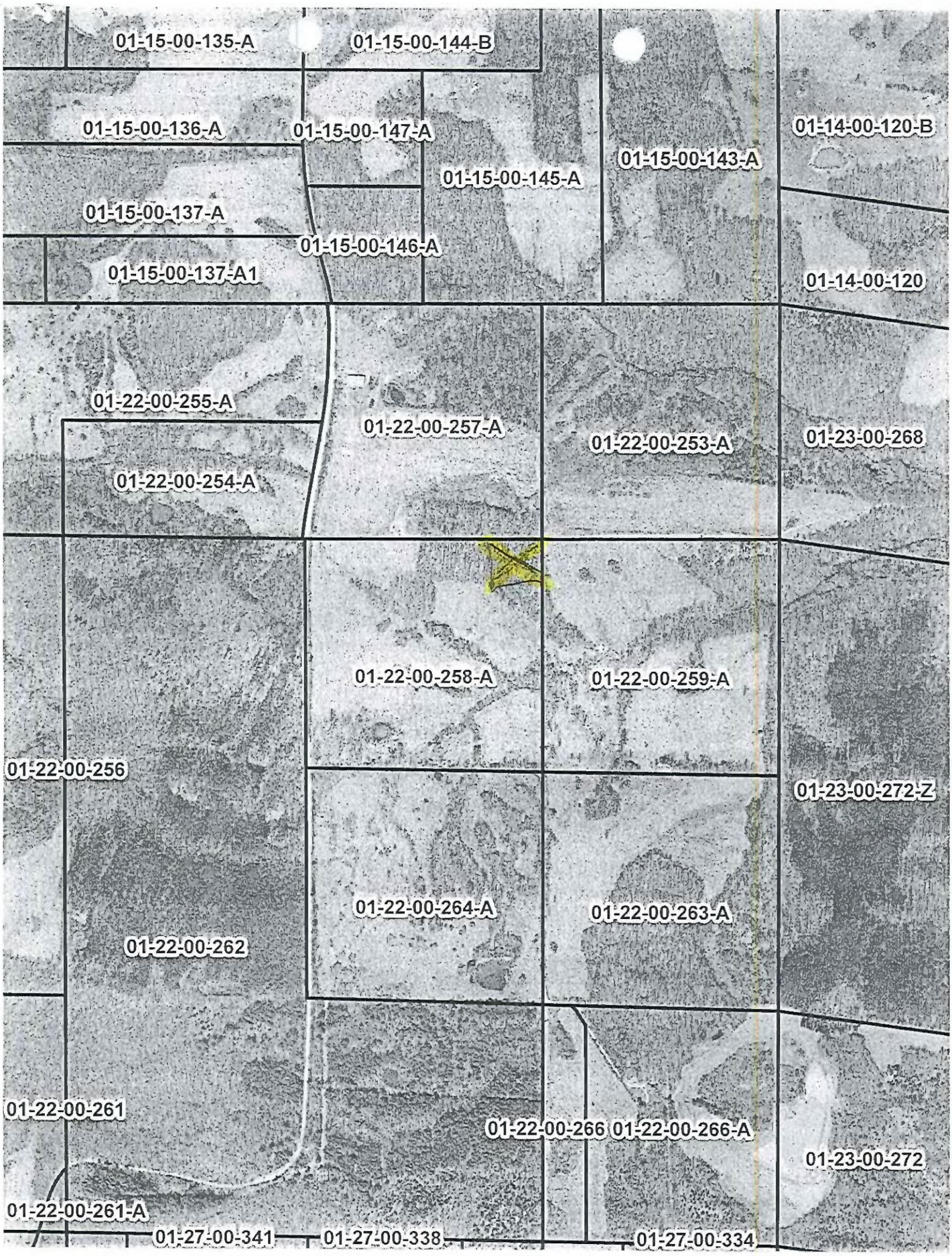
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 90.00	9-13-07	941

Payment of 90.00 CK # 4769 received by Union County Treasurer

Date 9/24/07

Bobby L Mayne


01-15-00-135-A
01-15-00-144-B
01-15-00-136-A
01-15-00-147-A
01-14-00-120-B
01-15-00-143-A
01-15-00-145-A
01-15-00-137-A
01-15-00-146-A
01-15-00-137-A1
01-14-00-120
01-22-00-255-A
01-22-00-257-A
01-22-00-253-A
01-23-00-268
01-22-00-254-A
01-22-00-258-A
01-22-00-259-A
01-22-00-256
01-23-00-272-Z
01-22-00-264-A
01-22-00-263-A
01-22-00-262
01-22-00-261
01-22-00-266
01-22-00-266-A
01-23-00-272
01-22-00-261-A
01-27-00-341
01-27-00-338
01-27-00-334

LOT NO. 2 - $20,200

1.9 → LOT NO. 4 - $19,000

1.2 LOT NO. 5 - $15,200

A SUBDIVISION BEING IN THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 28, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE 3rd P.M. UNION COUNTY, ILLINOIS

Terry Panici

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

02-29-01-129-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1535 Jimtown Loop Anna

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S29 T12 R1E PT NE NE 02.2.53

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Pole Barn

Beginning construction date 9-12-07

Completion construction date 9-22-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 15,500
To be installed but not included in the above cost	
a. Electrical	500
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 16,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [x] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public N/A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [x] No

Will there be an elevator?

46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 900
50. Total land area, sq.ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ryan McAllister	1535 Jimtown Loop Anna	62906	833-6310
2. Contractor or Builder	Tru-Built			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: [signature] | Address: 1535 Jimtown Loop | Application date: 9-11-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 42.00	9-11-07	940

Payment of $42.00 CK# 1140 received by Union County Treasurer

Date 9/24/07

Bobby L. Mayes Mg.

UNION COUNTY Prop. I.
BUILDING PERMIT APPLICATION

05-29-04-024

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 626 Sadler Rd

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S 29 T12 R1W P1 SE RT 53/4 SE AC 23.25

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [✓] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [✓] Other – *Specify* Pole Barn

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 9-14-07
Completion construction date 9-22-07

Beginning construction date _____
Completion construction date _____

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 33,000

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [✓] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1800
50. Total land area, sq. ft. 1800

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Eric Osman Janice Osman	626 Sadler Rd. Anna, IL	62906	(618) 921-2838
2. Contractor or Builder	Lynn Hilgman			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Janice L Osman	626 Sadler Rd	9-11-07

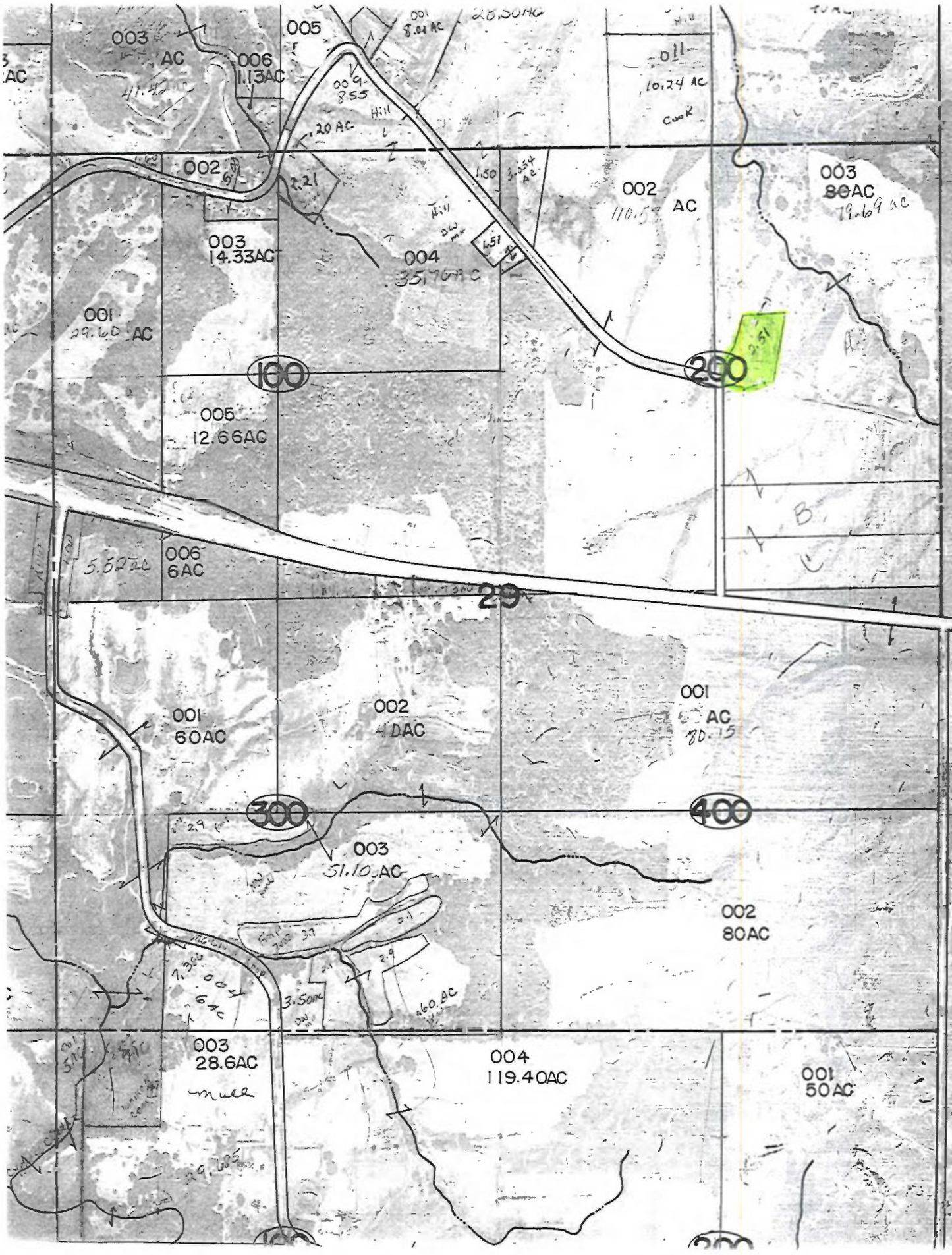
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Nelson	$ 76.00	9-11-07	939

Payment of #76.00 CK 5415 (54.00) CK# 5413 (17.00) received by Union County Treasurer

Date 10/9/07

Bailey L. Mayes Mg.


003
AC
006
1.13AC
005
002
003
14.33AC
004
001
29.60 AC
005
12.66AC
006
6AC
002
AC
003
80AC
79.69 AC
100
200
29
001
60AC
002
40AC
001
AC
300
400
003
51.10 AC
002
80AC
003
28.6AC
004
119.40AC
001
50AC

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION

08-28-06-216

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 80 TRACTOR MAN LANE
Subdivision or Addition: TRACTOR MAN LN.
Lot: | Block: | Census track:

Legal Description: Sec. 28 Twp. 12S Rng 2W — North west corner of Sec. 28

N S E W from intersection of RT 146 and _____ Streets (4 miles East)

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [X] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [X] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$15,000.00
To be installed but not included in the above cost	
a. Electrical	$2,500.
b. Plumbing	$1,500.00
c. Heating, air conditioning	$3,500.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$22,500.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	1
52. Outdoors	4

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Collin Cain	8355 St. Rt. 146 W.	62952	618-833-7890
2. ~~Contractor~~ or Builder	Collin Cain			
3. ~~Architect~~	Wm. Keene Inc			
MOVER	% Jim Fisher	Tamaroa, Il.		

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Collin Cain — Address: 8355 St. Rt. 146 W, J'Boro, Il. — Application date: 9/5/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$55.00	9-7-07	938

Payment of $55.00 CK #1656 received by Union County Treasurer

Date 9/24/07

[signature]

CEM.
001
72.41 AC.
004
Smoke Rise
Subd
100
200
004
9.13 AC.
005
3.16 AC.
002
38 AC.
005
15.80 AC
006
21.25 AC
006
9 AC
003
33.69 AC
007
6 AC
008
6.50 AC
004
4.52
006
8.01 AC
007
4.71 AC
29
002
29 AC
009
3 AC
001
29 ac
AC
001
95.85 AC
300
400
004
1 AC.
007
68.2 AC
005
5.8 AC
007
23.25
C.
010
7.33 AC
AC
006
004
33
5.31
64 AC
001
109.62 AC
003
39.36 AC
100
200
10.00
105.41
002
30 AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. ... 04-16-02-271-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Shiloh Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 16 T11 R1W PT S1/2 NE SE E of Shiloh Rd 10.06 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date Sept. 24, 2007
Completion construction date Sept. 2008

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* New construction

	(Omit cents)
10. Cost of improvement	$ N/A
To be installed but not included in the above cost	
a. Electrical	N/A
b. Plumbing	N/A
c. Heating, air conditioning	N/A
d. Other (elevator, etc.)	N/A
11. TOTAL COST OF IMPROVEMENT	$ 150,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify Geo-Thermal

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 2324
50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: N/A
52. Outdoors: N/A

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3
54. Number of bathrooms: Full 2; Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Hugh Scott Escue	P.O. Box 64	62920	893-1363
	Mickellynn Escue	Cobden, IL		534-2032 (ce
2. Contractor or Builder	Chuck Korando	Carbondale, IL	62901	549-6427
				924-0525 (ce
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Hugh S. Escue Mickellynn Escue	P.O. Box 64 Cobden, IL 62920	9/6/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 310.00	9-7-07	937

Payment of $310.00 CK #1918 received by Union County Treasurer

Date 9/24/07

Bobby L. Meyer

1 inch equals 327.259259 feet
N
W
E
S

part of

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-18-02-302-A1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 931 Toledo Cemetery Rd. Cobden

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S. 18 11-1W Pt SE NE .84ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 69,000

MOBILE HOME INFO:

Date MH was set-up: Aug 13, 07

Make Southern Home Size 32x64 2112 ft Yr. Model 2006

Previous MH Owner

Previous MH Location Energy IL

Current MH Owner Marvin & Angie Fairless

Current MH Location 04-18-02-302-A1

Current Land Owner Marvin & Angie Fairless

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Angie Fairless	931 Toledo Cemetery Rd Cobden, IL	62920	201-2074
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Angie Fairless	931 Toledo Cemetery Rd Cobden IL	8-28-07

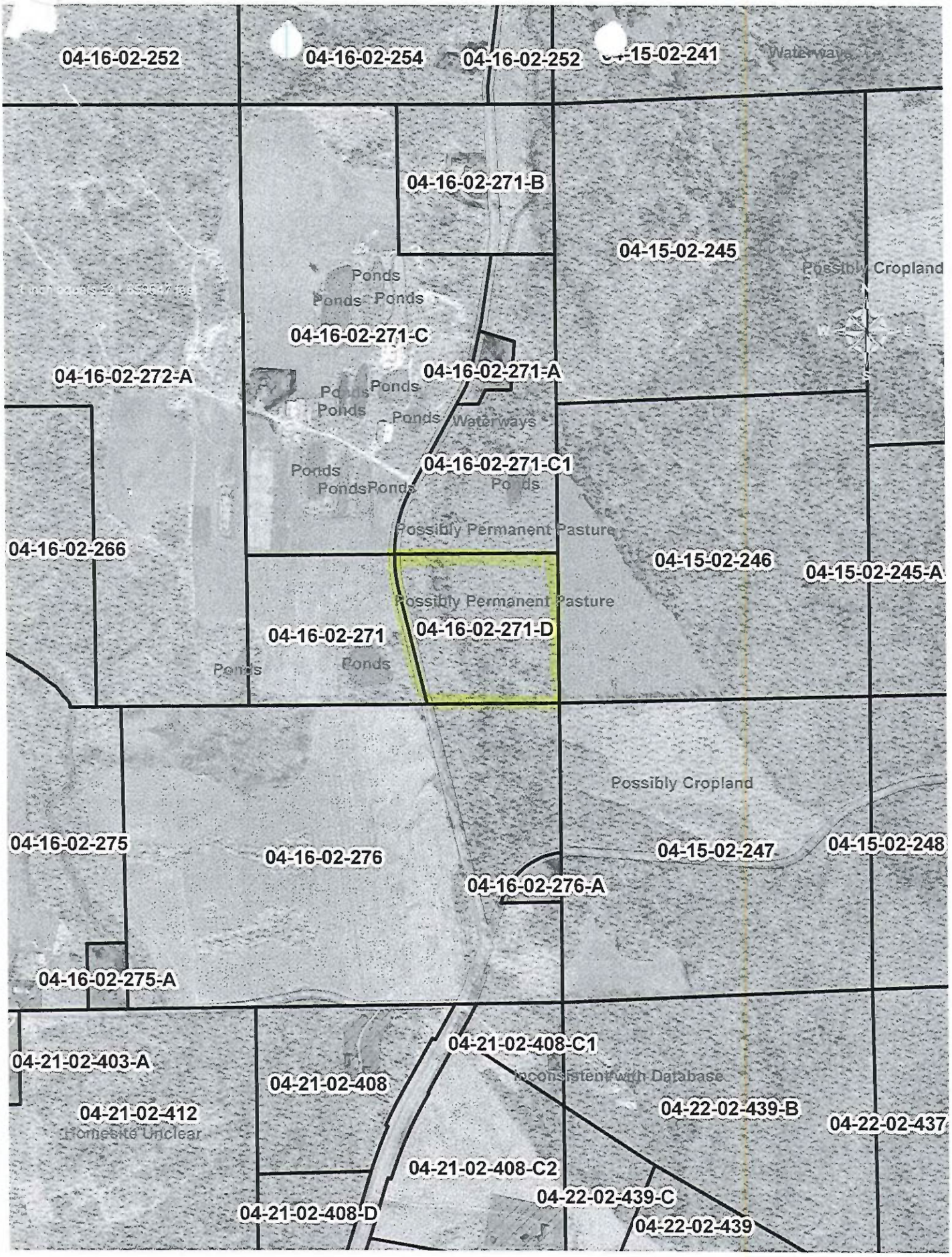
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Yeakes	$ 148.00	8-28-07	936

Payment of $148.00 CK # 1033 received by Union County Treasurer

Date 9/5/07

Bobby L. Mann


04-16-02-252
04-16-02-254
04-16-02-252
04-15-02-241
Waterways
04-16-02-271-B
04-15-02-245
Possibly Cropland
Ponds
Ponds
Ponds
04-16-02-271-C
04-16-02-272-A
04-16-02-271-A
Ponds
Ponds
Ponds
Ponds
Waterways
04-16-02-271-C1
Ponds
PondsPonds
Ponds
Possibly Permanent Pasture
04-16-02-266
04-15-02-246
04-15-02-245-A
Possibly Permanent Pasture
04-16-02-271
04-16-02-271-D
Ponds
Ponds
Possibly Cropland
04-16-02-275
04-16-02-276
04-15-02-247
04-15-02-248
04-16-02-276-A
04-16-02-275-A
04-21-02-408-C1
04-21-02-403-A
04-21-02-408
Inconsistent with Database
04-21-02-412
Homesite Unclear
04-22-02-439-B
04-22-02-437
04-21-02-408-C2
04-22-02-439-C
04-21-02-408-D
04-22-02-439

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 14-00-12-268 and 08-28-03-951

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street:

Subdivision or Addition: Rose Estates Lot 3 | Lot: 3 | Block: | Census track:

Legal Description: ROSE ESTATES LOT 3 SEC 28 T12 R1W & 2.412 SW 1/4 8.572 ac.

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Pole barn

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 61,900

MOBILE HOME INFO:
Date MH was set-up:
Make DUTCH Size 28x48 Yr. Model 2007
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 750
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors ..... mobile Home

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Siegelman	1994 Liberty Rd Villa Ridge, Il.	62996	573-270 5481
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Robert J Siegel	1994 Liberty Rd Villa Ridge Il 62996	8-27-07

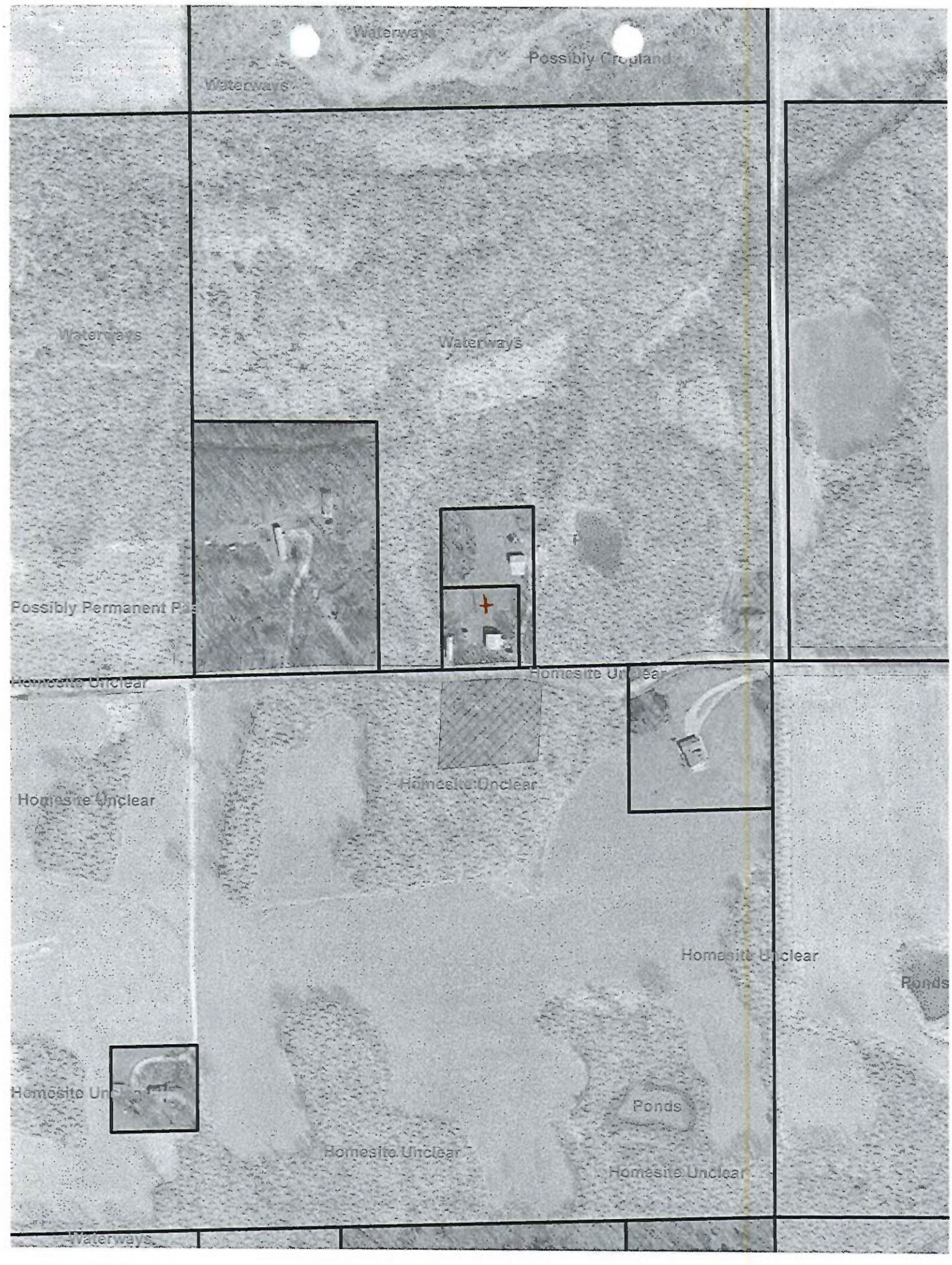
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 134.00	8-27-07	935

Payment of #134.00 CK #1335 received by Union County Treasurer

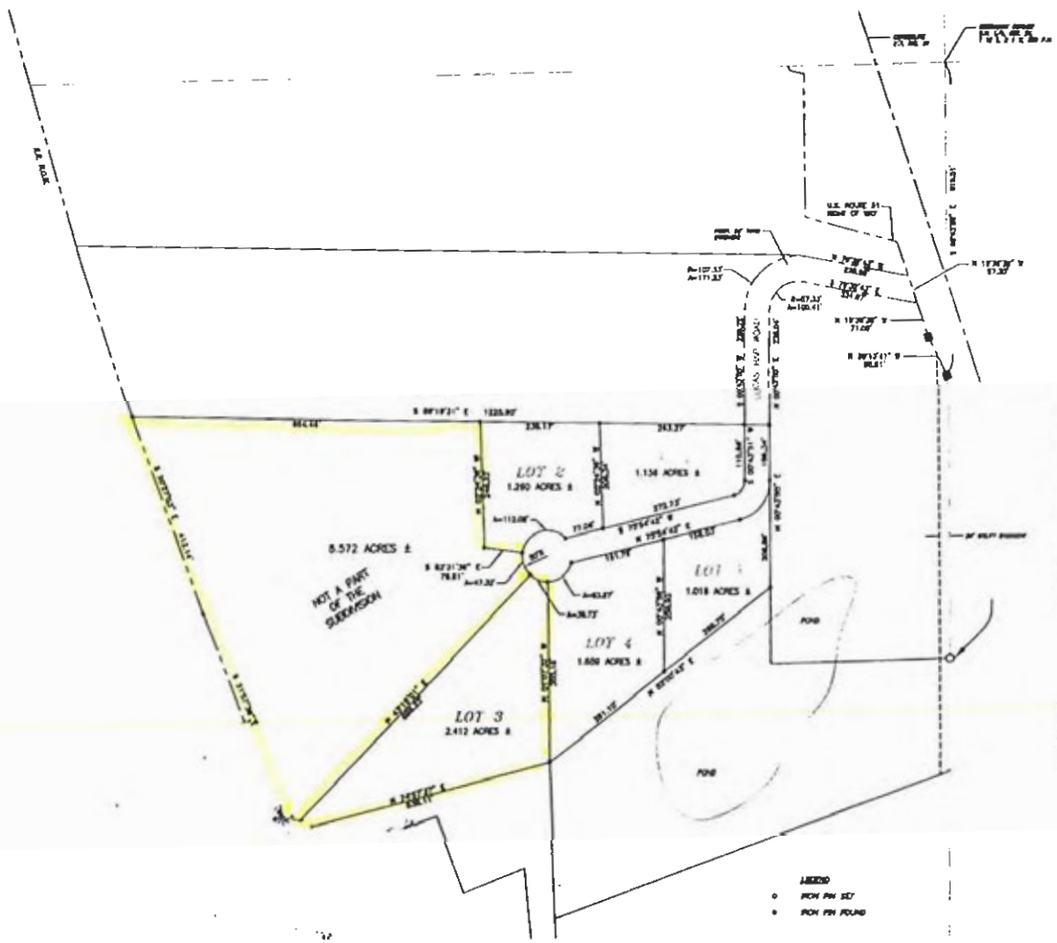
Date 9-5-07

Bonny A Myers


Waterways
Possibly Cropland
Waterways
Waterways
Waterways
Possibly Permanent P
Homesite Unclear
Homesite Unclear
Homesite Unclear
Homesite Unclear
Homesite Unclear
Ponds
Ponds
Homesite Unclear
Homesite Unclear
Waterways

ROSE ESTATES

A SUBDIVISION BEING IN THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 28, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE 3rd P.M.
UNION COUNTY, ILLINOIS



SCALE : 1" = 100'

NOTES

1. BEARINGS REFER TO ALL SUBDIVISION LOT CORNERS, CONCRETE MARKERS AT EXCEPTED SUBDIVISION CORNERS.
2. A 15ft FOOT (10ft) EASEMENT ON THE FRONT OF EACH LOT AND 5' ALONG THE SIDES OF EACH LOT WILL BE PROVIDED FOR UTILITIES.
3. SETBACK LINES ARE AS FOLLOWS: 25' ON THE FRONT, 10' ON THE SIDES AND 30' ON THE BACK OF ALL LOTS.
4. ACCORDING TO THIS SURVEYOR, THIS SUBDIVISION DOES NOT APPEAR TO BE IN A FLOOD PRONE AREA.
5. CONDITIONS AND RESTRICTIONS FILED IN MISCELLANEOUS RECORDS ____ PAGE ____

NOTARY PUBLIC

STATE OF ILLINOIS)
COUNTY OF UNION)

I, _____, A NOTARY PUBLIC IN AND FOR SAID COUNTY, IN THE STATE AFORESAID, DO HEREBY CERTIFY THAT _____ PERSONALLY KNOWN TO ME TO BE THE SAME PERSONS WHOSE NAMES ARE SUBSCRIBED ON THE FOREGOING PLAT, APPEARED BEFORE ME THIS DAY IN PERSON AND ACKNOWLEDGED THAT THEY SIGNED THE PLAT OF THEIR FREE AND VOLUNTARY ACT FOR THE PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS

_____ DAY OF _____, 2007.

COUNTY CLERK

STATE OF ILLINOIS)
COUNTY OF UNION)

I, BONNY TOLLIVER, COUNTY CLERK OF UNION COUNTY, ILLINOIS DO HEREBY CERTIFY THAT I HAVE EXAMINED THE RECORDS AND ACCORDING TO THE RECORDS, ALL GENERAL TAXES ARE FREE TO WAIVE ON THE UNION PLATTER HEREON.

IN TESTIMONY WHEREOF, I HAVE AFFIXED MY SIGNATURE AND OFFICIAL SEAL THIS _____ DAY OF _____, 2007.

_____
BONNY TOLLIVER
COUNTY CLERK

APPROVAL OF COUNTY COMMISSIONERS

AT A REGULAR MEETING OF THE UNION COUNTY COMMISSIONERS ON _____ DAY OF _____, 2007 THE FOREGOING PLAT OF ROSE ESTATES WAS EXAMINED, RECEIVED AND ACCEPTED.

_____
COUNTY COMMISSIONER

_____
COUNTY COMMISSIONER

_____
COUNTY COMMISSIONER

CERTIFICATE OF OWNERSHIP

WE, BONNY TOLLIVER AND FRANCES TOLLIVER, DO HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE LAND AS PLATTED HEREON AND HAVE CAUSED THE SAME TO BE PLATTED INTO LOTS AND STREETS TO BE REPRESENTED HEREON AS ROSE ESTATES, AND DO HEREBY DEDICATE TO THE PUBLIC USE THE STREETS OF THE SAID SUBDIVISION BEARING ALL SUCH STREETS AND TO THE MAINTENANCE OF THE HOMEOWNERS COOPERATIVE LIEN OF THE STATE OF ILLINOIS.

_____
BONNY TOLLIVER

_____
FRANCES TOLLIVER

CERTIFICATE OF SURVEYOR

STATE OF ILLINOIS)
COUNTY OF UNION)

I, JEFFREY A. TRAUB, ILLINOIS PROFESSIONAL LAND SURVEYOR NUMBER 2452 DO HEREBY CERTIFY THAT AT THE REQUEST OF BONNY TOLLIVER AND FRANCES TOLLIVER, I SURVEYED AND SUBDIVIDED THE LOTS AND STREETS

IN PART OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION TWENTY-EIGHT (28), TOWNSHIP TWELVE (12) SOUTH, RANGE ONE (1) WEST OF THE THIRD PRINCIPAL MERIDIAN, UNION COUNTY, ILLINOIS TO BE KNOWN AS ROSE ESTATES

THE UNION COUNTY SAID THAT PLAT IS NOT SUBJECT TO THE PLATTING ACT OR SUBJECT TO THE PLAN OF AN INCORPORATED CITY WHICH HAS ADOPTED A CITY PLAN AND IS CONSIDERED ITS OFFICIAL PLANNING JURISDICTION BY VIRTUE OF ARTICLE 11 OF THE ILLINOIS MUNICIPAL CODE.

THE UNION COUNTY SAID THAT THE SUBDIVISION IS NOT WITHIN ONE MILE OF ANY INCORPORATED AREA OF UNION COUNTY BEARING A SUBDIVISION CODE OF THE STATE OF ILLINOIS.

THE UNION COUNTY SAID THE SIZE OF THE PARCEL WAS AND SURVEY, THE IS A TRUE AND CORRECT SURVEY AS PLATTED AS SHOWN.

IN WITNESS WHEREOF, I HAVE AFFIXED MY SEAL THIS _____ DAY OF _____, 2006.

JEFFREY A. TRAUB, P.L.S. No. 2452
UNION, ILLINOIS
MY LICENSE EXPIRES NOVEMBER 30, 2008

JEFFREY A. TRAUB
2452

APPROVAL BY SUPERVISOR OF ROADS

I, BILL BOYD, UNION COUNTY ENGINEER HAVE REVIEWED AND ACCEPTED THE PLAT OF SUBDIVISION.

DATED THIS _____ DAY OF _____, 2007

_____
BILL BOYD
COUNTY ENGINEER

LAST DATE OF PUBLISHING - 3-16-07
THIS PLAT CONFORMS TO THE UNION SUBDIVISION FOR A

JEFFREY TRAUB
SURVEYING CO

70 BURKLEY LANE - CAIRO, ILLINOIS 62914

ROSE ESTATES
UNION COUNTY, ILLINOIS

Date 03/16/2007 Job No. 06-
Scale 1" = 100' Job No. 06-

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-22-05-943

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
4265 – 146 W				

Legal Description: Sec. 22 T12S R2W

N S / E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [✓] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [✓] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [✓] Other – *Specify* BARN

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 18 000.00

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning? 44 [ ] Yes 45 [✓] No

Will there be an elevator? 46 [ ] Yes 47 [✓] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 2380'
- 50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: _____
- 52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: _____
- 54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Revis M. Brown	4265 146 W Jonesboro, IL	62952	618834999
2. Contractor or Builder	TRU-BILT			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Revis M. Brown	4265 146 W Jonesboro IL 62952	08-23-07

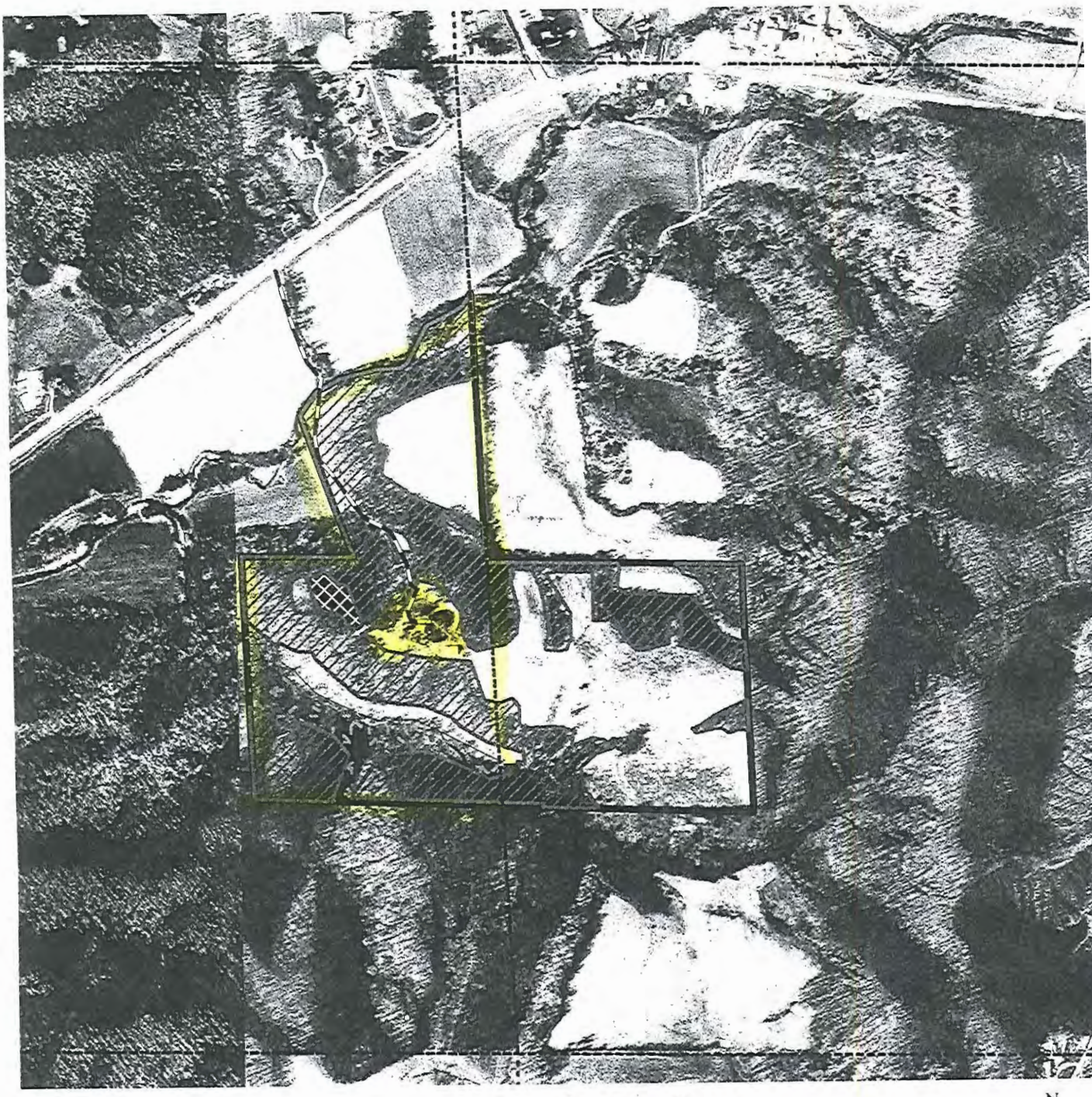
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 46.00	08-23-07	934

Payment of $46.00 Cash received by Union County Treasurer

Date 9/5/07

Billy L. Mayne Mng.



R. M. Brown
618-833-4949
Union County
Sec. 22 & 23, T12S R2W
Property # 08-22-05-943
08-23-05-990

Section lines
Roads
Forest Units (56.4 acres total)
1 47.4 Acres
2 Pine 1.1 Acres
3 7.9 acres
Property lines

N

660 0 660 Fee

J.Dedic 5/07

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-15-01-607-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 5705 Moscow Road Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1E Sec 15 Pt SW 53.5 Ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [X] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 8/20/07

Completion construction date 10/20/07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 11,000

MOBILE HOME INFO:

Date MH was set-up:	8/20/07
Make: Fairmont	Size: 14x70 Yr. Model: 1994
Previous MH Owner	Main St Mobile Homes
Previous MH Location	Marion Il 62959
Current MH Owner	Kenneth + Mary Bartley
Current MH Location	5705 Moscow Rd Dongola
Current Land Owner	Kenneth + Mary Bartley

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 2
- 54. Number of bathrooms: Full: 1; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kenneth L. Bartley	5705 Moscow Rd PO Box 274	62926	618
	Mary S. Bartley	Dongola Il 62926		965-9473
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Kenneth L. Bartley

Address: 5705 Moscow Road, PO Box 274, Dongola Il 62926

Application date: 8-22-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 32.00	8-23-07	933

Payment of $32.00 CK # 1015 received by Union County Treasurer

Date 9/5/07

Bobby L. Mayne Mg.

003
38.37 AC
003
12.63 AC
003
28.63 AC
005
31.26 AC
004
6.80
AC
001
28.71 AC
001
7.72 AC
001
100 AC
100
200
002
71.28 AC
003
51.28
AC
002
6.61 AC
003
6.07 AC
15
001
40 AC
001
93.33 AC
001
143.32 AC
89.82
53.50
300
400
002
20.62 AC
002
53.33 AC
UNION COUNTY
NORTH

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-30-04-082

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 221 S Main St Jonesboro

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12 1W 530 PT N PT SW SW 2.67

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [✓] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [✓] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 9,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30 X 40
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Carolyn Timms	2365 W 146 Jonesboro	62952	833-5776
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Carolyn Timms | Address | Application date: Aug 22 2007

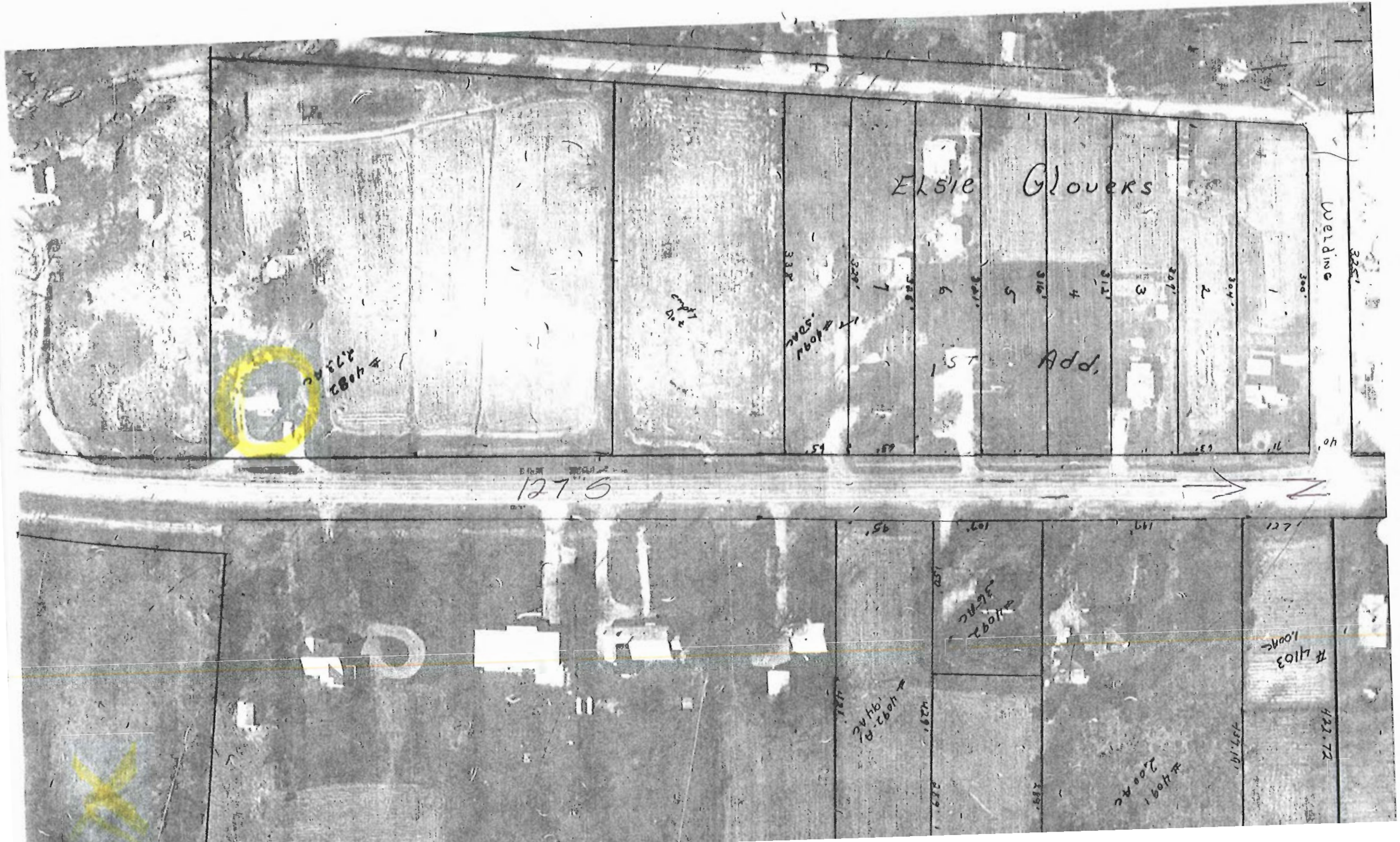
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 28.00		932

Payment of $28.00 CK#6037 received by Union County Treasurer

Date 9/5/07

Billy A. M[illegible]


Elsie Glovers
1st Add.
Welding
127.5
N
#1082
2.13 ac
#1081
.50 ac
#1080
.34 ac
#1079
.94 ac
#1078
2.00 ac
#1103
1.00 ac
432.72
1
2
3
4
5
6
7
300'
304'
312'
316'
325'
330'
325'
127'
197'
107'
95'

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I... 06-19-04-603

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
2120 Jonesboro Quarry Rd				

Legal Description: Sec 19 T 13 R 1W PT SW

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* grain bin

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 36 1/2 feet d...
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Earnest Russell	2120 Jonesboro Quarry Rd Jonesboro	62952	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Ernest Russell

Address:

Application date: 8-22-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ $10.00		931

Payment of $10.00 Cash received by Union County Treasurer

Date 9/5/07

Bobby A. Mayes Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I 05-15-03-225-L

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
395 Willow Lane Anna IL 62906				

Legal Description: 15-12-1W Pt. SE-SW Pt. SW-SE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building – Garage
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 8/07
Completion construction date 8/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 20,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,000.00

MOBILE HOME INFO: N/A

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify N/A

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public N/A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 1200
50. Total land area, sq. ft.: 1200

K. NUMBER OF OFF-STREET PARKING SPACES N/A

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: N/A
54. Number of bathrooms: Full N/A; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	James R. Holderfield Sr	395 Willow Lane Anna IL	62906	618-833-8464
	Susan T. Holderfield	"		
2. Contractor or Builder	Matt Holderfield	3795 State Rt 127 North Cobden Ill	62920	618-893-4771
	Not Applicant			
3. Architect	—			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
James R. Holderfield Sr / Susan T. Holderfield	395 Willow Lane Anna Ill 62906	8/21/07

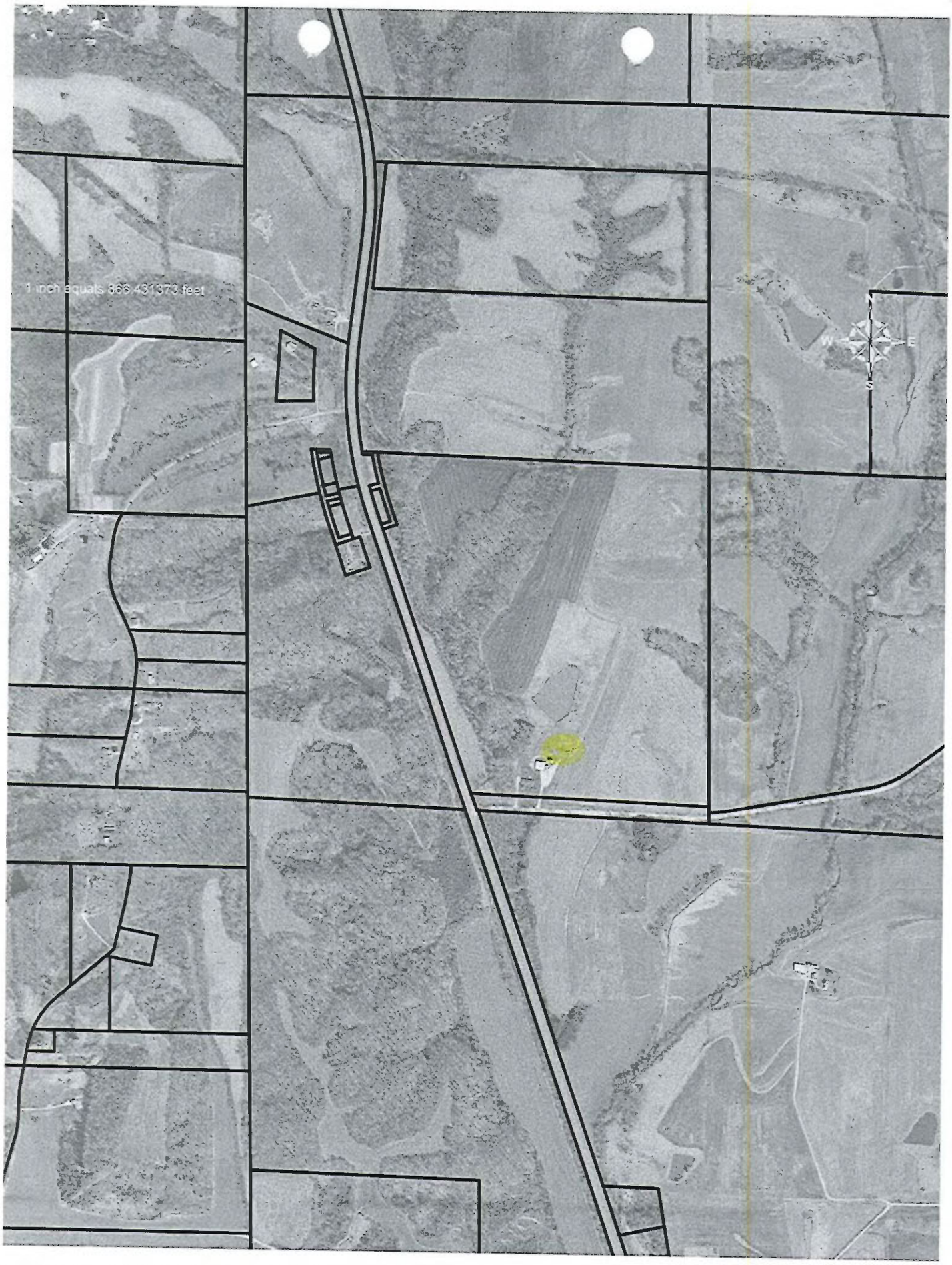
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
D. Parker	$ 50.00	8-21-07	# 930

Payment of $50.00 CK #7592 received by Union County Treasurer

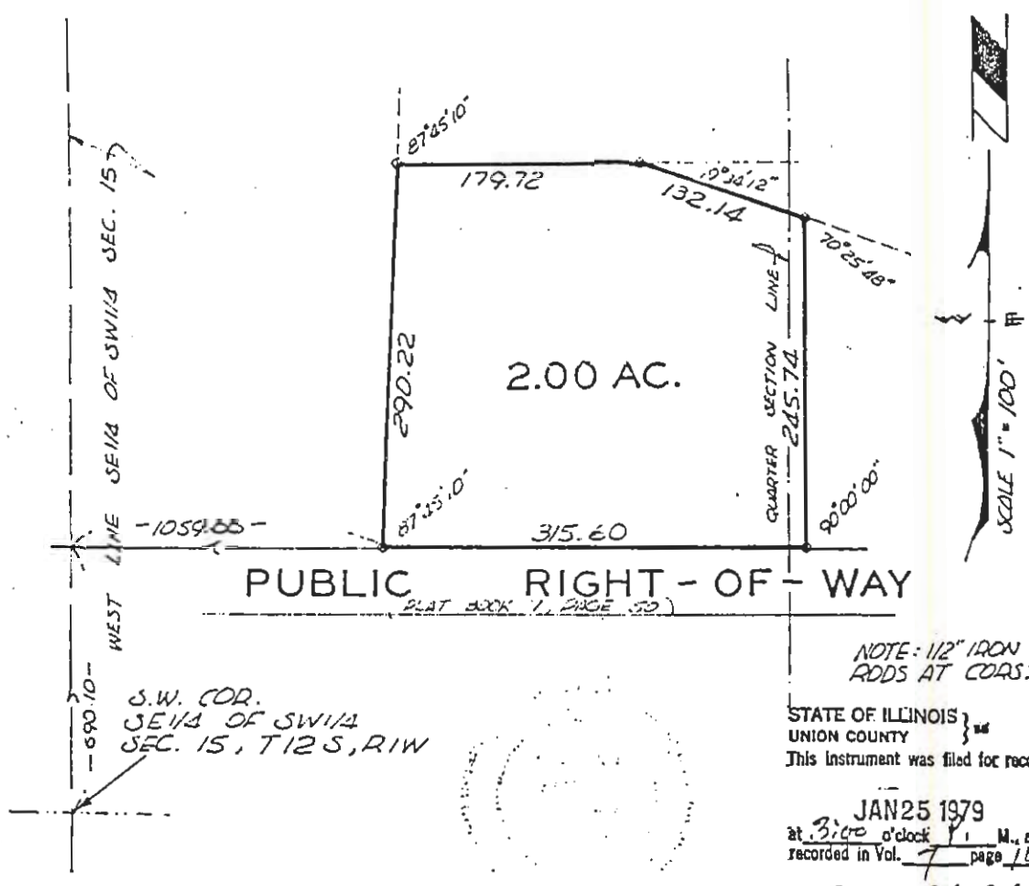
Date 9/5/07

Bobby L. Myers Mg.


1 inch equals 363.431373 feet
W
E
S

PLAT OF SURVEY

That part of the Southeast quarter of the Southwest quarter and the Southwest quarter of the Southeast quarter of Section 15, Township 12 South, Range 1, West of the Third Principal Meridian, described as follows: Commence at the Southwest corner of said Southeast quarter of the Southwest quarter; thence Northerly along the West line thereof, 690.10 feet to the North right-of-way line of a Public Right-of-way (Plat Book 7, page 50); thence Easterly along said right-of-way, 1059.66 feet to a 1/2 inch iron rod for a place of beginning: thence Northerly with a deflection of 87 deg. 45 min. 10 sec. to the left, 290.22 feet to a 1/2 inch iron rod; thence Easterly parallel to said right-of-way, 179.72 feet to a 1/2 inch iron rod; thence Southeasterly with a deflection of 19 deg. 34 min. 12 sec. to the right, 132.14 feet to a 1/2 inch iron rod; thence Southerly with a deflection of 70 deg. 25 min. 48 sec. to the right, 245.74 feet to a 1/2 inch iron rod on said North right-of-way line; thence Westerly perpendicular to the last described course, 315.60 feet to the place of beginning, in Union County, Illinois, containing 2.00 acres.



STATE OF ILLINOIS
UNION COUNTY } ss
This instrument was filed for record

JAN 25 1979
at 3:00 o'clock P.M., and
recorded in Vol. 7 page 109

Fred W. Blaylock
County Clerk & ex-officio Recorder of Deeds

STATE OF ILLINOIS
COUNTY OF UNION

#1664

This is to certify that I, an Illinois Land Surveyor, have surveyed the property described in the above caption as shown by the annexed plat which is a correct and true representation of said survey.

Given under my hand and seal at Cape Girardeau, Missouri, this 20th day of January, A. D. 1979.

Illinois Land Surveyor No. 1749

FOR: DEL MOWERY
ANNA, ILL.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-12-266

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: US Hwy 51 South Anna
Subdivision or Addition: Rose Est Lot 1 | Lot: 1 | Block: | Census track:

Legal Description: Sec 28 T12 Range 1W
N S
E W from intersection of _____ and _____ Streets
ac 1.136
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [x] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [x] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Beginning construction date 8-17-07
Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 73,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 156.00

MOBILE HOME INFO:
Date MH was set-up:
Make Redman Size 60 X 28 Yr. Model 2006
Previous MH Owner NEW
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame (garage)
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [x] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS garage

48. Number of stories	30 X 30
49. Total square feet of floor area, all floors, based on exterior dimensions	
50. Total land area, sq. ft.	900

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Harold & Wanda Hase	844 Mill Creek Rd Dongola IL	62926	618 845-3335
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Harold & Wanda Hase	844 Mill Creek Rd Dongola	8-13-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 156.00	8-13-07	929

Payment of $156.00 CK# 3724 received by Union County Treasurer

Date 8/20/07

[signature]

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-01-00-596

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1385 Hummingbird Rd.

Subdivision or Addition | Lot | Block | Census track

Legal Description: SW SW Sec. 1 Township 12 Range 1 East

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

COPY

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Open Pole Building

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 2500.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2500.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories	20X55
49. Total square feet of floor area, all floors, based on exterior dimensions	1100 ☑
50. Total land area, sq. ft.	1100 ☑

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Harold Gee	1385 Hummingbird Rd. Buncombe, Ill. 62912		
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Harold E. Gee	1385 Hummingbird Rd. Buncombe, Ill. 62912	August 9, 07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 15.00		927

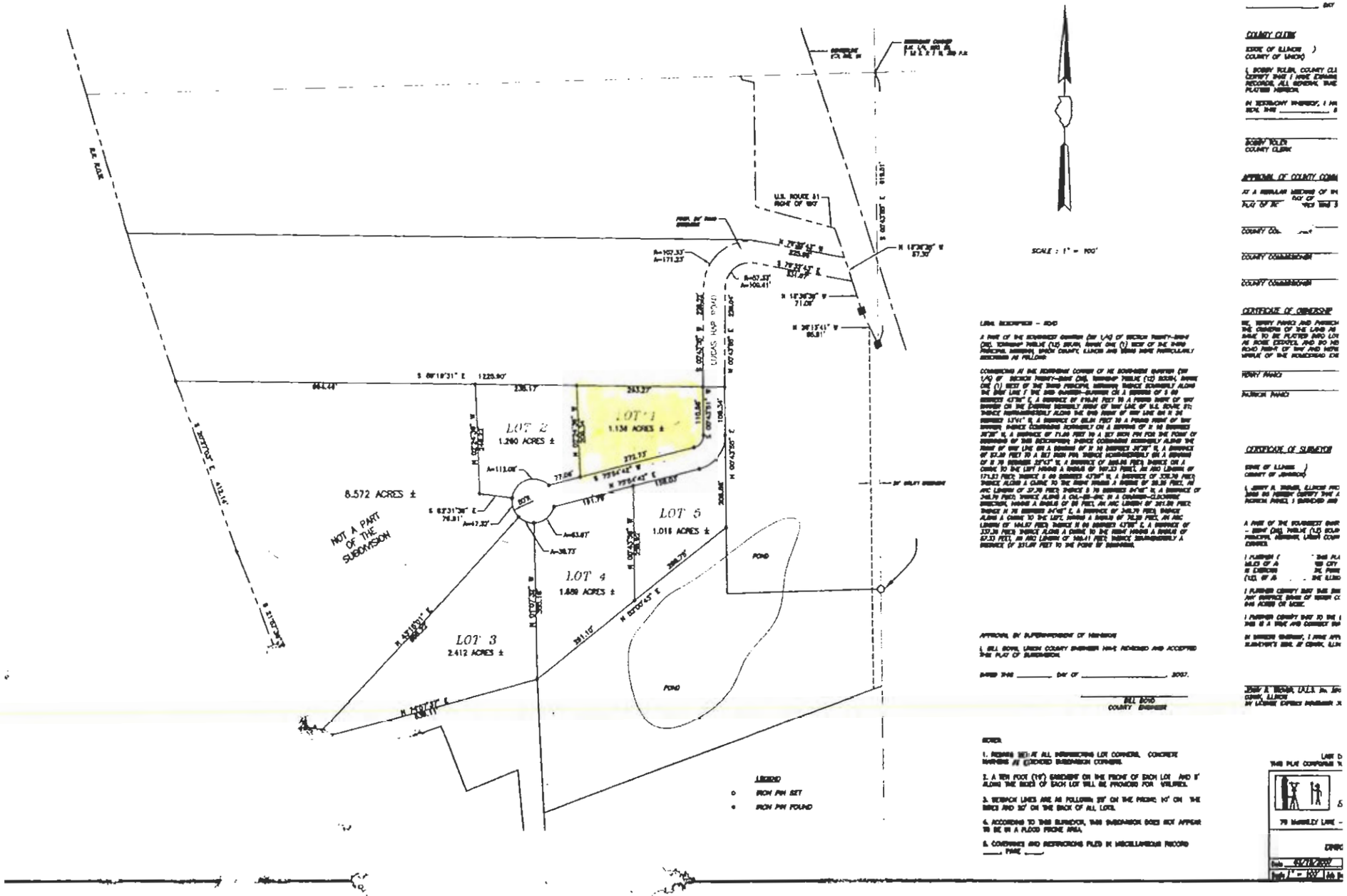
Payment of $15.00 CK #2592 received by Union County Treasurer

Date 8/20/07

Bobby A. Mayne Mg.

ROSE ESTATES

A SUBDIVISION BEING IN THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 28, TOWNSHIP 12 SOUTH, RANGE 1 WEST OF THE 3rd P.M.
UNION COUNTY, ILLINOIS



NOTARY PUBLIC

COUNTY CLERK

APPROVAL OF COUNTY COMMISSIONERS

CERTIFICATE OF OWNERSHIP

CERTIFICATE OF SURVEYOR

LEGAL DESCRIPTION – ROAD

APPROVAL BY SUPERINTENDENT OF HIGHWAYS

I, BILL BOYD, UNION COUNTY ENGINEER HAVE REVIEWED AND ACCEPTED THIS PLAT OF SUBDIVISION.

DATED THIS _____ DAY OF _____, 2007.

BILL BOYD
COUNTY ENGINEER

NOTES

1. REBARS SET AT ALL INTERSECTING LOT CORNERS. CONCRETE MARKERS AT CONTROLLED SUBDIVISION CORNERS.

2. A TEN FOOT (10') EASEMENT ON THE FRONT OF EACH LOT AND 5' ALONG THE SIDES OF EACH LOT WILL BE PROVIDED FOR UTILITIES.

3. SETBACK LINES ARE AS FOLLOWS: 35' ON THE FRONT, 10' ON THE SIDES AND 35' ON THE BACK OF ALL LOTS.

4. ACCORDING TO THIS SURVEYOR, THIS SUBDIVISION DOES NOT APPEAR TO BE IN A FLOOD PRONE AREA.

5. COVENANTS AND RESTRICTIONS FILED IN MISCELLANEOUS RECORD _____, PAGE _____.

HAROLD E. GEE
LEEANNE THOMPSON
1385 HUMMINGBIRD RD.
BUNCOMBE, IL 62912

70-526/812
5012539

2592

DATE 8-9-007

PAY TO THE ORDER OF BOBBY G. MYERS TREASURER AND COLLECTOR $ 15.88

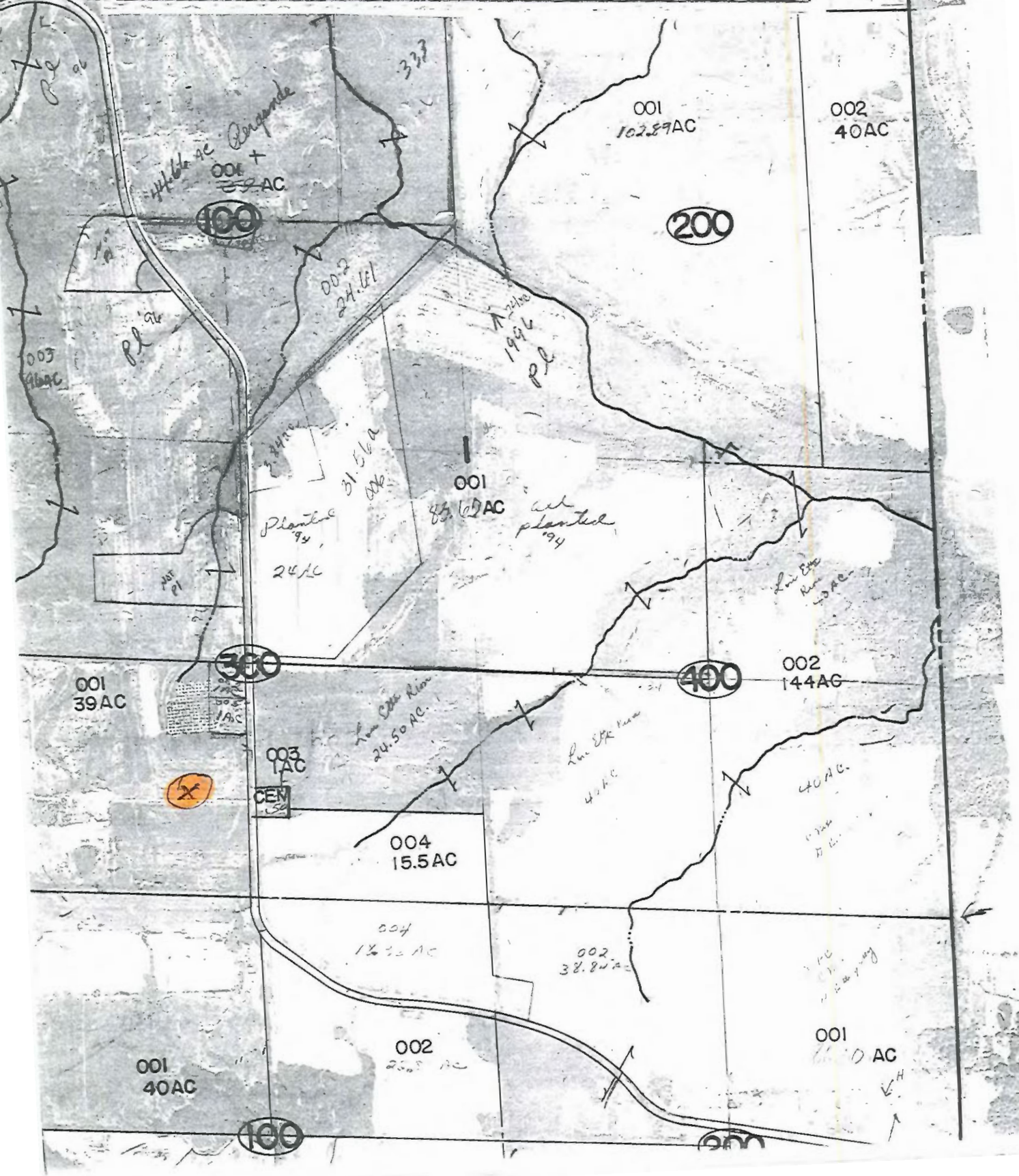
DOLLARS

ANB Anna National Bank
Anna, IL 62906

MEMO

Harold E. Gee

⑆081205264⑆ ⑈501⑈253⑈9⑈ 2592



UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-17-05-888-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2090 Morgan School Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: S17 T12 R2W WSD SW SW 11.31 ac

N S E W from intersection of Leonard Goetz and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 8-24-2007

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 6,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 6,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	840 Sq Ft
50. Total land area, sq. ft.	11.31 AC.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Daniel Hupcha	110 W. Cermak Rd Braidwood IL	60408	815 390-5112
2. Contractor or Builder	SAME			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Daniel J Hupcha	110 W. Cermak Rd Braidwood IL 60408	8-8-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 22.00	8-8-07	926

Payment of $22.00 CK #2551 received by Union County Treasurer

Date 8/20/07

Bailey A. Mayer Mng.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-30-04-082

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: 12-1W S.30 PT N PT SW SW 2.67AL

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 ☐ New Building
- 2 ☐ Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 ☐ Alteration (See 2 above)
- 4 ☐ Repair, replacement
- 5 ☐ Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 ☐ Moving (relocation)
- 7 ☐ Foundation only
- 8 ☒ Mobile Home

B. OWNERSHIP

- 8a ☒ Private (individual, corporation, nonprofit institution, etc.)
- 9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 ☐ One family
- 13 ☐ Two or more families – *Enter number of units* _____
- 14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 ☐ Garage
- 16 ☐ Carport
- 17 ☐ Other – *Specify* _____

Beginning construction date 8-13-07

Completion construction date 8-20-07

Nonresidential
- 18 ☐ Amusement, recreational
- 19 ☐ Church, other religious
- 20 ☐ Industrial
- 21 ☐ Parking garage
- 22 ☐ Service station, repair garage
- 23 ☐ Hospital, institutional
- 24 ☐ Office, bank, professional
- 25 ☐ Public utility
- 26 ☐ School, library, other educational
- 27 ☐ Stores, mercantile
- 28 ☐ Tanks, towers
- 29 ☐ Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$35,000

MOBILE HOME INFO:

Date MH was set-up:

Make Fleetwood Size 56 X 27 1512 Yr. Model 2003

Previous MH Owner Christie Britt

Previous MH Location 08-10-05-762-A

Current MH Owner Danny Timms / Carolyn Timms

Current MH Location 05-30-04-082

Current Land Owner Larry Davis

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 ☐ Masonry (wall bearing)
- 31 ☐ Wood frame
- 32 ☐ Structural steel
- 33 ☐ Reinforced concrete
- 34 ☐ Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 ☐ Gas
- 36 ☐ Oil
- 37 ☐ Electricity
- 38 ☐ Coal
- 39 ☐ Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 ☐ Public
- 41 ☐ Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 ☐ Public
- 43 ☐ Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Carolyn Timms	2365 W 146 Jonesboro Ark.	72402	833-5176
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Carolyn Timms		8-6-07

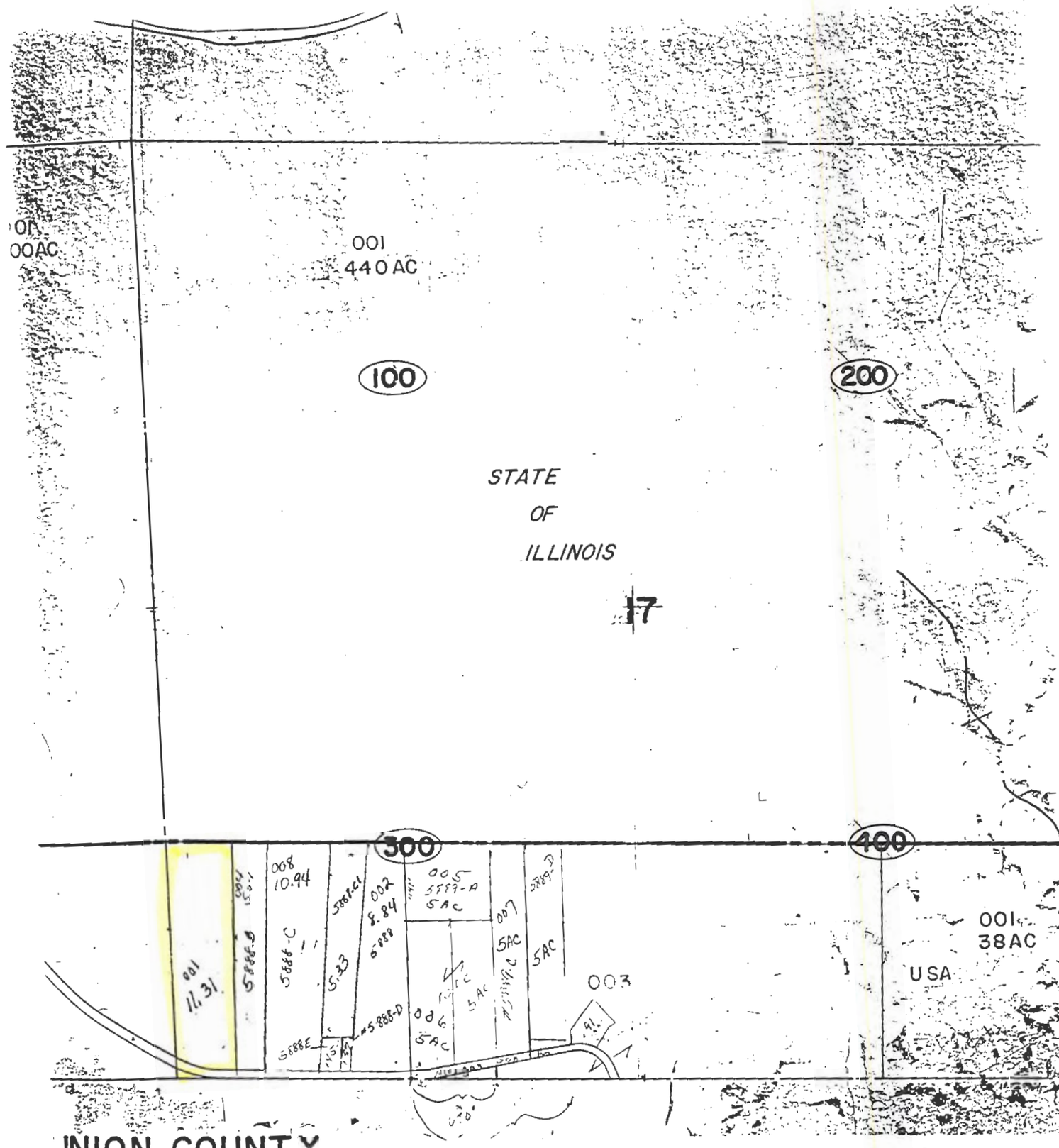
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 80.00	8-6-07	#925

Payment of $80.00 CK # 6030 _____ received by Union County Treasurer

Date 8/07/2007

Bobby J. Myers



UNION COUNTY
T12S-R2W

302 W MARKET ST JONESBORO IL 62952

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-14-03-195-A1A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Trinity Cemetery Lane

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 14 T12 R1W PT SE NE 2.10 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units edded, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [x] Mobile Home

B. OWNERSHIP

- 8a [x] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [x] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date 8-07

Completion construction date 12-07

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	4000
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 8000

MOBILE HOME INFO:

Date MH was set-up:

Make Schult Size 14x70 Yr. Model

Previous MH Owner Carol Williams

Previous MH Location Trinity Cem. Ln

Current MH Owner Stan Lummus

Current MH Location Trinity Cem Ln

Current Land Owner Stan Lummus

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [x] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [x] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [x] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 980
- 50. Total land area, sq. ft.: 90,000 sq. ft

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed:
- 52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 2
- 54. Number of bathrooms: Full 2; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Stan Lummus	PO. Box 458 Anna		770-887-8056
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Stan Lummus		8-2-02

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 10.00	8-2-02	924

Payment of #10.00 Cash received by Union County Treasurer

Date 8/07/2007

Bobby L. Moore Trng.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-25-01-066-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1636 Woods Rd Buncombe IL

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E Sec 25 PT NE NW 10 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date Sept 1, 07

Completion construction date Dec 1, 07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$ 55,000.00
To be installed but not included in the above cost	
a. Electrical	$ 24,000.00
b. Plumbing	3000.00
c. Heating, air conditioning	—
d. Other (elevator, etc.)	—
11. TOTAL COST OF IMPROVEMENT	$ 60,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make Jacobs Size 52x28 Yr. Model 2007

Previous MH Owner

Previous MH Location Energy IL

Current MH Owner SE Homes

Current MH Location

Current Land Owner Terry Marshall

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS
- 48. Number of stories: 1
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1398
- 50. Total land area, sq. ft.: _____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed: 0
- 52. Outdoors: 0

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 4
- 54. Number of bathrooms: Full 2; Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Terry Marshall	1745 Woods Road Buncombe IL	62912	833-2053
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Terry Marshall	1745 Woods Rd Buncombe IL 62912	7-30-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 130.00	7-31-07	922

Payment of $130.00 CK # 5095 received by Union County Treasurer

Date 8/07/2007

Bobby L. Moyer Treas.

UNION COUNTY Prop. .. 02-01-00-586-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1095 Hummingbird Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: S 1 T 12 RE PT SE NW PT NE SW 31.56 ac
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Temp Dwelling until home built

Beginning construction date _____
Completion construction date June 2007

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 48,000
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 48,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public Coop
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. 4800

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Daniel I. Mattingly	1095 Hummingbird Rd, Buncombe, IL	62912	240-538-6278
2. Contractor or Builder	Tru-Bilt	9328 Foyt Rd, Marion, IL ~~62959~~	62959	618-982-2211
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

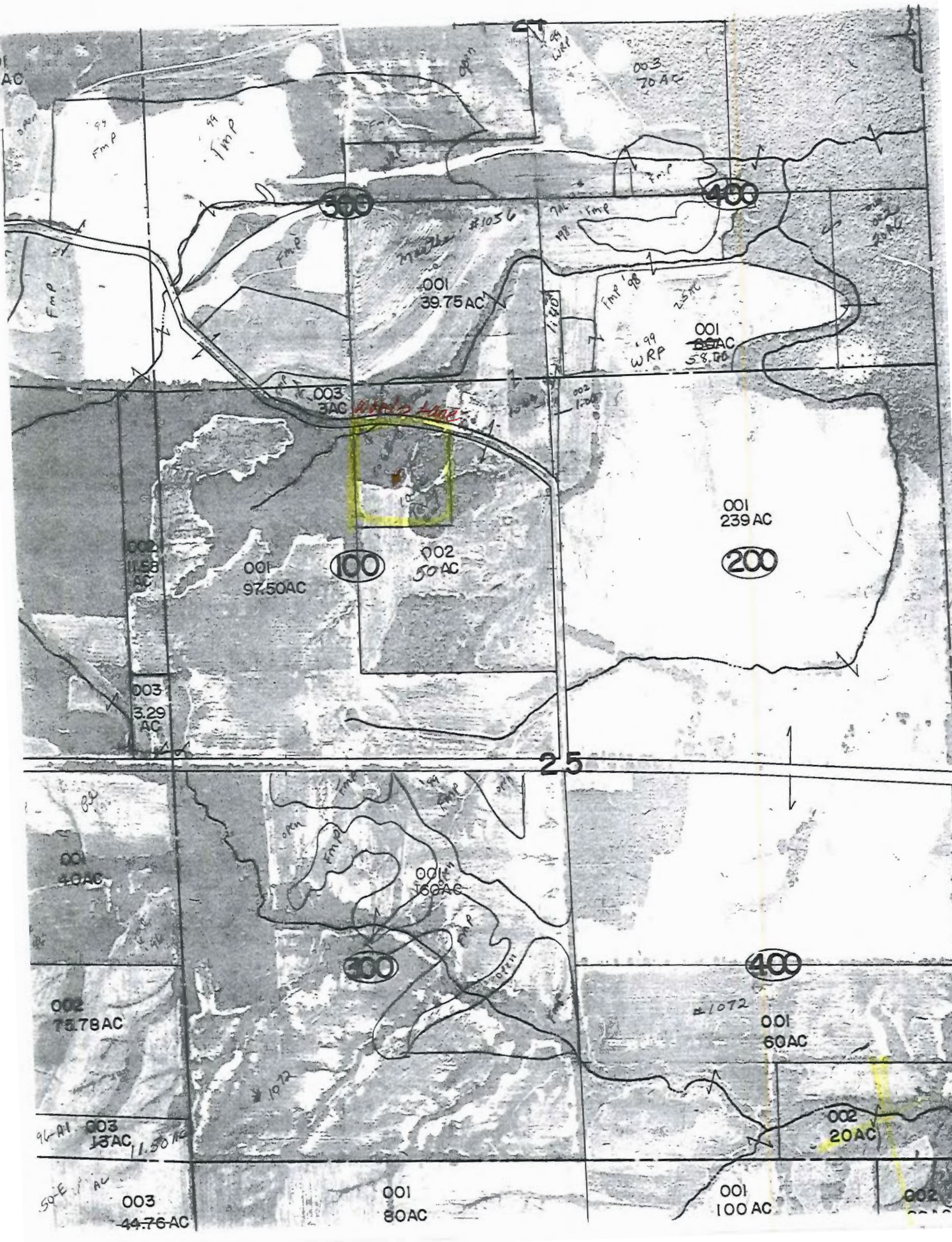
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

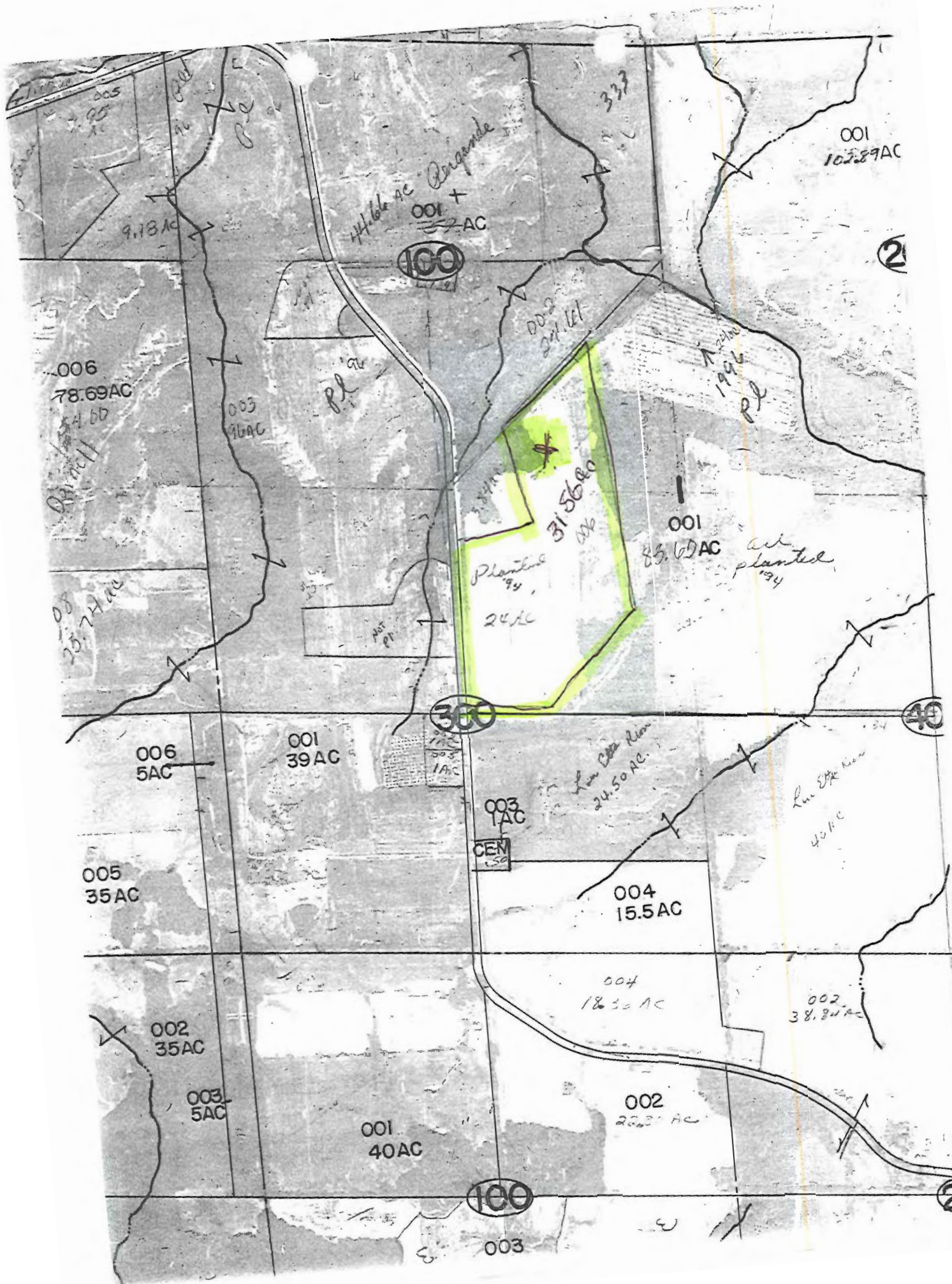
Signature of applicant: Daniel I. Mattingly
Address: 1095 Hummingbird, Rd Buncombe, IL 62912
Application date: 31 July 2007

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature]
Permit fee: $ 106.
Date permit issued: 7-31-07
Permit number: 921

Payment of $106.00 CK # 5490 received by Union County Treasurer
Date 8/07/2007
[signature] Mgr.


300
400
003
70 AC
001
39.75 AC
001
58 AC
003
3 AC
001
239 AC
200
002
11.58
AC
001
97.50AC
100
002
50 AC
003
3.29
AC
25
001
40AC
001
160AC
300
400
002
75.78AC
001
60AC
002
20AC
003
13AC
003
44.76AC
001
80AC
001
100 AC


001
103.89AC
001
85.60AC
006
78.69AC
003
16AC
001
39AC
006
5AC
003
1AC
CEN
004
15.5AC
005
35AC
002
35AC
003
5AC
001
40AC
002
003
100
300
40

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 05-18-03-325

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Kratzinger Hollow, Colden

Subdivision or Addition | Lot | Block | Census track

Legal Description: Pt W1/2 SE Attached 12-1W Sec 18 West of Road

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 8-25-07

Completion construction date Jan 1-08

8 Bed Cilla

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$278,500.00
To be installed but not included in the above cost	
a. Electrical	14,000.00
b. Plumbing	19500.00
c. Heating, air conditioning	18,000.00
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$330,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 3500
50. Total land area, sq. ft.: 2½ Acres

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: 3

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 8
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Independent Living Suites	Box 88, Anna, Il 62906		618697 1141
2. Contractor or Builder	Gary D Fuller Const	P.O. Box 589 Anna Il. 62906		
3. Architect		Floor plan & Elevation By Contractor		

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jacob Alley	810 US 51 South	7/26/07

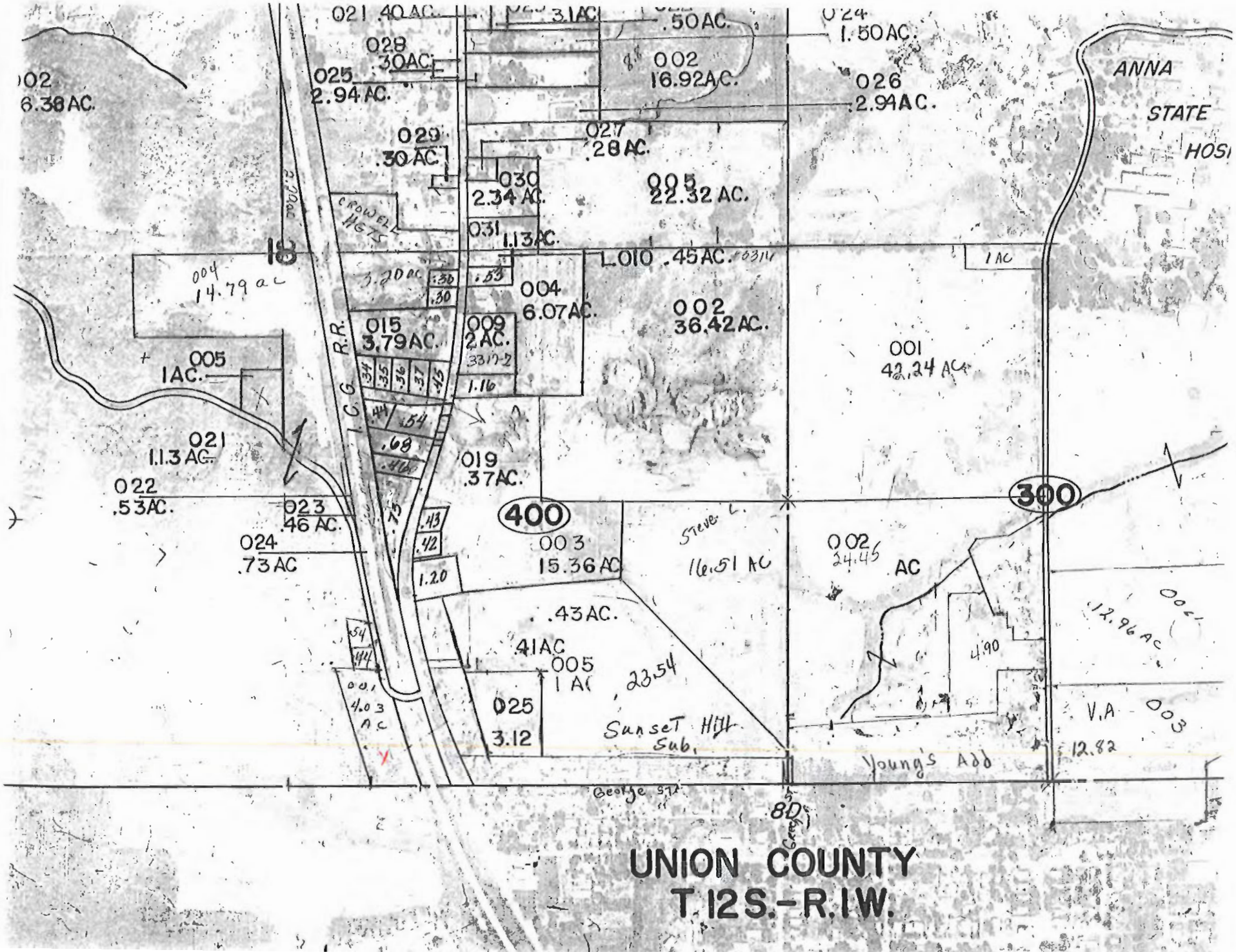
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 670.00	7-26-07	#920

Payment of $670.00 CK # 0961 received by Union County Treasurer

Date 8/07/2007

Betty L. Mayer mg.


ANNA
STATE
HOSI
CROWEL HGTS
I.C.G. R.R.
400
300
18
Sunset Hill Sub.
Young's Add
George St.
UNION COUNTY
T.12S.-R.1W.

BOOK 166 PAGE 197

CORPORATION WARRANTY DEED

STATE OF ILLINOIS
UNION COUNTY ISS
This instrument was filed for record at 9:31 o'clock A M., and
2761
OCT 26 1995
Recorded in Vol 166 page 197-
Bobby Tolen Jr. 2202
Clerk & ex-officio Recorder of Deeds

For Recorder's Use Only

THIS INDENTURE WITNESSETH, that the Grantor, **INDEPENDENT LIVING SERVICES, INC.**, a corporation duly organized and existing under and by virtue of the laws of the State of Illinois, and duly authorized to transact business in the State where the following described real estate is located, for and in consideration of the sum of One and no/100 Dollar ($1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, and pursuant to authority given by the Board of Directors of said corporation, **CONVEYS and WARRANTS** to T. RICHARD MAGER, not personally, but as Trustee pursuant to the terms of that certain Land Trust Agreement known as Independent Living Services Land Trust Number 94, dated the 1st day of July, 1994, whose address is 2001 West Main Street, Suite 101, P. O. Box 1570, Carbondale, Illinois 62903, the following described real estate, to-wit:

GENERAL DESCRIPTION: Part of the Southeast Quarter of Section 18, Township 12 South, Range 1 West of the Third Principal Meridian, Union County, Illinois.

DETAIL DESCRIPTION: Commencing at the intersection of the Westerly line of right-of-way of the Illinois Central Railroad with the South line of the said Section 18; thence Northwesterly along the said Westerly line of right-of-way, said line being the arc of a circular curve concave to the Northeast with a radius of 9649.41 feet and an internal angle of 3° 38' 28", a distance of 613.25 feet to a point; thence West along a line with a deflection angle of 71° 48.5' from the chord of the last aforesaid arc of a circular curve, a distance of 41.18 feet to a point in the Westerly line of a public road and the point of

beginning for this description; from said point of beginning thence Northwesterly along the said Westerly line of a public road; said line being the arc of a circular curve concentric with the last aforesaid arc of a circular curve with a radius of 9689.41 feet and an internal angle of 1° 30' 24", a distance of 254.78 feet to a point; thence Westerly along a line with a deflection angle of 69° 16' from the chord of the last aforesaid arc of a circular curve, a distance of 184.30 feet to a point; thence South along a line with a deflection angle of 95° 59', a distance of 270.0 feet to a point; thence East along a line with a deflection angle of 91° 00', a distance of 248.20 feet to the point of beginning;

ALSO

GENERAL DESCRIPTION: Part of the Southeast Quarter of Section 18, Township 12 South, Range 1 West of the Third Principal Meridian, Union County, Illinois.

DETAIL DESCRIPTION: Commencing at the intersection of the Westerly line of right-of-way of the Illinois Central Railroad with the South line of the said Section 18, thence Northwesterly along the said Westerly line of right-of-way, said line being the arc of a circular curve concave to the Northeast with a radius of 9649.41 feet and an internal angle of 3° 38' 28", a distance of 613.25 feet to a point; thence West along a line with a deflection angle of 71° 48.5' from the chord of the last aforesaid arc of a circular curve, a distance of 41.18 feet to a point in the Westerly line of a public road and the point of beginning for this description; from said point of beginning thence continuing Westerly along the projection of the last aforesaid line a distance of 248.20 feet to a point; thence Southerly along a line with a deflection angle of 108° 08' 44", a distance of 614.76 feet to a point in the South line of the said Southeast Quarter; thence Easterly along the said South line with a deflection angle of 72° 13' 16" a distance of 248.20 feet to a point in the Westerly line of a public road; said point being 42.02 feet West of the said intersection of the Westerly line of right-of-way of the Illinois Central Railroad with the said South line of the Southeast Quarter; thence Northwesterly along the Westerly line of the said public road, said line being the arc of a circular curve concave to the Northeast which lies 40.0 feet Westerly from, as measured on a radius of the said arc, and concentric with the said arc of the Westerly line of right-of-way of the Illinois Central Railroad, said Westerly line of the public road having a radius of 9689.41 feet and an internal angle of 3° 37' 37", a distance of 613.35 feet to the point of beginning;

BOOK 126 PAGE 199

all situated in the County of Union and State of Illinois.

The covenants of warranty of this conveyance are subject to:

1. Real estate taxes for 1994 and 1995, due and payable in 1995 and 1996, respectively; and

2. Covenants, rights-of-way, restrictions and easements of record.

PERMANENT PARCEL INDEX NUMBER: 05-18-03-325.

This transfer exempt under paragraph (e), Section 4 of the Real Estate Transfer Tax Act.

IN WITNESS WHEREOF, the Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its Corporate President, and attested by its Corporate Secretary, this 17th day of October, 1995.

INDEPENDENT LIVINGS SERVICES, INC.

(CORPORATE SEAL)

BY: Don Pippins
President

ATTEST: JoAnn Keller
Secretary

STATE OF ILLINOIS)
) SS.
COUNTY OF UNION)

I, the undersigned, a Notary Public, in and for said County and State aforesaid, do hereby certify that Don Pippins, personally known to me to be the Corporate President of the corporation who is the grantor, and JoAnn Keller, personally known to me to be the Cororate Secretary of the corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such Corp. President and Corp. Secretary, they signed and delivered the instrument as Copr. President and Corporate Secretary of the corporation and caused the corporate seal of the

BOOK 126 PAGE 200

corporation to be affixed thereto, pursuant to authority given by the Board of Directors of the corporation, as their free and voluntary act, and as the free and voluntary act and deed of the corporation, for the uses and purposes therein set forth.

Given under my hand and official seal this 17th day of October, 1995.

OFFICIAL SEAL
MELANIE LU McREYNOLDS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 4-18-98

Melanie Lu McReynolds
Notary Public

Future taxes to:
Grantee

Return this document to:
Grantee

This instrument was prepared by:
T. Richard Mager
FEIRICH/MAGER/GREEN/RYAN
2001 West Main Street, Suite 101
P. O. Box 1570
Carbondale, Illinois 62903
Telephone: 618/529-3000
g:\cnf\deed\ils.doc

765

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-10-02-174-B1

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Heern Rd.

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: Sec 10 T-11 R1W PT SE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [✓] Two or more families – *Enter number of units* 2
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 7/25/07
Completion construction date 2/27/08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement $ _____
To be installed but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
d. Other (elevator, etc.)
11. TOTAL COST OF IMPROVEMENT $85,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [✓] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 884
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full 4 / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Donna Dale Pamela Dale	705 Heern Rd Cobden IL	62920	893-2704
2. Contractor or Builder	Donald Dale	705 Heern Rd Cobden IL	62920	893-2704
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Donna Dale Pamela Dale
Address: 705 Heern Rd Cobden IL 62920
Application date: 7/20/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Cookson	$ 180.00	7-20-07	919

Payment of $180.00 CK# 765 received by Union County Treasurer

Date 5-5-08

Bailey A. Magee

UNION COUNTY Prop. 04-32-02-822-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1W S 32 14-28AC
Pt SE NW ; PT NE SW

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 07/07
Completion construction date 08/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 12500
To be installed but not included in the above cost	
a. Electrical	1200
b. Plumbing	900
c. Heating, air conditioning	800
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 11000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 384
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full _____ / Partial _____ } 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Robert V. Lintz	PO Box 455 Cobden IL	62920	(309-236-7359)
	Jonathon Lintz	PO Box 455 Cobden IL	62920	62920
2. Contractor or Builder	Cooks / Darrin Doty			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Robert Lintz
Address: PO Box 455 Cobden IL 62920
Application date: 07-18-07

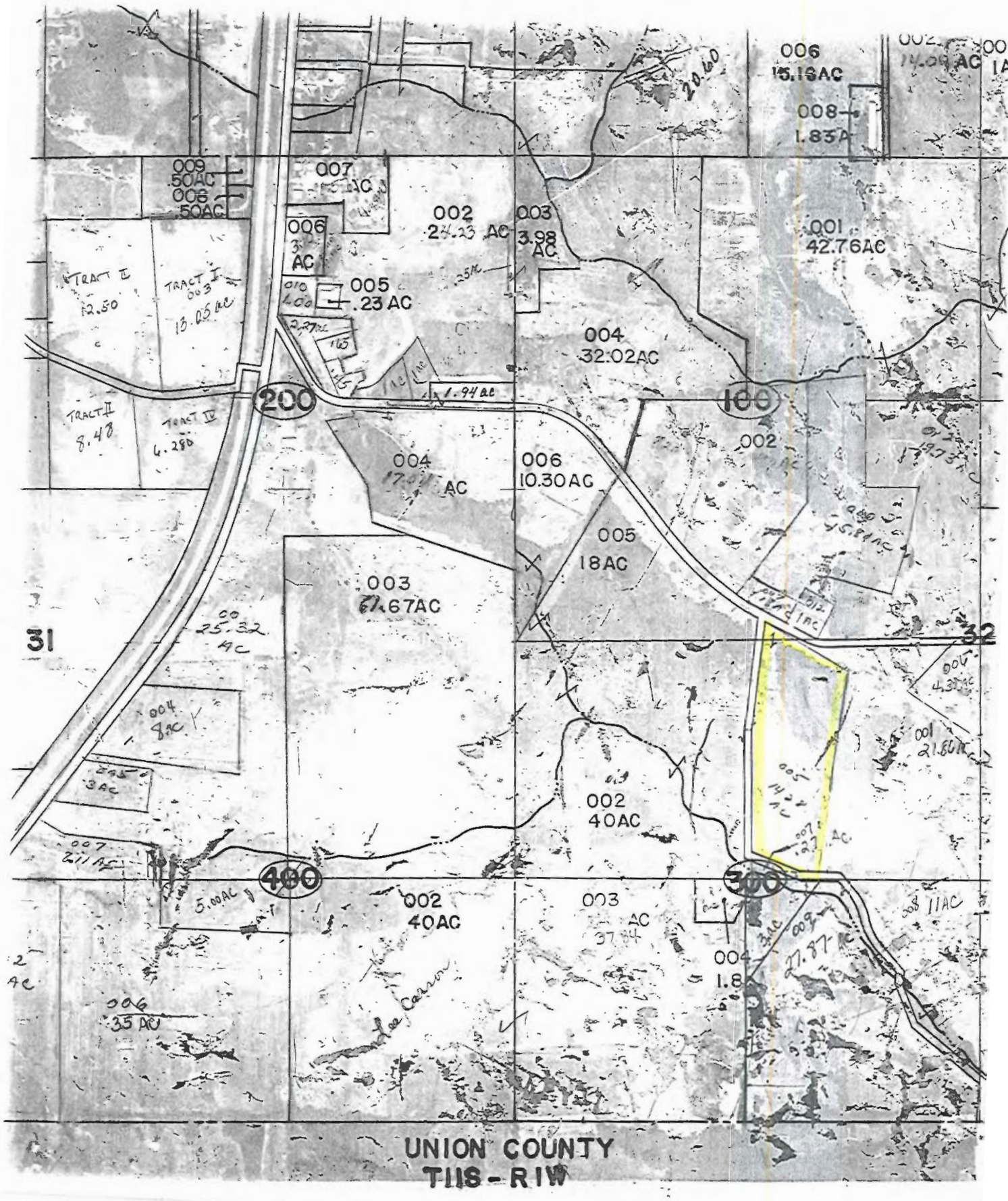
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

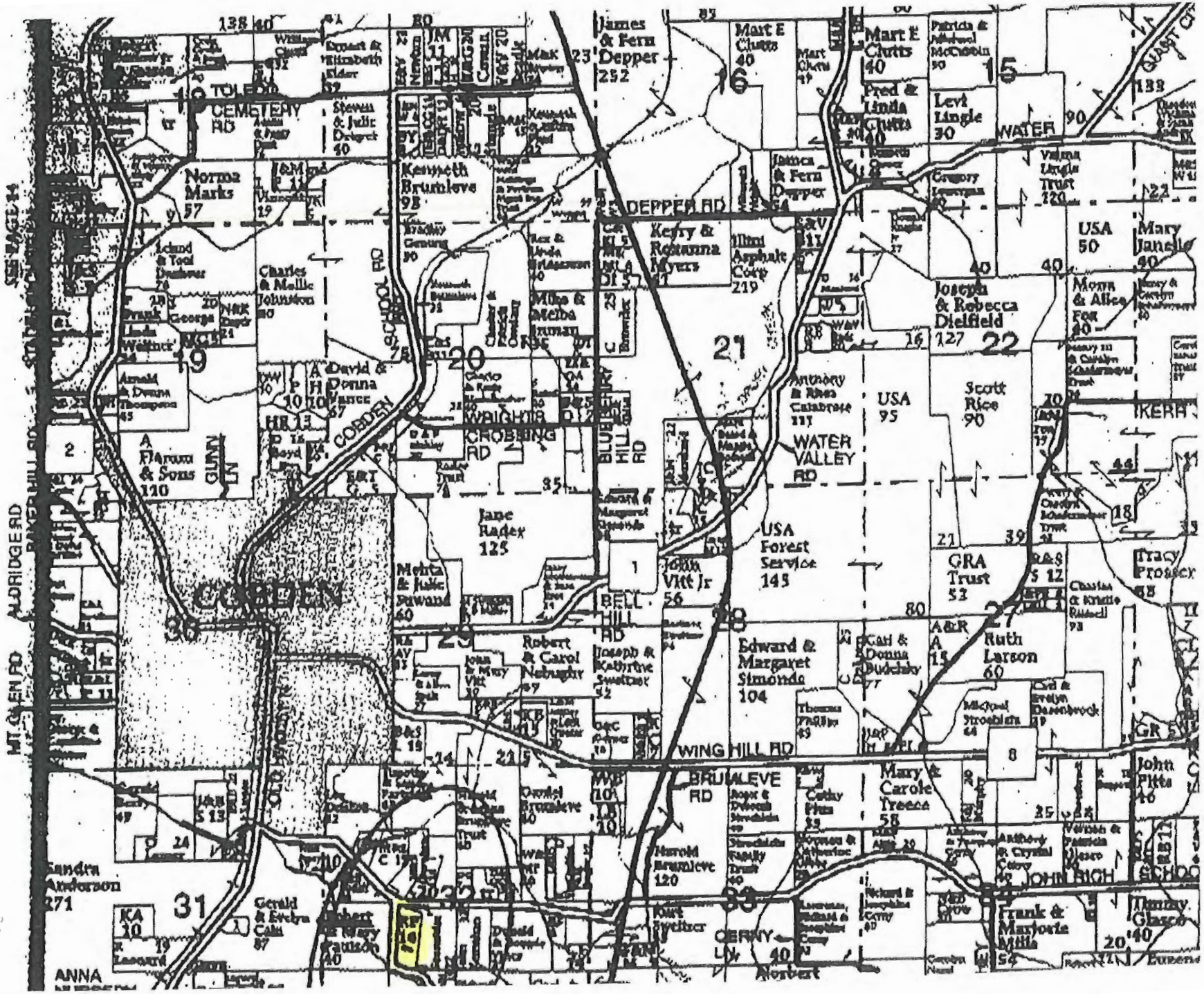
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 32.00	7-18-07	918

Payment of Cash $32.00 received by Union County Treasurer

Date 7/24/07

Bobby L. Magner
Mg.


006
15.18AC
008
1.83A
009
.50AC
006
.50AC
007
002
24.23 AC
003
3.98
AC
001
42.76AC
006
AC
005
.23 AC
TRACT I
12.50
TRACT I
13.05 AC
004
32.02AC
200
100
TRACT II
8.48
TRACT II
6.280
1.94 AC
004
AC
006
10.30AC
002
005
18AC
003
67.67AC
31
32
25.32
AC
004
8AC
3AC
002
40AC
007
2.11 AC
400
300
5.00AC
002
40AC
003
AC
37 AC
004
1.8
11AC
27.87 AC
2
AC
006
35 AC
UNION COUNTY
T11S - R1W


TOLEDO
CEMETERY RD
Norma Marks 57
Kenneth Brumleve 98
James & Fern Depper 252
Mart E Clutts 40
Fred & Linda Clutts 40
Levi Lingle 30
WATER
DEPPER RD
Kerry & Roxanna Myers 31
Illini Asphalt Corp 219
Joseph & Rebecca Dielfield 127
USA 50
Mary Janelle 40
Charles & Mellie Johnston 80
COBDEN
CHOBBING RD
BLUEBERRY HILL RD
WATER VALLEY RD
USA 95
Scott Rice 90
A Flaum & Sons 120
Jane Rader 125
USA Forest Service 145
GRA Trust 53
Tracy Prosser
Mehta & Julie Pawand 60
John Vitt Jr 56
BELL HILL RD
Robert & Carol Nebaughr
Joseph & Kathrine Swetzer 52
Edward & Margaret Simonds 104
Ruth Larson 60
WING HILL RD
BRUMLEVE RD
Mary & Carole Treece 58
John Pitts 46
Sandra Anderson 271
Gerald & Evelyn Cain 87
Robert & Mary Paulson 40
Harold Brumleve 120
Frank & Marjorie Mills 54
Tommy Glasco 40
ANNA
Norbert
ALDRIDGE RD
MT GLEN RD
SEE PAGE 14

UNION COUNTY Prop. 02-07-00-718-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 4740 Lick Creek Rd, Anna
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 12-1E 5-7 Pt SW SE 4.65 ac
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Aug 13, 07
Completion construction date Nov 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 120,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1.5
49. Total square feet of floor area, all floors, based on exterior dimensions: 1254
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3
54. Number of bathrooms: Full: 2; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jay Baity	4740 Lick Creek Rd Anna IL	62906	618 833 3852
2. Contractor or Builder	Doug Vaughan	New Saratoga Anna IL	62906	618 900 2833
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Jay Baity / Joyce Baity
Address: 4740 Lick Creek Rd Anna IL
Application date: 07/18/07

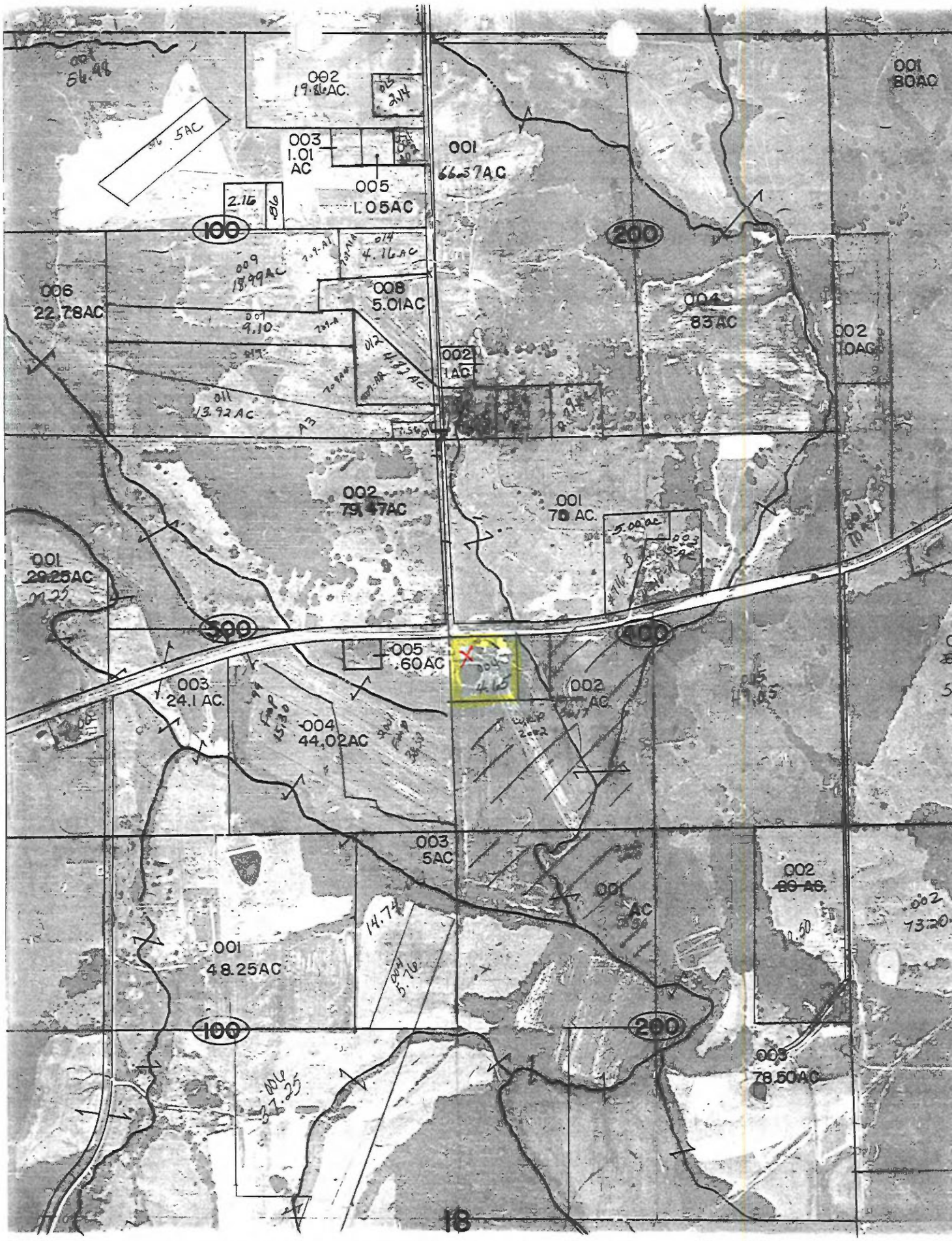
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 250.00	7-18-07	#917

Payment of $250.00 CK# 1497 received by Union County Treasurer

Date 8/7/07

Bobby D. Pittman
Mg.


002
19.86AC.
003
1.01
AC
005
1.05AC
001
66.37AC
001
80AC
100
200
006
22.78AC
009
18.99AC
008
5.01AC
004
83AC
002
1AC
002
79.47AC
001
70 AC.
001
29.25AC
300
400
005
.60AC
003
24.1 AC.
004
44.02AC
002
AC
003
5AC
001
AC
002
80 AC.
001
48.25AC
100
200
003
78.50AC

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION 10-19-06-697

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 718 Galilee Road
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: (see attached deed, survey and tax statement)
N S E (W) from intersection of Route 3 and Galilee Streets
Applicable Zoning District: agricultural

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- [X] New Building and cell tower
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* ____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* ____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* ____

Beginning construction date ____
Completion construction date ____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [X] Other – *Specify* telecommunications facility

Beginning construction date estimate in spring
Completion construction date one month later

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$40,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	N/A
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$40,000

MOBILE HOME INFO: N/A
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [X] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify ____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify ____

G. TYPE OF SEWAGE DISPOSAL N/A
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS
- 48. Number of stories ____
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 345 (equipment shelter)
- 50. Total land area, sq. ft. ____

K. NUMBER OF OFF-STREET PARKING SPACES N/A
- 51. Enclosed ____
- 52. Outdoors ____

L. RESIDENTIAL BUILDINGS ONLY N/A
- 53. Number of bedrooms ____
- 54. Number of bathrooms: Full ____ Partial ____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Verizon Wireless	10740 Nall Ave., Suite 400 Overland Park, KS 66211	(913)	344-2892
2. Contractor or Builder	TBD			
3. Architect	KJG	15 East Washington Belleville, IL 62220	(618)	234-8898

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Flood Map Panel [illegible] Design Elevation [illegible] flood

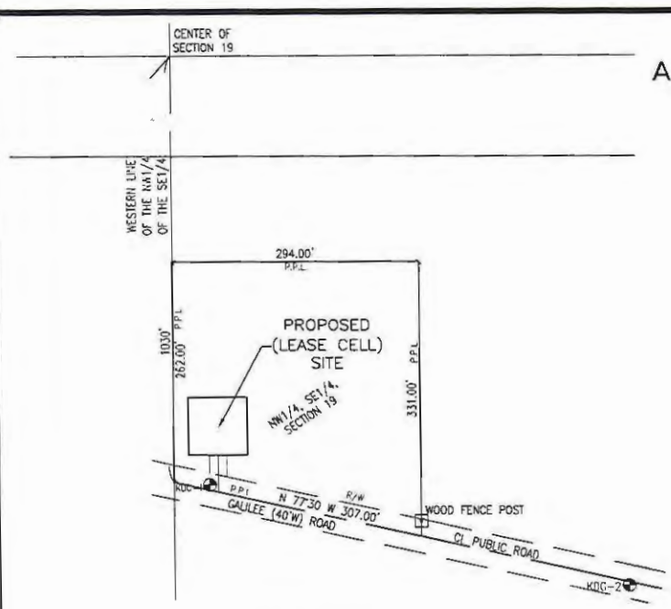
Signature of Applicant: Mike Lowchant
Dolan Realty Advisors
Address: 7718 Forsyth Blvd., Clayton, MO 63105
Application date: July 9, 2006
(314) 726-2610

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

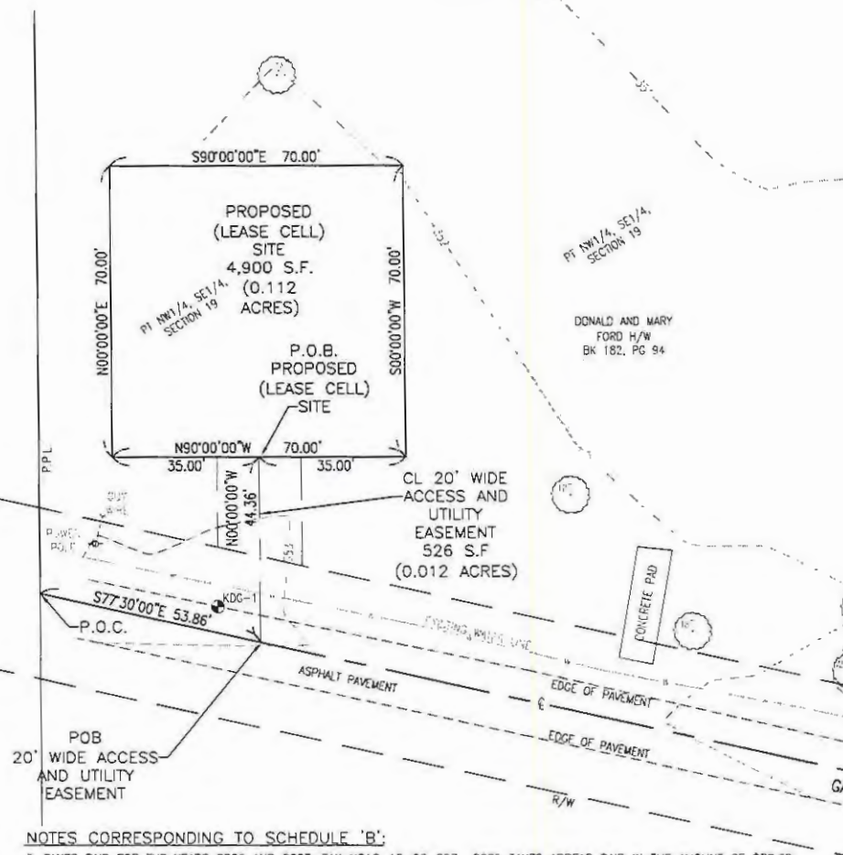
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$90.00		916

Payment of $90.00 CK# 4632 received by Union County Treasurer
Date 10/19/07
Bailey L. Myers Mag.

A TRACT OF LAND IN THE NORTHWEST QUARTER C
SECTION 19, IN TOWNSHIP 11 SOUTH, RANGE 3 WE
MERIDIAN, UNION COUNTY,



PARENT PARCEL
SCALE 1" = 100'



LEGAL DESCRIPTION (PARENT PARCEL)

COMMENCING AT THE CENTER OF THE PUBLIC ROAD ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, IN TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, AT A POINT 1030 FEET SOUTH OF THE CENTER OF SAID SECTION 19, AND RUNNING THENCE NORTH ON THE ONE-HALF SECTION LINE A DISTANCE OF 262 FEET; THENCE EAST 294 FEET; THENCE SOUTH 331 FEET, TO THE CENTER OF THE PUBLIC ROAD; THENCE NORTH 77 DEGREES 30 MINUTES WEST A DISTANCE OF 307 FEET TO THE PLACE OF BEGINNING, CONTAINING 2.01 ACRES, MORE OR LESS, SITUATED IN THE COUNTY OF UNION IN THE STATE OF ILLINOIS.

LEGAL DESCRIPTION (LEASE PARCEL)

PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, UNION COUNTY, ILLINOIS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 19, BEING 1030 FEET, MORE OR LESS, SOUTH OF THE NORTHWEST CORNER OF THE NORTHWEST QUARTER AND ON THE APPROXIMATE CENTER LINE OF GALILEE ROAD; THENCE SOUTH 77 DEGREES 30 MINUTES 00 SECONDS EAST, ALONG SAID CENTER LINE, A DISTANCE OF 53.86 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 44.36 FEET TO THE POINT OF BEGINNING OF THE LEASE CELL SITE AS DESCRIBED IN THIS PARAGRAPH; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 35.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 70.00 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 70.00 FEET; THENCE SOUTH 00 DEGREES 00 SECONDS 00 MINUTES WEST, A DISTANCE OF 70.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 35.00 FEET TO THE POINT OF BEGINNING

LEASE CELL SITE IS SITUATED IN UNION COUNTY, ILLINOIS AND CONTAINS 4900 SQUARE FEET OR 0.112 ACRES, MORE OR LESS.

BEARINGS ARE BASED ON THE ILLINOIS STATE PLANE COORDINATES SYSTEM (NAD 83), EAST ZONE

LEGAL DESCRIPTION (ACCESS & UTILITY EASEMENT)

A 20 FOOT WIDE ACCESS & UTILITY EASEMENT THROUGH PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, UNION COUNTY, ILLINOIS, AND LYING 10 FEET ON EACH SIDE THE FOLLOWING DESCRIBED CENTERLINE:

COMMENCING AT A POINT ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 19, SAID POINT BEING 1030 FEET, MORE OR LESS, SOUTH OF THE NORTHWEST CORNER OF THE NORTHWEST QUARTER AND ON THE APPROXIMATE CENTER LINE OF GALILEE ROAD; THENCE SOUTH 77 DEGREES 30 MINUTES 00 SECONDS EAST, ALONG SAID CENTER LINE, A DISTANCE OF 53.86 FEET TO THE POINT OF BEGINNING; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 44.36 FEET TO THE TERMINUS OF SAID CENTERLINE.

ACCESS & UTILITY EASEMENT IS SITUATED IN UNION COUNTY, ILLINOIS AND CONTAINS 526 SQUARE FEET OR 0.012 ACRES, MORE OR LESS.

BEARINGS ARE BASED ON THE ILLINOIS STATE PLANE COORDINATES SYSTEM (NAD 83), EAST ZONE

NOTES CORRESPONDING TO SCHEDULE 'B':

3. TAXES PAID FOR THE YEARS 2006 AND 2007. TAX N010-19-06-097 2005 TAXES APPEAR PAID IN THE AMOUNT OF $78.62. (NOT SURVEY RELATED)

4. SPECIAL ASSESSMENTS, IF ANY, NOT CERTIFIED TO THE ABSTRACTER. (NOT A SURVEY MATTER)

5. FINANCING STATEMENTS, IF ANY, NOT CERTIFIED TO BY ABSTRACTER. (NOT A SURVEY MATTER)

6. RIGHT OF THE PUBLIC, THE STATE OF ILLINOIS, THE COUNTY AND THE MUNICIPALITY IN AND TO THAT PART OF THE PREMISES IN QUESTIONS TAKEN, USED OR DEDICATED FOR ROADS OR HIGHWAYS. (DOES NOT AFFECT SITE)

7. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN OF RECORD; QUESTIONS OF SURVEY; EASEMENTS AND CLAIMS OF EASEMENTS NOT SHOWN OF RECORD. (DOES NOT AFFECT SITE)

8. RIGHTS OF WAY FOR DRAINAGE DITCHES, DRAIN TILES, FEEDERS, LATERALS AND UNDERGROUND PIPES IF ANY. (DOES NOT AFFECT SITE)

9. ACREAGE SHOWN, IF ANY, IS FOR CONVENIENCE ONLY TO IDENTIFY THE PROPERTY AND THIS COMMITMENT OR ANY POLICY, TO ISSUE. DOES NOT INSURE THE AMOUNT OF ACREAGE. (NOT A SURVEY MATTER)

N 37 32' 46.2", W 89 28' 48.8"
Galilee Rd
Damel Ln
N
W
E
S
© 2006 Navteq
©2005 Google

10-19-06-697

BOOK 182 PAGE 94

STATE OF ILLINOIS
COUNTY OF
Document was recorded
10:00 o'clock A.
1539
MAY 30 2000
Recorded in Vol. 182 Page 94-95

WARRANTY DEED

THE GRANTOR, JAMES D. RUMFELT, divorced and not remarried, of the City of Fulton, in Whiteside County, Illinois, for and in consideration of the sum of Ten Dollars ($10) and other good and valuable consideration, CONVEYS and WARRANTS to DONALD FORD and MARY FORD, husband and wife, of the Village of Grand Tower, in Jackson County, Illinois, not in tenancy in common, but in joint tenancy with full right of survivorship, the following described real estate, to-wit:

ILLINOIS REAL ESTATE TRANSFER TAX 15 58 30 THIRTY DOLLARS 30

COMMENCING AT THE CENTER OF THE PUBLIC ROAD ON THE WEST LINE OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, IN TOWNSHIP 11 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, AT A POINT 1030 FEET SOUTH OF THE CENTER OF SAID SECTION 19, AND RUNNING THENCE NORTH ON THE ONE-HALF SECTION LINE A DISTANCE OF 262 FEET; THENCE EAST 294 FEET; THENCE SOUTH 331 FEET, TO THE CENTER OF THE PUBLIC ROAD; THENCE NORTH 77 DEGREES 30 MINUTES WEST A DISTANCE OF 307 FEET TO THE PLACE OF BEGINNING, CONTAINING 2.01 ACRES, MORE OR LESS.

situated in the County of Union in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Dated this 22 day of March, 2000.

James D. Rumfelt (S.)
JAMES D. RUMFELT

182 95

ACKNOWLEDGMENT

STATE OF ILLINOIS

COUNTY OF UNION

This instrument was acknowledged before me on March 22, 2000,

by JAMES D. RUMFELT.

(NOTARY SEAL)

OFFICIAL SEAL
TINA MARIE DALTON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/08/02

Tina Marie Dalton
NOTARY PUBLIC

Tax Number: 10-19-06-697

Tax Notice to: Donald and Mary Ford
410 Main Street
Grand Tower, IL 62942

Prepared for Grantor by Mark M. Boie.
Legal description furnished and not
endorsed or guaranteed by preparer.
Title not examined by preparer.

UNION COUNTY
BOBBY G. MYERS, COLLECTOR
309 W. MARKET ST-ROOM 103
JONESBORO, IL 62952

PROPERTY NUMBER	CLASS	CODE	NUMBER	TAX NOTICE
10-19-06-697	00301	0007	58	

S19 T11 R3W
PT NW SE.

TOWNSHIP	LEVING CODE
11-3W	

LANDLOT ACRES	FARM LAND ACRES	ASSESSED TAX	LANDLOT ASSESSED	FARM LAND ASSESSED	FARM BLDG. ASSESSED	BUILDING ASSESSED	TOTAL ASSESSED
2.00			1000				1000

LANDLOT EQ.R. MULT.	FARM LAND EQ.R. MULT.	FARM BLD. EQ.R. MULT.	BUILDING EQ.R. MULT.	DEPARTMENT MULTIPLIER
				1.00000

HOMESTEAD EXEMPTION	DEPARTMENT EXEMPTED	OWNER OCCUPIED	HONORABLY VETERAN	TAXABLE VALUE
	1000			1000

M
A
I FORD DONALD & MARY
L 410 MAIN ST
T GRAND TOWER IL 62942-0000
O
PROPERTY OWNER, IF OTHER THAN ABOVE

2005 REAL ESTATE TAX

SCAFHE	1ST INSTALLMENT		2ND INSTALLMENT
	08/10/2006	DUE DATE	10/10/2006
	39.31	INSTALLMENT	39.31
		PENALTY/COST	
		TOTAL	

RETURN COMPLETE TAX BILL IF MAILED & INCLUDE STAMPED ENVELOPE IF RECEIPT IS REQUIRED

TOTAL TAX: 78.62

PROPERTY NUMBER	CLASS	NUMBER	TOWNSHIP
10-19-06-697	0030	58	11-3W

2004 RATE	2004 TAX	TAXING DISTRICT	2005 RATE	PERCENT	2005 TAX	PENSION
1.21353	11.52	COUNTY TAX	1.20319	16.8	12.04	4.72
.42406	4.02	COUNTY HOSP & BOND				
.03926	.38	SOUTHERN 7 HEALTH	.03714	.5	.38	
.02153	.20	CO-OP EXTENSION	.02098	.3	.20	
.21568	2.04	COUNTY AMBULANCE	.21497	3.0	2.14	
4.53518	43.08	COMMUNITY UNIT DIS	4.55196	63.6	45.52	2.42
		SHAWNEE VALLEY WD				
.41820	3.98	SHAWNEE COM COL'GE	.45608	6.4	4.56	.20
.04297	.40	ROAD & BRIDGE	.04085	.6	.40	
.14825	1.40	ROADS OUT VILLAGE	.14935	2.1	1.50	
.30000	2.86	FIRE DISTRICT W W	.30000	4.2	3.00	
.18932	1.80	STINSON M LIBRARY	.18735	2.6	1.88	.13
	7.00	PRESTON		-.1	7.00	
7.54798	78.68	TOTAL TAX →	7.16187	100.0	78.62	

YOU MAY BE ELIGIBLE FOR THE SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND PHARMACEUTICAL ASSISTANCE ACT. APPLICATIONS ARE AVAILABLE FROM THE ILLINOIS DEPARTMENT OF REVENUE. FOR QUESTIONS CALL: 1-800-624-2459 FOR FORMS CALL: 1-800-356-6302

BANK PAY'C MONEY ORDER CASH FARM YOUR

PROPERTY NUMBER	CODE	NUMBER
10-19-06-697	10007	58

FORD DONALD & MARY

RETURN STUB WITH PAYMENT

1

	1ST INSTALLMENT
DUE DATE	08/10/2006
INSTALLMENT	39.31
PENALTY/COST	
TOTAL	

UNION COUNTY

10.00058.2005

BANK CHECK MONEY ORDER CASH MAIL

PROPERTY NUMBER	CODE	NUMBER
10-19-06-697	10007	58

FORD DONALD & MARY

RETURN STUB WITH PAYMENT

2

	2ND INSTALLMENT
DUE DATE	10/10/2006
INSTALLMENT	39.31
PENALTY/COST	
TOTAL	

UNION COUNTY

10.00058.2005

TOTAL TAX: 78.62

Kuhlmann *design* Group, Inc.

15 East Washington Street
Belleville, Illinois 62220-2149

Telephone: 618.234.8898
Fax: 618.234.3959

KdG

June 15, 2007

FAA Great Lakes Regional Office
Air Traffic Division AGL-530
2300 East Devon Avenue
Des Plains, Illinois 60018

Re: Aeronautical Study
Verizon Communications Site
KdG Project No. 060003-0157
Site Name: IL08 Wolf Lake
Location: Galilee Road
Wolf Lake, Illinois 62998

Gentlemen:

For the subject referenced Aeronautical Study called "Wolf Lake", we certify that the following horizontal coordinates are accurate to within 50 feet ± horizontally and 20 feet ± vertically to their respective datum as noted.

(NAD 83):
Latitude: 37 degrees 32 minutes 46.08 seconds North
Longitude: 89 degrees 28 minutes 50.18 seconds West

(NAVD 88):
Site Elevation: 353.5

The horizontal datum (coordinates) are in terms of the North American Datum of 1983 (NAD 83) is expressed in degrees, minutes and seconds. The vertical data (heights) are in terms of the North American Vertical Datum of 1988 (NAD 88).

Sincerely,

Kuhlmann *design* Group, Inc.

STATE OF ILLINOIS
MICHAEL S. HUBER
IL. P.L.S. No. 2822
PROFESSIONAL LAND SURVEYOR

Michael S. Huber June 15, 2007
Michael S. Huber, IL P.L.S. No. 035-002622 Expires: 11/30/2008

ST. LOUIS | ST. CHARLES | BELLEVILLE

UNION COUNTY Prop. No. 08-23-06002-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Berryville Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: PT SW SE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [x] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 3,500
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 3,500

MOBILE HOME INFO:

Date MH was set-up:	
Make	Size 14x70 Yr. Model 1995
Previous MH Owner	Randy Mead
Previous MH Location	St John Rd
Current MH Owner	Erika Wheaton
Current MH Location	? 340 Berryville Rd
Current Land Owner	William R Womack

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [x] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Erika Wheaton	P.O. Box 875 Jonesboro Il	62952	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
X Erika Wheaton		7/11/07

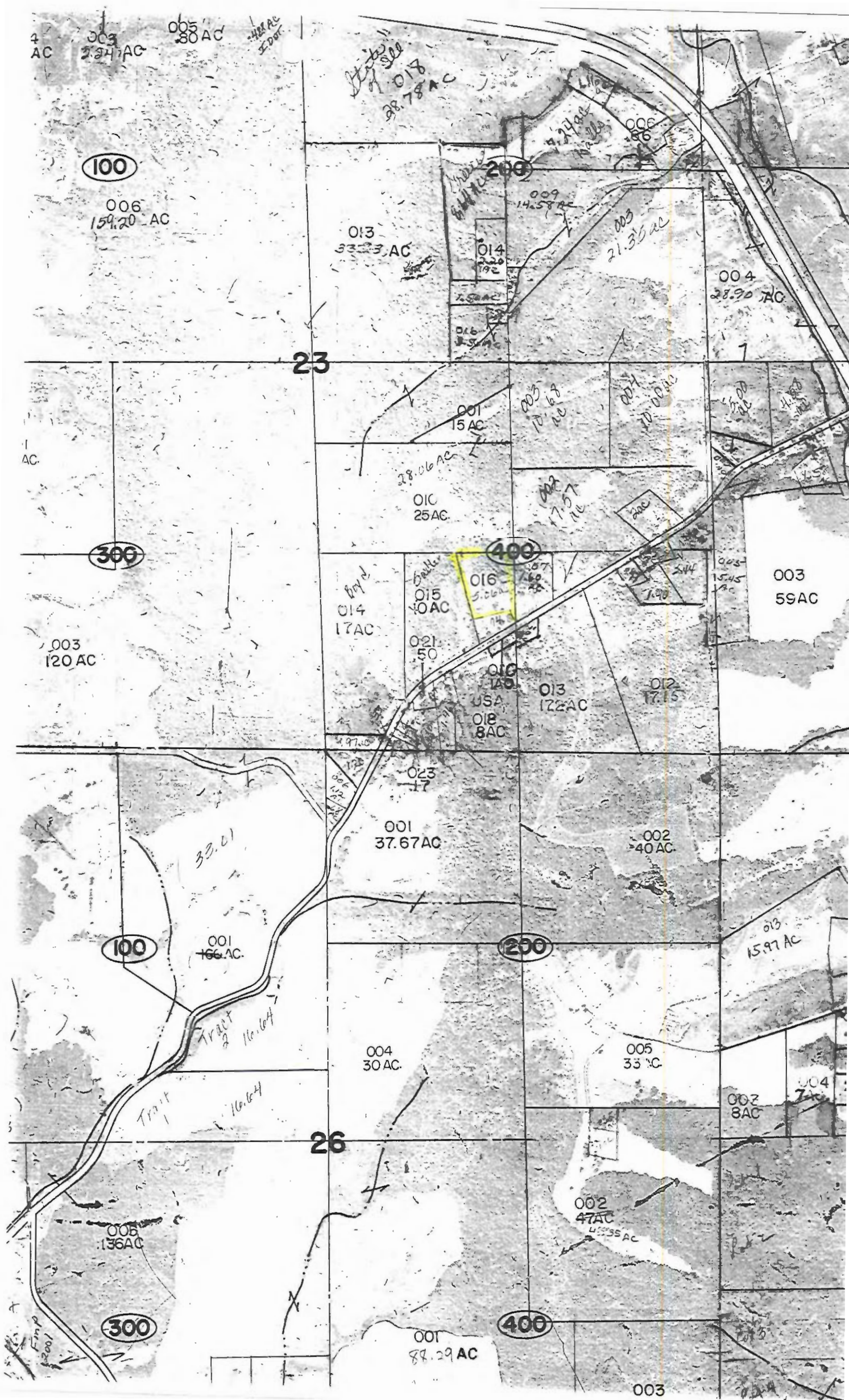
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 17.00	7/11/07	915

Payment of CK# 1057 William R. Womack received by Union County Treasurer

Date 7/24/07

Bobby H. Mayne Mg.


100
200
300
400
23
26
006
159.20 AC
013
33.23 AC
014
192
009
14.58 AC
003
21.35 AC
004
28.90 AC
001
15 AC
010
25 AC
016
5.06
015
10 AC
014
17 AC
003
120 AC
003
59 AC
021
.50
010
140
USA
018
8 AC
013
172 AC
012
17.15
023
17
001
37.67 AC
002
40 AC
001
166 AC
Tract 2 16.64
Tract 1 16.64
004
30 AC
005
33 AC
002
8 AC
002
47 AC
006
136 AC
001
88.29 AC
003

New property

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 03-15-01-607-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Moscow Rd, Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: 13-1E Sec 15 Pt SW 53.50 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Aug 1, 07
Completion construction date Sept 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 8,000.-

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL ?

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY ?

42 [ ] Public maybe later
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 30X50
50. Total land area, sq. ft.: 1500

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 2
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Kenneth G. Bartley	404 West Illinois St	62288	618
	Mary S Bartley	Steeleville Il		965-9473
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Kenneth G. Bartley

Address: 404 West Illinois St Steeleville Il 62288

Application date: 6-20-07

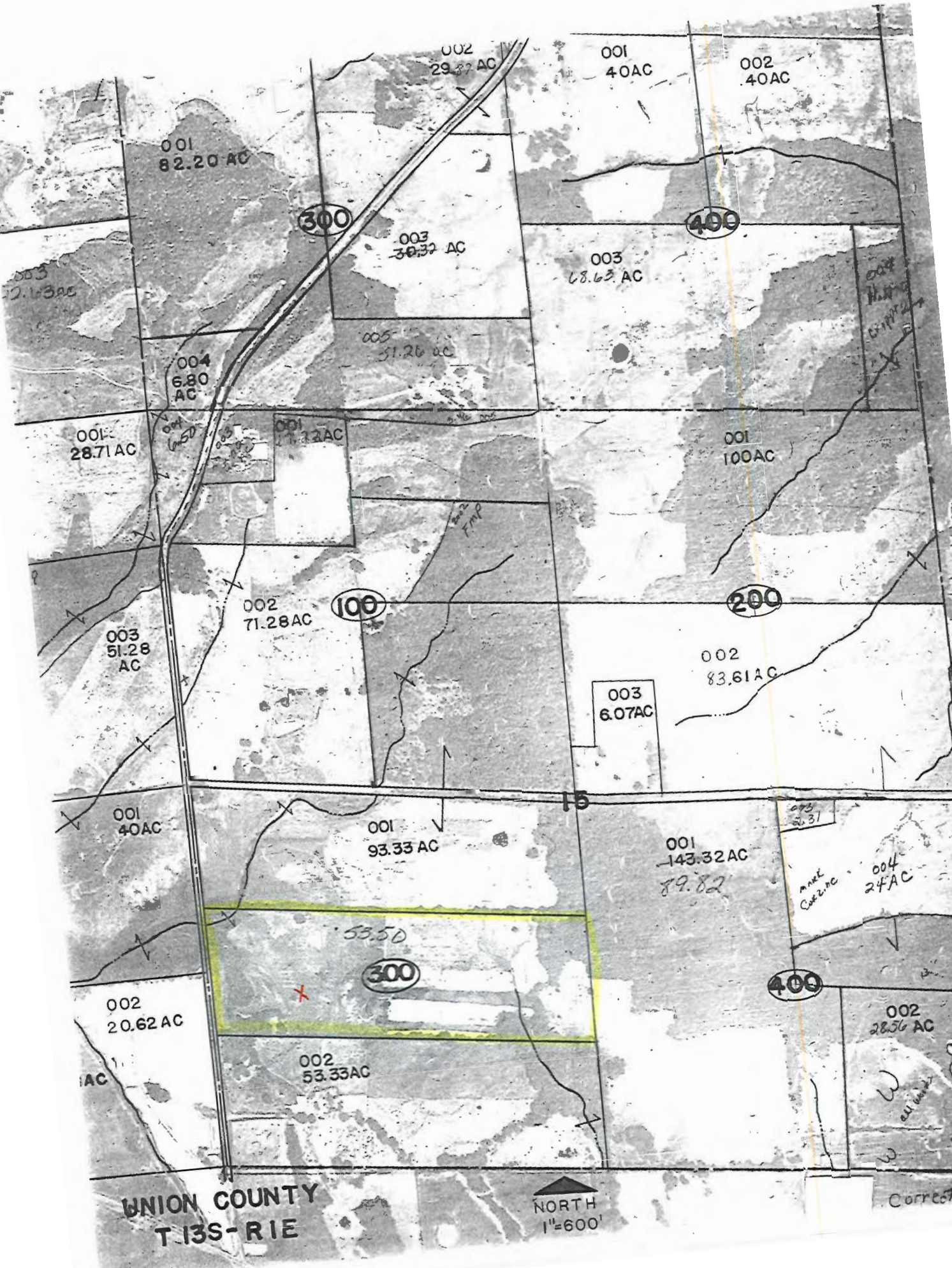
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ $76.00 (was 40.50)	7-11-07	#914

Payment of $76.00 Mary Bartley received by Union County Treasurer

Date 7/24/07

Betty L. Mayne Mg.


002
29.37 AC
001
40AC
002
40AC
001
82.20 AC
300
400
003
30.32 AC
003
68.63 AC
005
51.26 AC
004
6.80
AC
001
28.71AC
001
100AC
002
71.28AC
100
200
003
51.28
AC
002
83.61AC
003
6.07AC
15
001
40AC
001
93.33 AC
001
143.32AC
89.82
004
24AC
53.50
300
400
002
20.62AC
002
53.33AC
002
28.56 AC
UNION COUNTY
T 13S-R1E
NORTH
1"=600'

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 02-03-00-626-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 920 Texas Eastern Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 3 T 12 R 1 E NE NE E PT NW NE 55.21

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* Pole-Barn

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 32,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [✓] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 50 x 80
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Mervin Jr. + Tammy Lence	920 Texas Eastern Rd. Buncombe, IL 62912	62912	833-3510
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Tammy Lence	920 Texas Eastern Rd. Buncombe	7/9/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Del Jackson	$ 74.00		913

Payment of CK #6014 Tammy Lence received by Union County Treasurer

Date 7/24/07

Bobby L. Maguire

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 14-00-11-267

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
587 Timber Rd. Buncombe				

Legal Description: E 1/2 Lot 34 Original Plat of Mt Pleasant Lots 30, 31, 32 & 33

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 7-9-07

Completion construction date 8-1-07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 40,000

MOBILE HOME INFO:

Date MH was set-up:	
Make FLEETWOOD	Size 28X68 Yr. Model 1999
Previous MH Owner	MAX SNYDER
Previous MH Location	234 Russell Rd C'dale
Current MH Owner	ROBERT AMES
Current MH Location	
Current Land Owner	ROBERT AMES

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories _____
- 49. Total square feet of floor area, all floors, based on exterior dimensions _____
- 50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed _____
- 52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms _____
- 54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	ROBERT AMES	587 TIMBER RD BUNCOMBE	62912	697-0462
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Robert Ames	587 TIMBER RD BUNCOMBE	7-6-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 90.00	7-6-07	#912

Payment of $90.00 CK # 6356 received by Union County Treasurer

Date 7-10-07

Bobby L. Mayes Mg.

UNION COUNTY Prop. No. 08-03-05-706-B1
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2186 Rt 127 N Jonesboro
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 12-2W Pt E1/2 SW 7.87 ac
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date July 9, 07
Completion construction date Aug 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 110,000

MOBILE HOME INFO:
Date MH was set-up: July 9, 07
Make Fairmont Size 32x76 Yr. Model 2008
Previous MH Owner
Previous MH Location Marion
Current MH Owner Scott Swain
Current MH Location
Current Land Owner Scott Swain

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Scott Swain	1290 Clear Creek Levee Jonesboro, Il.	62952	618 833-4544
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Scott Swain		7-6-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$230.00	7-6-07	#911

Payment of $230.00 CK #8448 received by Union County Treasurer

Date 7/10/07

Barry S. Moore Mg.

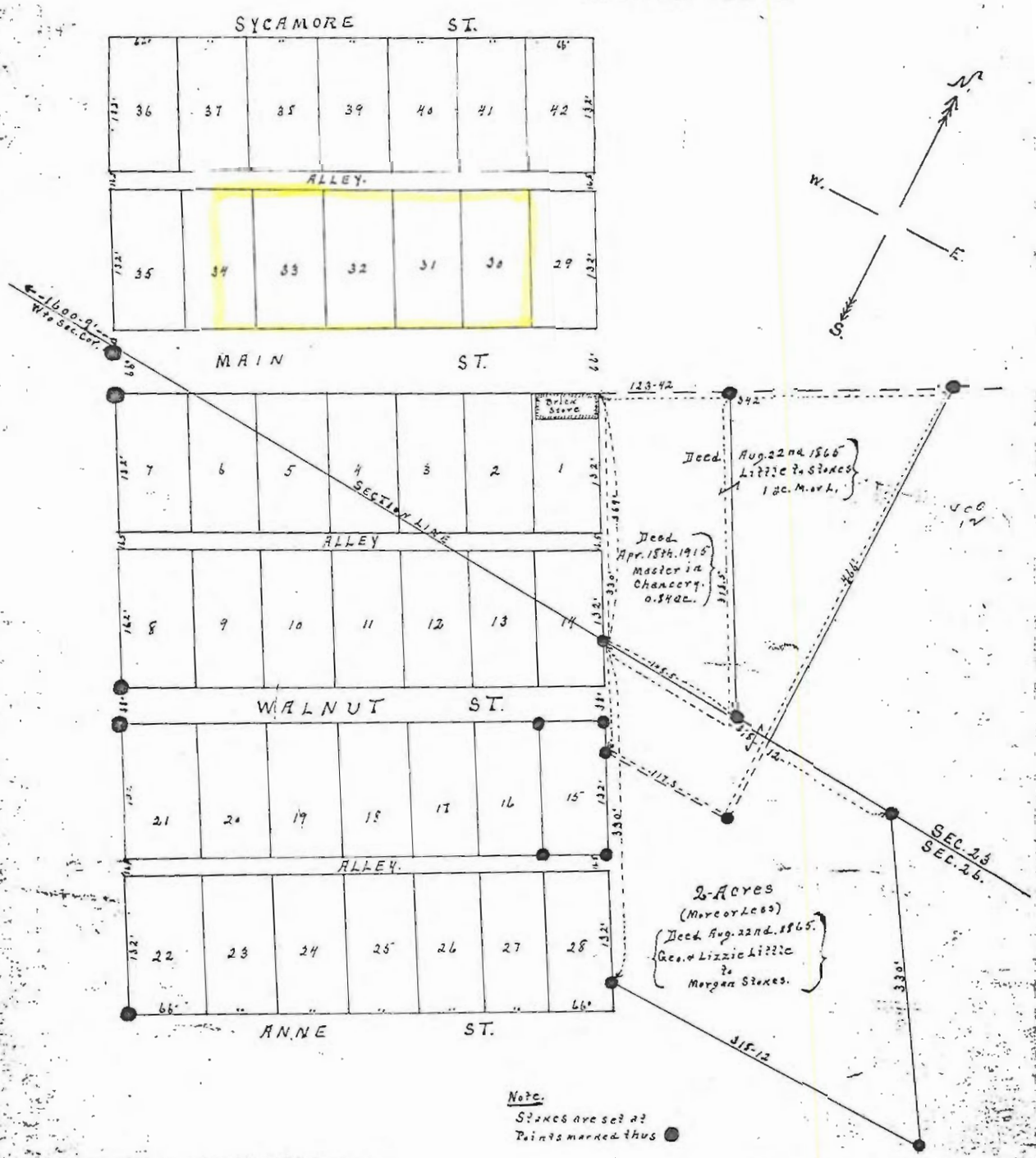
TOWN OF MT. PLEASANT —

SURVEYED by Instruction of Mrs. L. [illegible]OUT.

OLDFIELD & BRADY Co.

ENGINEERS CAIRO, ILL.

SCALE 1" = 100 FT.



Note.
Stakes are set at Points marked thus ●

I, Alf. A. Oldfield a duly qualified Civil Engineer do hereby certify that I was present at and did personally superintend the survey represented above and that said survey was made in accordance with the laws of the State and that this plat correctly represents my survey.

ALF. A. OLDFIELD.
A.M. Can. Soc. C.E.

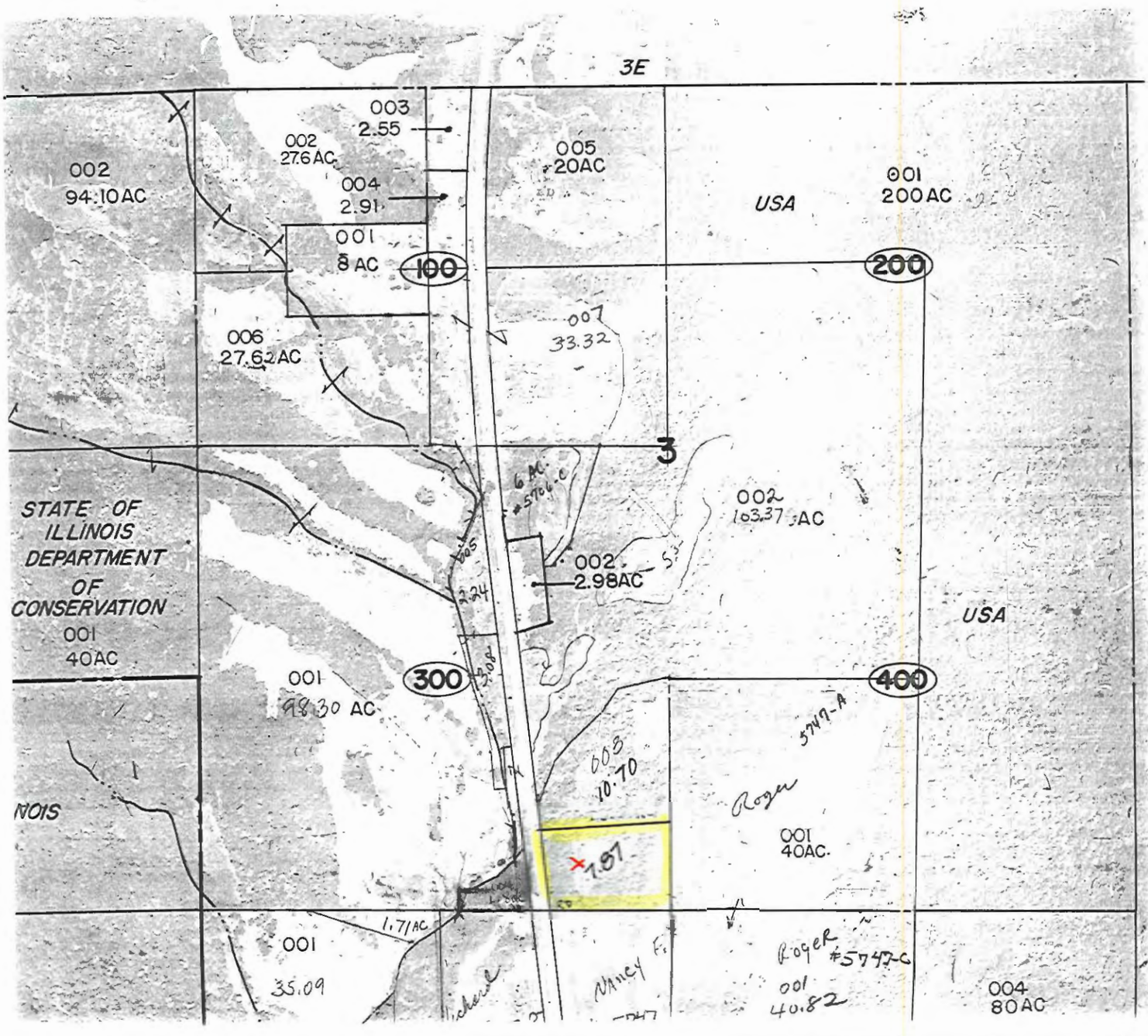
Subscribed and Sworn to before me this the 16th day of June 1915.

Jno. B. Jackson,
Notary Public.

N.P. SEAL

OLDFIELD & BRADY Co.
ENGINEERS.
CAIRO, ILL.

Book 23. Page 27. June 1915.


3E
003
2.55
002
27.6AC
004
2.91
001
8 AC
100
002
94.10AC
005
20AC
USA
001
200AC
200
007
33.32
006
27.62AC
3
6 AC
#5766-C
002
103.37 AC
STATE OF
ILLINOIS
DEPARTMENT
OF
CONSERVATION
001
40AC
002
2.98AC
USA
300
400
001
98.30 AC
5747-A
008
10.70
Roger
001
40AC.
1.07
1.7/AC
001
35.09
Roger #5747-C
001
40.82
004
80AC

UNION COUNTY Prop. . . .
BUILDING PERMIT APPLICATION 05-31-04-123-A5

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 56 Rhodes Lane
Subdivision or Addition | Lot | Block | Census track
Legal Description: 5 acres S31 T12 R1W PT NW SW 5ac.
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* . . . . . _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* . . . . . _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 115,000.

MOBILE HOME INFO:

Date MH was set-up:	currently on order
Make	For wood Bona Vista
Size	32 X 72
Yr. Model	2008
Previous MH Owner	none
Previous MH Location	none
Current MH Owner	none
Current MH Location	\
Current Land Owner	Jose Luis & Jerri Tehandon

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories . . . . . .
49. Total square feet of floor area, all floors, based on exterior dimensions . . . . . 2,085.
50. Total land area, sq. ft. . . . . .

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed . . . . . .
52. Outdoors . . . . . .

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms . . . . . .
54. Number of bathrooms { Full . . . . . / Partial . . . . . }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jose & Jerri Tehandon	56 Rhodes Lane Jonesboro, Il	62952	697-0791
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Jerri Tehandon	56 Rhodes Lane Jonesboro Il 62952	7/10/07

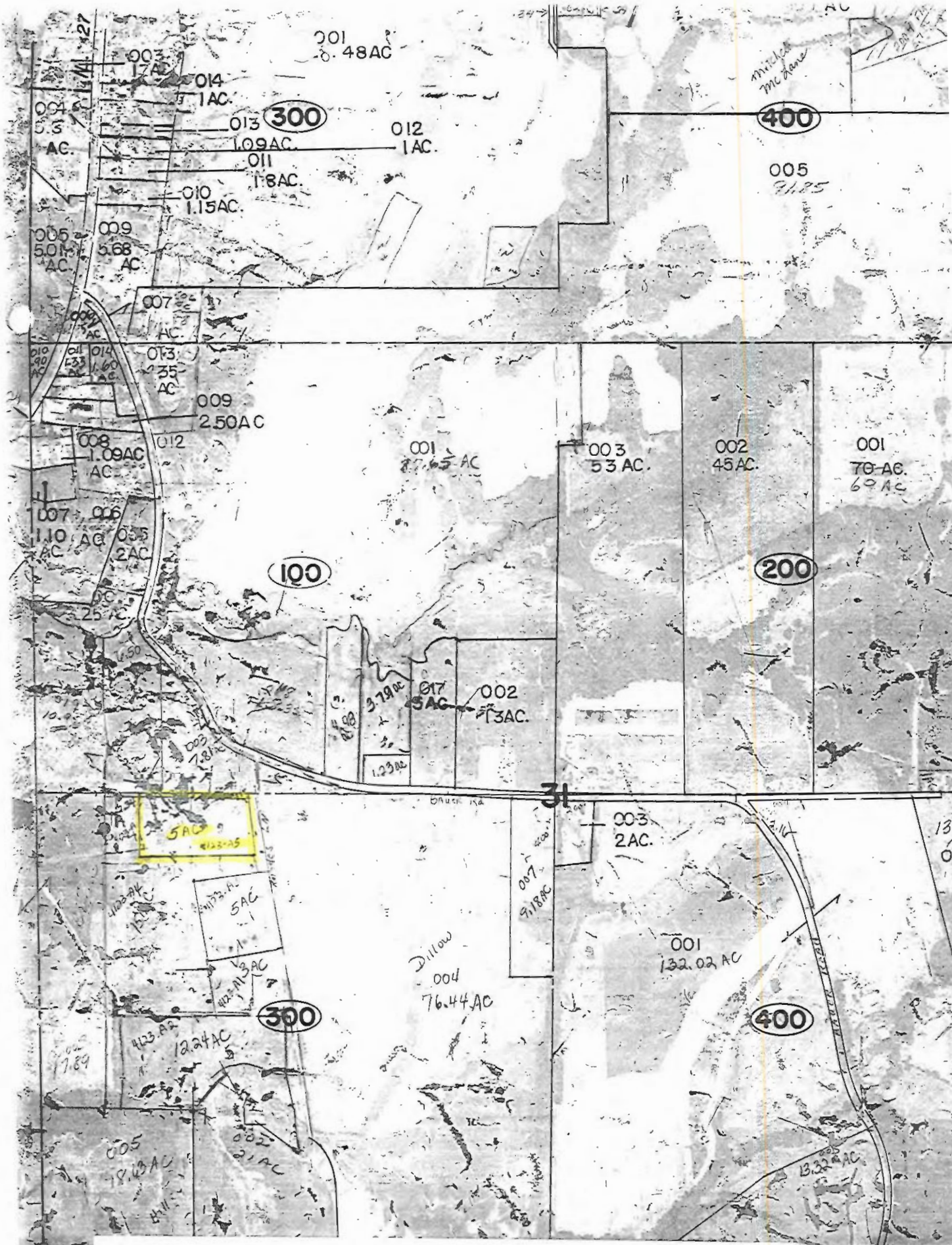
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 240.00	7/10/07	9.10

Payment of CK#3389 Jerri Tehandon received by Union County Treasurer

Date 7/24/07

Billy L. Nguyen



JOSE OR JERRI TEHANDON 10-94
LIC T535-4327-5212 OR T535-4327-2624
303 SANBORN DRIVE
ANNA, IL 62906

5289
70-1910/812

DATE 7-10-07

PAY TO THE ORDER OF Union County Treasurer $ 240.00

Two hundred forty dollars 00/100 DOLLARS

Security features included. Details on back.

Anna State Bank
P.O. Box 647
Anna, Illinois 62906

FOR Building Permit 910

Jerri Tehandon

⑆081219108⑆ ⑈46⑈143⑈1⑈ 5289

MAIN STREET CHECKS - REMEMBER WHEN

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 04-35-02-885-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 310 Quail Dr

Subdivision or Addition | Lot | Block | Census track

Legal Description: Cobden, Il. 62920

S 35 T 11 R 1 W 6.74 AC NE NW

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [x] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Addition Kitchen

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 20,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 20,000.

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [x] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [x] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 40 X 24
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms:
54. Number of bathrooms: Full: ____ Partial: ____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mart Clark Lucille Clark	310 Quail Dr Cobden, Il. " " " " "	62920	893-4366
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Lucille Clark		4-5-07

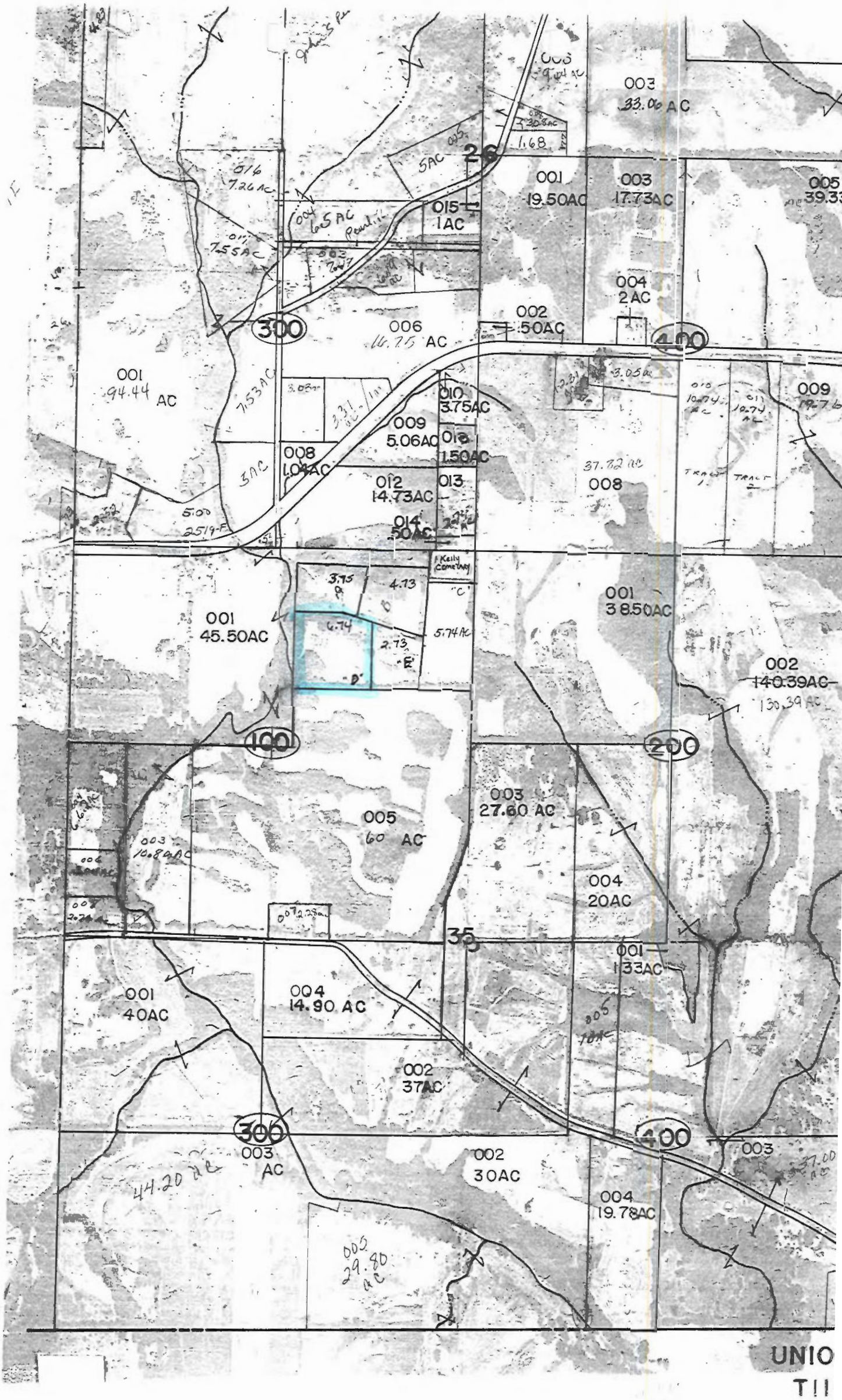
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 50.00		909

Payment of $50.00 Cash received by Union County Treasurer

Date 7-10-07

[signature] Mg.


003
33.06 AC
26
001
19.50AC
003
17.73AC
005
39.33
015
1AC
004
2AC
002
.50AC
300
006
16.75 AC
400
001
94.44
AC
010
3.75AC
009
5.06AC
008
1.04AC
012
14.73AC
013
014
.50AC
008
Kelly Cemetery
001
45.50AC
001
38.50AC
002
140.39AC
130.39 AC
100
200
003
27.60 AC
005
60 AC
004
20AC
35
001
1.33AC
001
40AC
004
14.90 AC
002
37AC
300
400
003
AC
002
30AC
004
19.78AC
003
005
29.80
AC
UNIO
T11

UNION COUNTY Prop. N
BUILDING PERMIT APPLICATION 04-26-02-533

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 4146 Winghill Rd
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: S 26 T11 R1W PT. SW SE
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [/] New Building
2 [ ] Addition (if Residential, enter number of new housing units edded, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [/] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [/] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date March
Completion construction date AUG 1, 2007

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 230,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforcad concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [/] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [/] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [/] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [/] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [/] No

J. DIMENSIONS

48. Number of stories 2
49. Total square feet of floor area, all floors, based on exterior dimensions 2300
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2 ; Partial ..... 1 }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Clay Mitchell Rita Mitchell	4146 Winghill Road Cobden IL	62920	
2. Contractor or Builder	Stone Creek Carpentry Steve Weir	Anna IL		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Rita Mitchell
Address: 427 Oak ST Cobden
Application date: 6-5-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill [illegible]
Permit fee: $ 470.00
Date permit issued:
Permit number: 908

Payment of $470.00 CK # 3713 received by Union County Treasurer

Date 7-10-07

Bailey L. Magee Treas.

001
3.60 AC
001
885AC
002
99AC
300
400
002
11 AC
003
30AC
003
5AC
004
5AC
005
8 AC
005 6.32AC
001
5.5AC
002
34.50AC
003
40AC
007
20. AC
001
3.23AC
004
40AC
100
200
004
47.50AC
006
003
33.06 AC
26
001
19.50AC
003
17.73AC
005
39.33
015
1AC
004
2AC
002
50AC
300
006
16.75 AC
400
001
94.44
AC
009
5.06AC
010
3.75AC
008
1.04AC
012
14.73AC
013
014
50AC
008
37.82 ac
001
45.50AC
001
38.50AC
002
140.39AC
100
200
003

UNION COUNTY Prop. No. 07-08-05-212-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1825 Bald Knob Rd Alto Pass
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 11-2W Sec 8 Pt SW SW
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [X] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* 2 Cabins

Beginning construction date _____
Completion construction date _____
Beginning construction date _____
Completion construction date already complete

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning ..... for both
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 40,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 24x24 @ 576 [X]
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full ..... 1 ; Partial ..... }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Joe Restivo	Po Box 172 Herrin IL	62948	559-0806
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Joe Restivo
Address:
Application date: 7-5-04

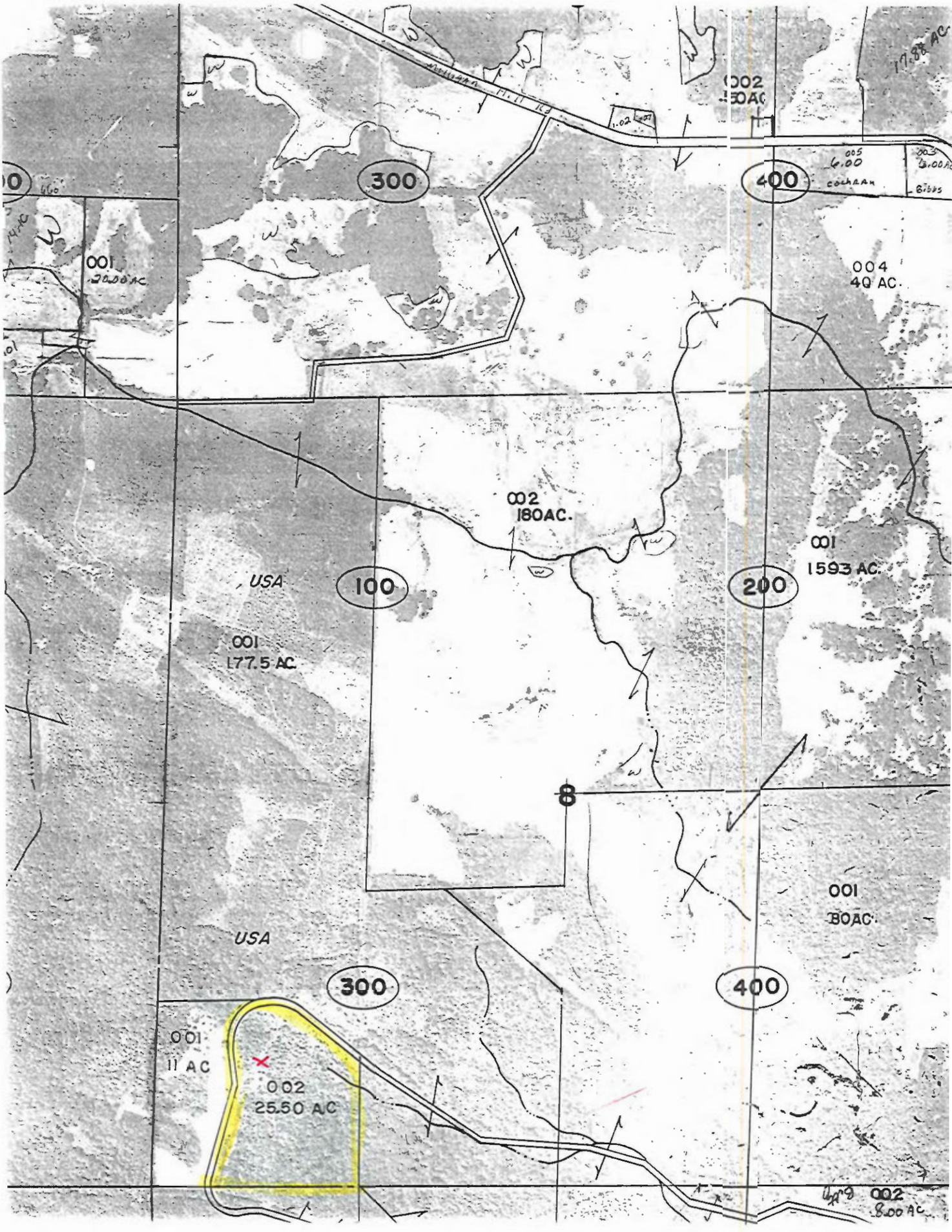
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 90.00
Date permit issued: 7-5-04
Permit number: # 907

Payment of $90.00 Ck # 1088 received by Union County Treasurer

Date 7-10-07

Bobby L. Magers


300
400
002
180AC
001
1593 AC
004
40 AC
100
200
USA
001
177.5 AC
8
001
80AC
USA
300
400
001
11 AC
002
25.50 AC
002
8.00 AC

UNION COUNTY Prop. 05-22-03-774-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Poole Lane
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-1W Sec. 22 Pt SESE 7.19 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____
already placed

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of Improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 11,000

MOBILE HOME INFO:
Date MH was set-up: 6-8-07
Make Champion Size 24x48 1152 Yr. Model 1995
Previous MH Owner
Previous MH Location Marion
Current MH Owner Lyn Crabtree
Current MH Location 05-22-03-774-A
Current Land Owner Lyn Crabtree

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Lyn D Crabtree	3010 State Rt 146 E, Anna IL	62906	833-6070
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
D. Lyn Crabtree		7-3-04

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	32.00	7-3-04	#906

Payment of #32.00 CK #5565 received by Union County Treasurer

Date 7-10-07

Bailey A. Mayne Mg.

8B
CITY LIMIT
003
47AC.
3754
001
AC.
014
18.03
005
10.57
CITY
100
200
004
29.77AC.
#3755
#3761
003
5AC.
3755-A
001
~~212.94~~ AC
227.02
009
.50AC.
DWIGHT
22
UD3
30.09 AC
#3761-A
002
~~40 AC.~~
34.02
3.44 AC
003
68.5AC.
#3715
IL. 146
002
9.28 AC
001
51.09AC.
3765
004
2.01AC.
3764
400
300
Hickory Lake
Estates
003
58 AC.
006
38.56AC.
005
1 AC.
007
5AC
002
40 AC.
003

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 14-00-11-424-B

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
80 Lakeview ST	Kendleman			

Legal Description: Lot 4 and South Part of Lot 5 Block E Kendleman Subdivision

N S E (W) from Intersection of Rt 3 and Lakeview ST Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 7-15-07

Completion construction date 9-15-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 28980.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify NONE IN GARAGE

G. TYPE OF SEWAGE DISPOSAL

40 [X] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [ ] Yes 45 [X] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	2494
50. Total land area, sq. ft.	16,000

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	N/A
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	N/A
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	N/A.

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Gerhardt Schaefer	P.O Box 133 Wolf Lake, IL	62998	618 8338224
	Sharon Schaefer	P.O Box 133 Wolf Lake IL	62998	8338224
2. Contractor or Builder	Tony Panici			
3. Architect	NONE			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Gerhardt Schaefer	P.O Box 133 Wolf Lake IL	6-26-07

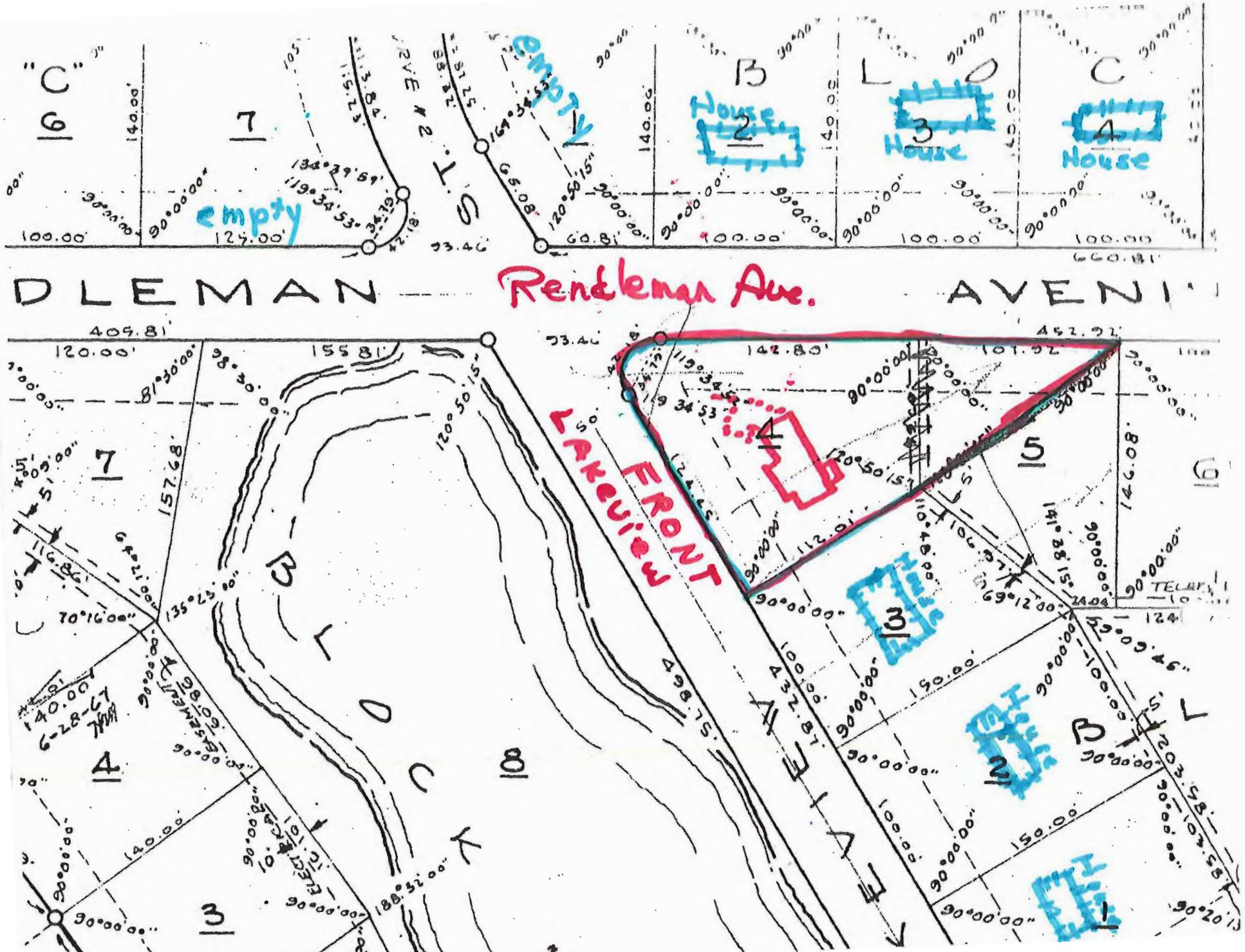
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 67.96		905

Payment of #67.96 CK #1602 received by Union County Treasurer

Date 7/10/07

Bally S. Nelson


"C"
6
7
empty
empty
1
B
House
2
L
House
3
C
House
4
DLEMAN
Rendleman Ave.
AVENI
FRONT
Lakeview
BLOCK
8
4
5
7
4
3
2
1
6

WET FLOODPROOFING VARIANCE APPLICATION FORM

Property Owner or Applicant

Name: Gerhardt and Sharon Schoefer

Address: P.O Box 133 80 Lakeview ST

City: Wolf Lake State: IL Zip: 62998

Phone: (home) 618 833-8224 (work) 618-833-5408

Address of subject property (if different from above):

Parcel (tax) Identification Number 1400-11-424-R

Legal Description: Lot 4 and part of Lot 5 Rendleman Subdivision Wolf Lake, IL

Size of Subject Parcel (contiguous parcel under on ownership): 1 1/3 LOT

Floodplain Map Panel Number: 170656 0125B

The Following Items Should Be Submitted With This Application:

1. Elevation survey of the subject site certified by an Illinois Licensed Land Surveyor, Registered Engineer, or local official authorized by local code to provide floodplain management information. The survey should include elevations for the proposed improvements and ground elevations at the proposed site.

2. A copy of the FEMA floodplain map outlining the proposed site.

3. Copies of any applicable state or federal permits.

4. Construction plans for the proposed structure including details of permanent openings, utilities, electrical, etc.

QUALIFICATION FOR A VARIANCE

A. Building type (check one):

1. Accessory structure (garage or shed) Garage

2. Agricultural structure _____
   a. Farm storage (machinery or equipment) _____
   b. Grain bin _____
   c. Corn crib _____
   d. Livestock (open on at least one side) _____

B. Construction Requirements:

1. Is the building designed with permanent openings (one inch for every square foot of enclosed area subject to flooding) for the automatic entry and exit of flood waters?
   yes no IF Garage doors are open

2. Is the building constructed with flood resistant materials:
   yes no

3. Are all incoming electrical lines above the base flood elevation?
   yes no

4. Are the main electrical switch boxes above the base flood elevation?
   yes no

5. Is all heating, ventilating, plumbing, or mechanical equipment elevated above the base flood elevation or designed for quick disconnect and removal?
   yes no

6. Is the building used only for parking or limited storage?
   yes no

7. Is the building anchored to resist flotation, collapse, and lateral movement?
   yes no

C. Technical Information:

1. Base Flood Elevation at subject site _____

2. Lowest floor elevation (including basement) of proposed structure 354

VARIANCE BOARD DETERMINATION

The variance board can not vary the regulation of its floodplain ordinance unless they make findings based upon evidence admitted in each specific item below.

The variance board shall fill out the findings of fact and keep on file with the application.

A. The proposed development cannot be located outside of the Special Flood Hazard Area (SFHA) because:

_____
_____
_____
_____

B. The applicant has good and sufficient cause for requesting the variance and will suffer sufficient hardship (other than for financial or convenience reasons, personal preference, or aesthetics) should the variance be denied. The hardship is:

_____
_____
_____
_____

C. The variance will not cause increased flood heights, additional threats to public safety, extraordinary public expense, create a nuisance, cause fraud on or victimization of the public, or conflict with existing local laws or ordinances.

_____
_____
_____
_____

D. The variance is the minimum necessary, considering the flood hazard to afford relief. Document any additional measures taken to minimize potential flood damages.

_____
_____
_____
_____

E. List any specific actions to grantee of the variance will perform expeditiously in the event of a flood to minimize flood damage (disconnect utility hood ups, remove motors and blowers, relocate animals, move equipment, etc.).

_____
_____
_____
_____

Based on the findings developed above, the granting body votes _____ayes to _____nays to _____ (approve or deny) this variance application.

Certified by: _____ _____
Chairman-Variance Board Date

** Note - the building should be inspected by the county permit official to certify that the structure does comply with the conditions of this variance. Failure to comply could result in fines or penalties as outlined in the Floodplain Development Ordinance.

The building has been inspected and does comply with the conditions of this variance.

_____ _____
Permit Official Date

VARIANCE NOTIFICATION/CERTIFICATION

The _____ County Variance Board at the _____, 20__ meeting have approved the request to vary from the elevation requirements of the Floodplain Development Ordinance.

In accordance with the variance procedure outlined in the Floodplain Ordinance, notification is hereby given that by granting this variance:

1. The grantee of the variance will be subject to high flood insurance costs as a result of not complying with National Flood Insurance Program regulations; and,

2. The grantee of the variance will be subject to increased risks to life and property.

I acknowledge these risks and proceed assuming any and all risk and liability.

_____ _____
Grantee Date

_____ _____
Chairman-Variance Board Date

14-00-11-446-S

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 14-00-11-446-S

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Little John Ln., Anna, IL	Sherwood Estates	19		

Legal Description

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [✓] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date Aug. 1st 2007
Completion construction date March 2008

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 275,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 275,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [✓] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [✓] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: Approx. 2900 3200
50. Total land area, sq. ft.: 1 acres (43,560 sq. ft. of it)

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 4
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Bigler	309 W. High Anna, IL	62906	697-2815
	Lisa Bigler	Same		697-1621
2. Contractor or Builder	R.H. Klaus Construction	1356 N 7th Murphysboro, IL	62966	618-687-219.
3. Architect	N/A			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	309 W. High Anna	6/27/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 560.00		904

Payment of $560.00 Cash received by Union County Treasurer

Date 7/10/07

Bailey S. Moore
Mgr.

UNION COUNTY Prop. . . . 05-05-03-005
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description S5 T12R1W
E1/2 NESE,
E OF CACHE CREEK W1/2 NESE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* . . . . . _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* . . . . . _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 55,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 55,000

MOBILE HOME INFO:

Date MH was set-up:	7-16-07
Make	Size 28 X 70 Yr. Model 2007
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1960
49. Total square feet of floor area, all floors, based on exterior dimensions . . . . . _____
50. Total land area, sq. ft. . . . . _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed . . . . . _____
52. Outdoors . . . . . _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full . . . . . 2 / Partial . . . . . _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CLARENCE GLASCO + LEAN	2875 US HIGHWAY 51N ANNA IL	62906	893 4647
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. C L G

Signature of applicant	Address	Application date
Clarence Glasco	2875 US HIGHWAY 51N	6-22-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

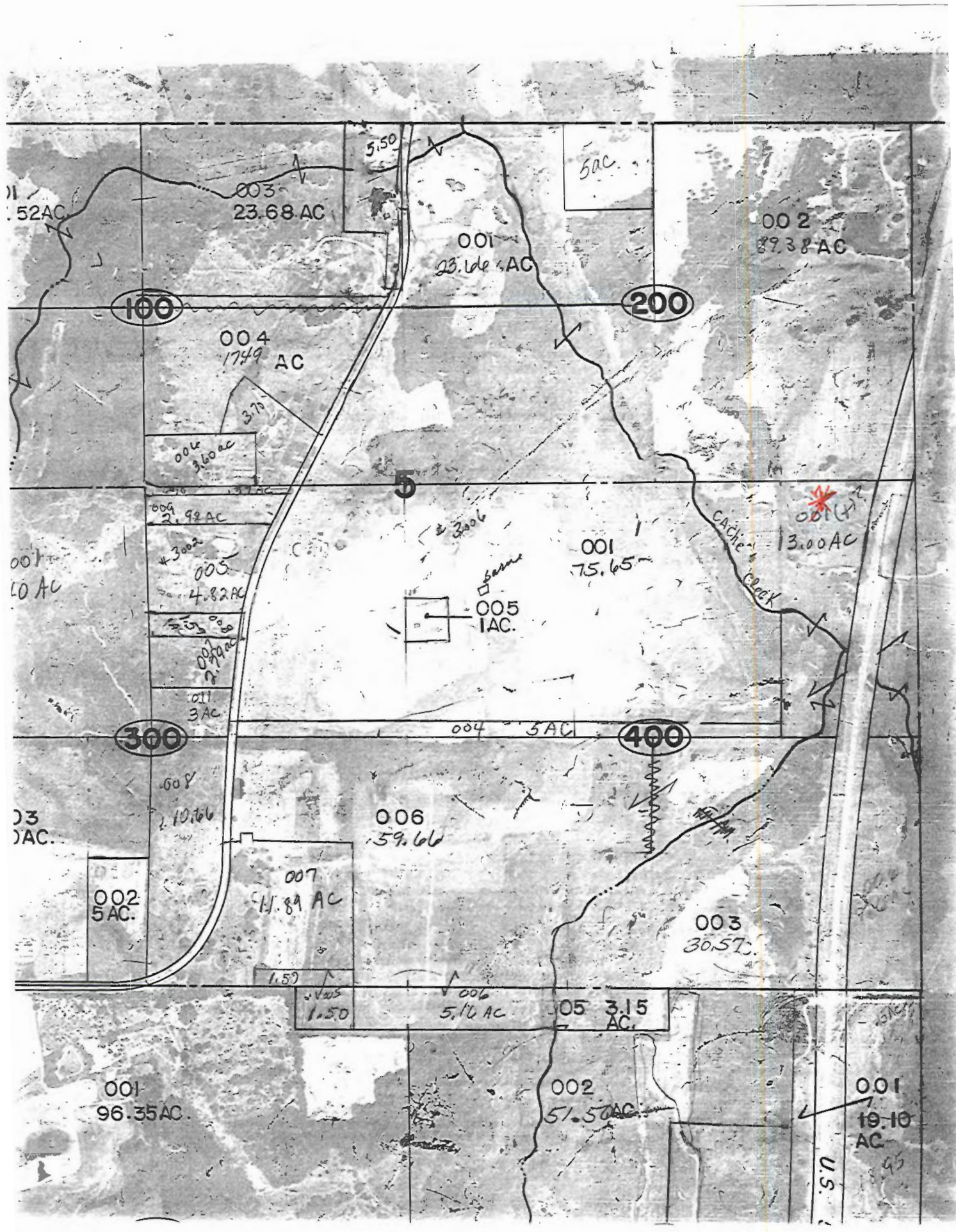
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 120.00	1	903

Payment of $120.00 Cash received by Union County Treasurer

Date 7/19/07

Bettye L Mayes Mg.

X Paid


5.50
003
23.68 AC
5AC.
001
23.66 AC
002
89.38 AC
100
200
004
17.49 AC
3.70
006
3.60 AC
5
009
2.92 AC
3002
005
4.82 AC
3006
001
75.65
Cache Creek
001(X)
13.00 AC
005
1AC.
007
2.79 AC
011
3AC.
004 3AC
300
400
008
10.66
006
59.66
002
5AC.
007
11.89 AC
003
30.57
1.50
1.50
006
5.16 AC
005 3.15
AC.
001
96.35 AC.
002
51.50 AC.
001
19.10
AC.
U.S.

UNION COUNTY Prop. I. 02-18-00-912-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2210 Campground Rd., Anna
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 12-1E Sec 18 - N½ SW, S½ NW S 198.68 ac
SPT NW NE, WPT SW NE, SE PT NE NW
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* pole barn concrete pad

Beginning construction date 6-25-07
Completion construction date 10-25-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions: 720 24x30
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Wendel D. Davis	2210 Campground RD ANNA Il	62906	614-2061
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Wendel D. Davis	2210 Campground Rd Anna Il. 62906	6-20-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 18.00	6-2-07	#902

Payment of #18.00 CK #469 received by Union County Treasurer

Date 7/10/07

Betty L. Mayer Treas.

PROP. NO. 01-20-00-218

UNION COUNTY
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1525 Rocky Comfort | Subdivision or Addition | Lot | Block | Census tract

N (S) PT N 1/2 NE 520 T11 R1E N S

E W side of _____ Street E W from intersection of _____ and _____ Streets

65.16' ac Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [■] Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8 [■] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more family – *Enter number of units* → _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* → _____
15 [ ] Garage
16 [ ] Carport
17 [■] Other – *Specify* addition to workshop

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST (Estimated)

	(Omit cents)
10. Cost of improvement	$ 3,000-
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 3,000.-

Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [■] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – *Specify* _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [■] Electricity ?
38 [ ] Coal
39 [ ] Other – *Specify* _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [■] No

Will there be an elevator?
46 [ ] Yes 47 [■] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: _____
50. Total land area, sq. ft.: 8 X 16 128 sq

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: _____
52. Outdoors: _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner	Ray Bush	1525 S. Rocky Comfort Rd	62958	618 493-7661
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

Signature of applicant	Address	Application date
R. Ray Bush	same as above	6-18-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 16.00		901

Payment of $16.00 Cash Receipt #0005609 Received by Union Co. Treasurer

Date 6-21-07 Barry L. Meyer mg.

New parcel

UNION COUNTY Prop. BUILDING PERMIT APPLICATION

part of #04-31-02-792

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 4130 Old Hwy 51 N. Cobden

Subdivision or Addition | Lot | Block | Census track

Legal Description: 11-1W Sec 31 PT. SW SE . 26.00

N S E W from intersection of ____ and ____ Streets

Applicable Zoning District ____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (Individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [ ] One family
- 13 [ ] Two or more families – *Enter number of units* ____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* ____
- 15 [X] Garage 1050 ☑
- 16 [ ] Carport
- 17 [X] Other – *Specify* livingroom 4800 ☑

Beginning construction date 6-25-07

Completion construction date 8-25-07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* ____

Beginning construction date ____

Completion construction date ____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$25,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify ____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify ____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories ____
- 49. Total square feet of floor area, all floors, based on exterior dimensions ____ 1530 ☑
- 50. Total land area, sq. ft. ____

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed ____
- 52. Outdoors ____

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms ____
- 54. Number of bathrooms: Full ____ Partial ____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Matthew Ahlberg Kristen Ahlberg	4130 Old Hwy 51 N Cobden, IL	62920	(618) 889-0841
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Kristen Ahlberg

Address: 4130 Old Hwy 51 N Cobden IL 62920

Application date: 6-18-07

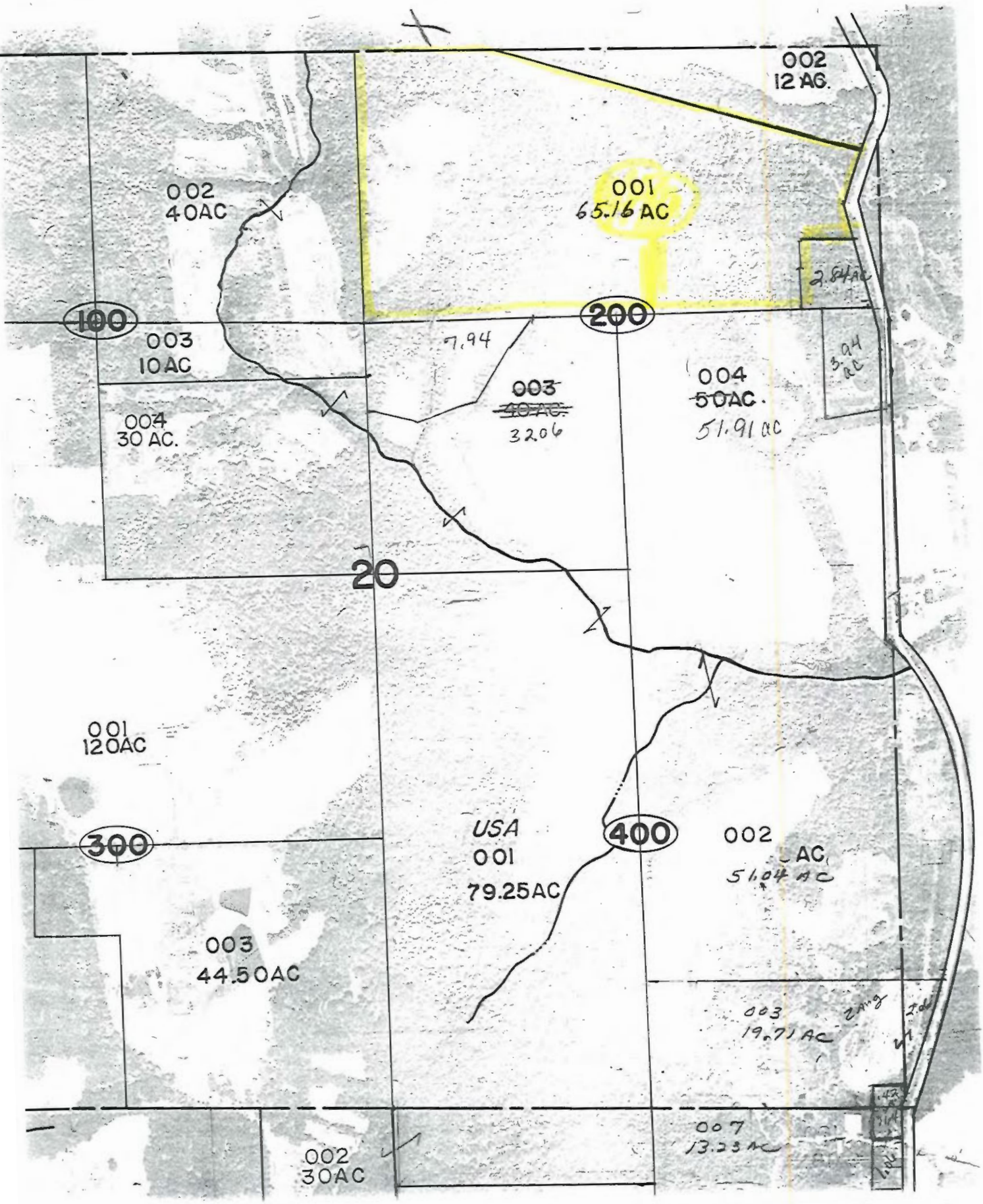
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$60.00	6-18-07	#900

Payment of $60.00 CK # 3208 received by Union County Treasurer

Date 6-21-07

Barry J. Mann


002
12 AC.
002
40AC
001
65.16 AC
2.84AC
100
200
003
10AC
7.94
003
~~40AC~~
32.06
004
~~50AC~~
51.91 AC
3.94 AC
004
30 AC.
20
001
120AC
USA
001
79.25AC
400
002
51.04 AC
300
003
44.50AC
003
19.71 AC
007
13.23 AC
002
30AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-10-05-247

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 8515 STATE RT 127

Subdivision or Addition | Lot | Block | Census track

Legal Description: S10 T11 R2W PT NW W of ROAD

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [x] Other – *Specify* Fruit Cooler Pole Building

Beginning construction date _____

Completion construction date _____

Beginning construction date 6-13-07

Completion construction date 6-30-07

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 30,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [x] Other – Specify Pole Building

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [x] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 40x40 1,600
50. Total land area, sq. ft.: 1,600

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	PAUL RENZAGLIA	P.O. BOX 51, ALTO PASS, IL.	62905	618-893-4898
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant [signature] | Address: Same | Application date: 6-13-07

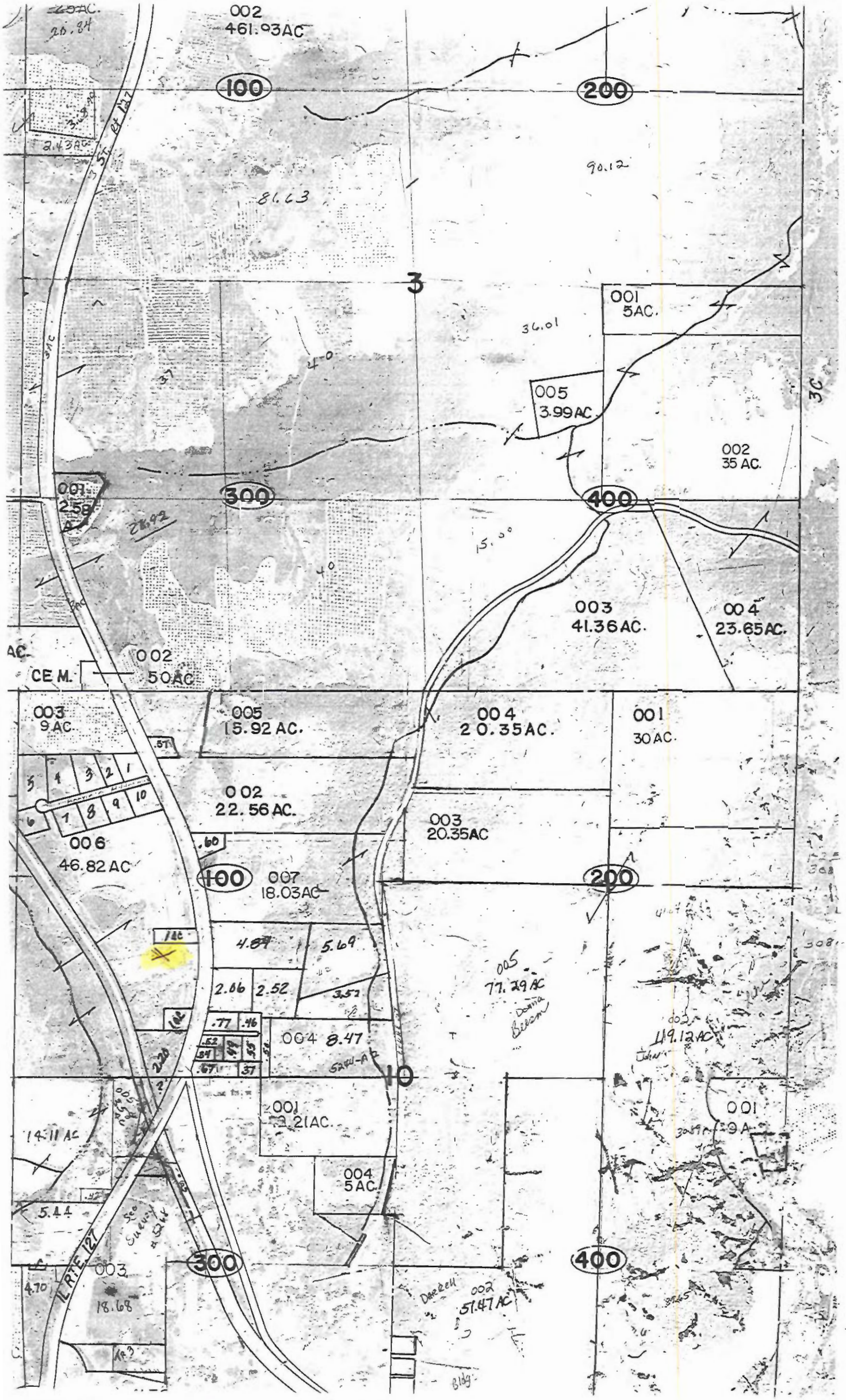
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 70.00		899

Payment of $70.00 CK #7688 received by Union County Treasurer

Date 6-21-07

Bobby L. Mayne


002
461.93AC
100
200
90.12
81.63
3
001
5AC.
36.01
005
3.99AC.
002
35 AC.
300
400
15.00
003
41.36AC.
004
23.65AC.
002
50AC
CEM.
003
9AC.
005
15.92 AC.
004
20.35AC.
001
30AC.
002
22.56 AC.
003
20.35AC
006
46.82 AC
100
007
18.03AC
200
4.89
5.69
2.06
2.52
3.57
.77
.46
004 8.47
10
001
2.21AC.
004
5AC.
14.11 AC
5.44
003
18.68
300
400
005
77.29 AC
002
119.12AC
001
9A.
002
51.47 AC
RTE. 127

UNION COUNTY Prop. No. 01-22-00-258-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Raven Lane, Makanda
Subdivision or Addition | Lot | Block | Census track
Legal Description: 11-1E Sec 22 SW · NW · 42.08 ac
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [X] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Sanitation building (showers, etc.)

Beginning construction date _____
Completion construction date _____

Beginning construction date 6-12-07
Completion construction date 7-6-07

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 300 ~~00~~
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	PLOUMY LLC	1880 PLEASANT WOODS CR CARBONDALE	62902	618/713-402
2. Contractor or Builder	PETER VAN HUYLDER	1880 PLEASANT WOODS CR CARBONDALE	62902	
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant _____ Address _____ Application date 6-12-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 14.00	6-12-07	#898

Payment of $14.00 CK #584 received by Union County Treasurer

Date 6-21-07

Bobby S. Mayer Mg.

UNION COUNTY Prop. No. 07-04-05-171-B1
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description S 4 T11 R2W PT SW.SW

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date June, 25-07
Completion construction date Feb, 08

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

COPY

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 50,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 50,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 1500
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 2 / Partial ..... }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Darrin W. Duty Tonya R. Duty	10465 old Hwy 51 N. Cobden, IL	62920	893-4634
2. Contractor or Builder	Darrin W. Duty			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. D.D. T.D.

Signature of applicant	Address	Application date
Darrin W. Duty	10465 OLD HWY 51 N. Cobden	6-7-07

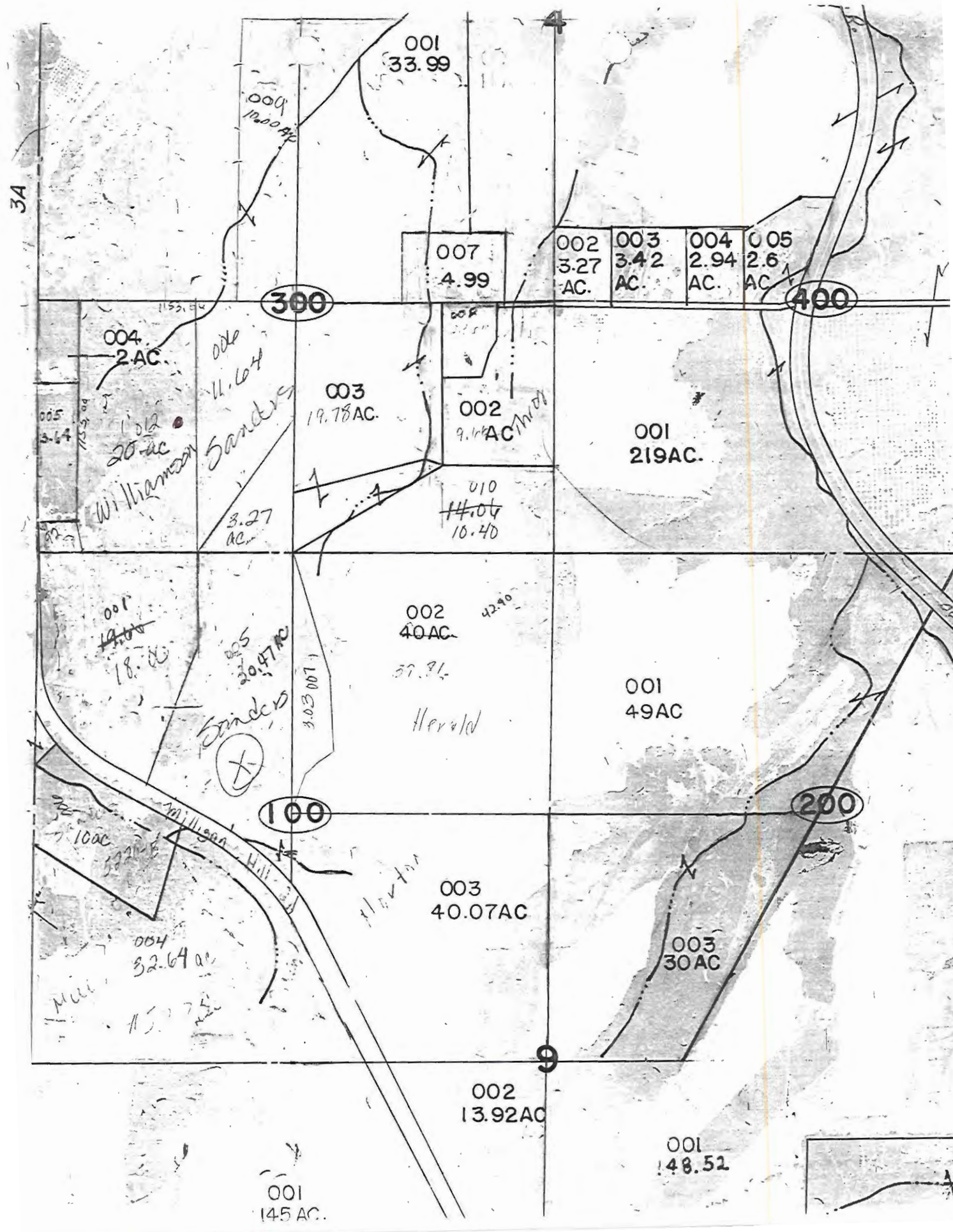
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 110.00		897

Payment of $110.00 (Cash) Receipt # 0025586 received by Union County Treasurer

Date 6-21-07

Betty A. Mayne


4
001
33.99
009
10.00 AC
007
4.99
002
3.27
AC.
003
3.42
AC.
004
2.94
AC.
005
2.6
AC
300
400
004
2 AC.
003
19.78 AC.
002
AC
001
219AC.
012
20 ac
Williamson
Sanders
3.27
AC.
010
10.40
002
40 AC.
001
49AC
Herald
Sanders
100
200
Millican Hill
003
40.07AC
003
30 AC
9
002
13.92AC
001
148.52
001
145 AC.

UNION COUNTY Pr[illegible] lo.
BUILDING PERMIT APPLICATION

05-33-04-160-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
2315 Boyd Road Anna IL 62906				

Legal Description: S33 T12 R1W PT SW SW 10.72 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wracking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date: Fall of 08

Completion construction date: unknow

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement	$ 80,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	$2,000
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 82,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
- 44 [X] Yes
- 45 [ ] No

Will there be an elevator?
- 46 [ ] Yes
- 47 [X] No

J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions: 1890 sq. ft.
- 50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed
- 52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms: 3
- 54. Number of bathrooms: Full: 2; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CHERYL M WILLIAMS	2 SO. GLENWOOD PL		(630) 892-2386
	SAMUEL J. JIORDINA	AURORA, IL	60506	(630) 291-0897
2. Contractor or Builder	unknown			
3. Architect	unknown			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
	2 South Glenwood Place Aurora IL 60506	6-6-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 174.00		896

Payment of $174.00 CK # 373 received by Union County Treasurer

Date 6-21-07

Bobby A. Mayne

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. I. 05-34-03-074

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 645 Otten Ln, Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: S 8 T12 R1W N P W½ SE NE S

NW CR SW NE; PT W½ N NE 49.29 AC

E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Shed - open on 4 sides

Beginning construction date 7-1-07
Completion construction date 8-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 30x40 1200 ☑
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Robert Chamness	PO Box 472, Anna IL	62906	833-5714
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Robert Chamness	645 Otten Ln	6-6-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 18.00	6-6-07	895

Payment of $18.00 CR# 380 received by Union County Treasurer

Date 6-21-07

Bailey A. Mayer

UNION COUNTY Prc, .o. 05-34-04-187

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2905 US HWY 51 S, Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: S34 T12 R1W PT. S1/2 NE SW 1.22 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Pole barn on concrete pad

Beginning construction date 6-11-07

Completion construction date 8-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 7000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 24x30 720 SF
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Frank Chamness	2900 US Hwy 51 S, Anna IL	62906	618-827-4
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Frank Chamness		6-6-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 24.00	6-6-07	#894

Payment of $24.00 Cash #Receipt 0002585 received by Union County Treasurer

Date 6-21-07

Barry L. Mayne

UNION COUNTY Prop.
BUILDING PERMIT APPLICATION 09-20-06-431-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 7035 Old Cape Road
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S 20 T13 R2W PT NW SW & PT SW SW

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* pole barn

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement ..... $ 9,000
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 9,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL N/A

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL N/A

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [x] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories ..... 30 x 40
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. 1200

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Jim Pickel	7035 Old Cape Road McClure IL	62957	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Jimmy Pickel
Address:
Application date: 6-4-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

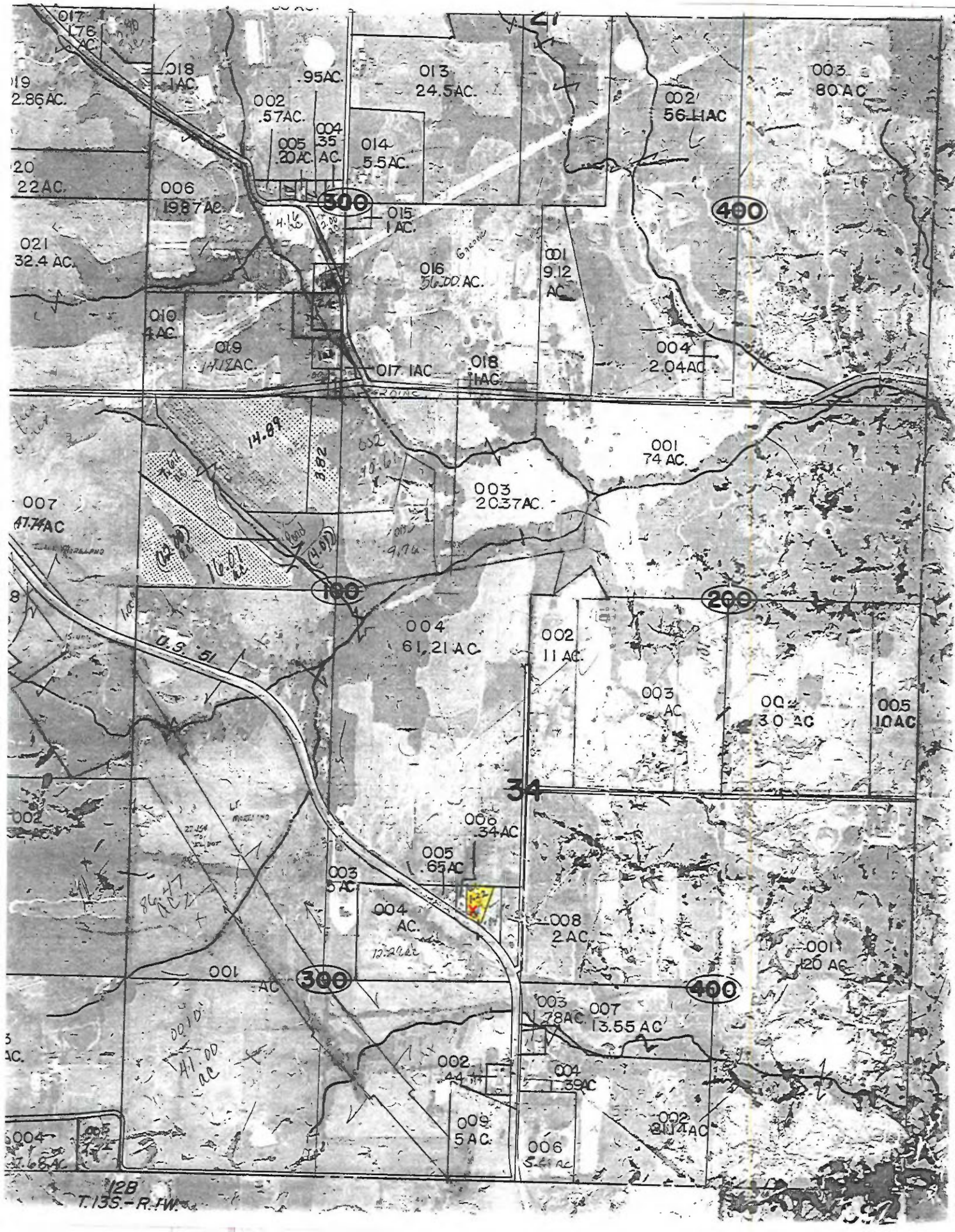
Approved by: Bob Jackson
Permit fee: $ 28.00
Date permit issued:
Permit number: 893

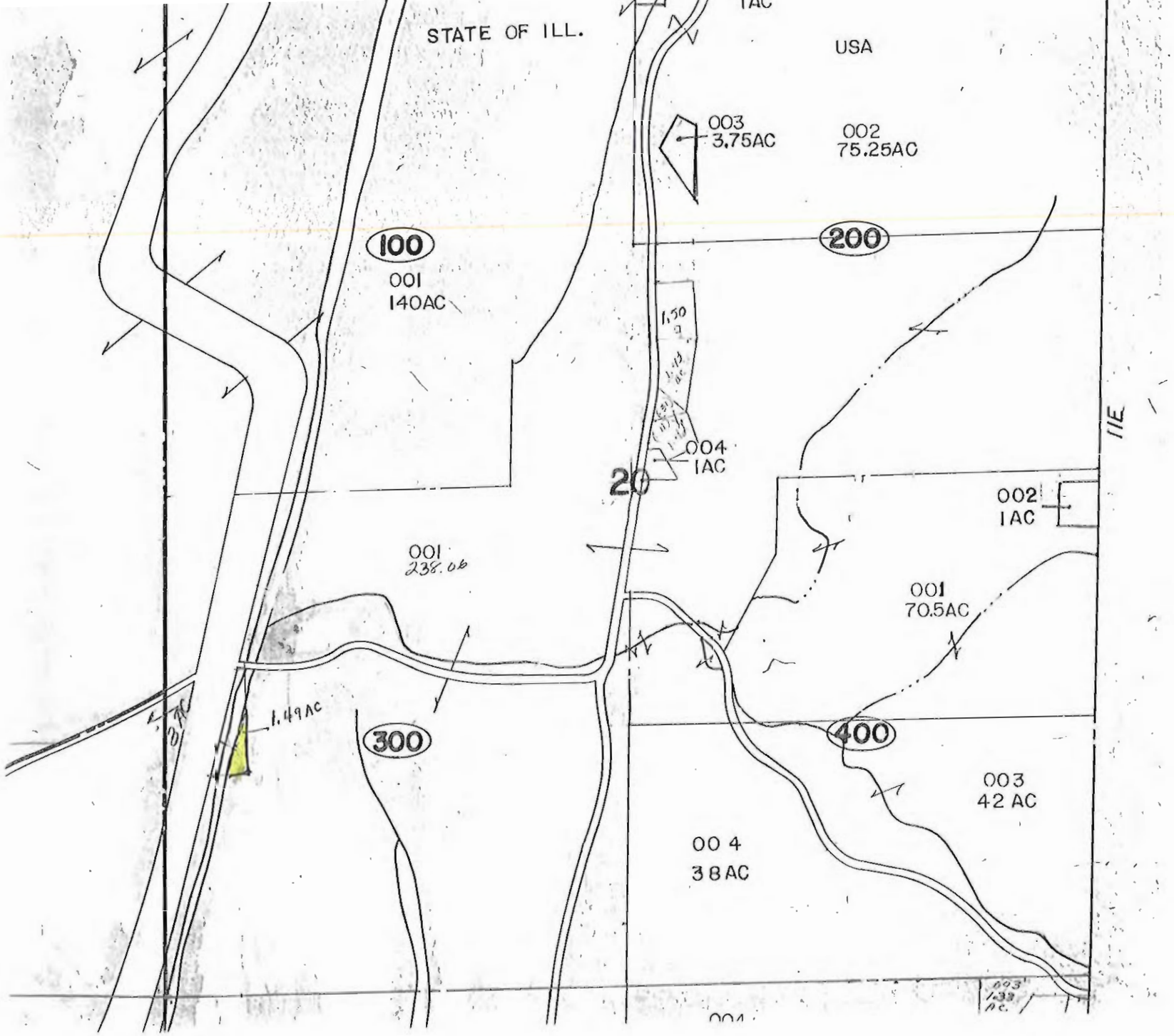
Payment of $28.00 CK# 5254 received by Union County Treasurer

Date 6/5/07

Came in and picked up 6-5-07

Bobby A. Mayes
Martha C. Jarrett


017
1.76 AC.
018
1 AC.
.95 AC.
013
24.5 AC.
003
80 AC
002
.57 AC.
004
.35 AC.
005
.20 AC.
014
5.5 AC.
002
56.11 AC
006
19.87 AC.
500
015
1 AC.
400
021
32.4 AC.
016
56.00 AC.
001
9.12 AC.
010
4 AC.
019
4.12 AC.
017 1 AC.
018
1 AC.
004
2.04 AC
14.89
3.82
001
74 AC.
003
20.37 AC.
007
47.74 AC
100
200
004
61.21 AC
002
11 AC.
U.S. 51
003
AC
004
3.0 AC
005
1.0 AC
34
006
.34 AC
005
.65 AC
003
5 AC
004
AC.
008
2 AC.
001
1.20 AC
001
AC
300
400
003
.78 AC
007
13.55 AC
002
.44
004
.39 AC
009
5 AC.
006
5.41 AC
002
8.14 AC
128
T.13S.-R.1W.


STATE OF ILL.
1AC
USA
003
3.75AC
002
75.25AC
100
001
140AC
200
1.50
004
1AC
20
002
1AC
001
238.06
001
70.5AC
1.49AC
300
400
003
42 AC
004
38AC
003
1.33
AC.
11E

UNION COUNTY Prop. 05-10-03-128-C
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: New Saratoga
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S10 12-1W Pt NE SE 4.28 ac

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 8/15/2007
Completion construction date 5/01/2008

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 147,500.00

To be installed but not included in the above cost
a. Electrical 5,000.00
b. Plumbing 7,500.00
c. Heating, air conditioning 13,000.00
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 173,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [✓] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [✓] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 2600
50. Total land area, sq. ft. 184,836.64

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed ..... N/A
52. Outdoors ..... N/A

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 3
54. Number of bathrooms { Full ..... 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Jerry & Paula Cochran	2861 Brothers Road Clarksville, TN	37043	931-358-9855
2. Contractor or Builder	Archie Hazel	422½ Cook Ave. Jonesboro, Illinois	62952	618-833-6771
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Jerry L. Cochran
Address: 2861 Brothers Rd. Clarksville, TN. 37043
Application date: 6-3-2007

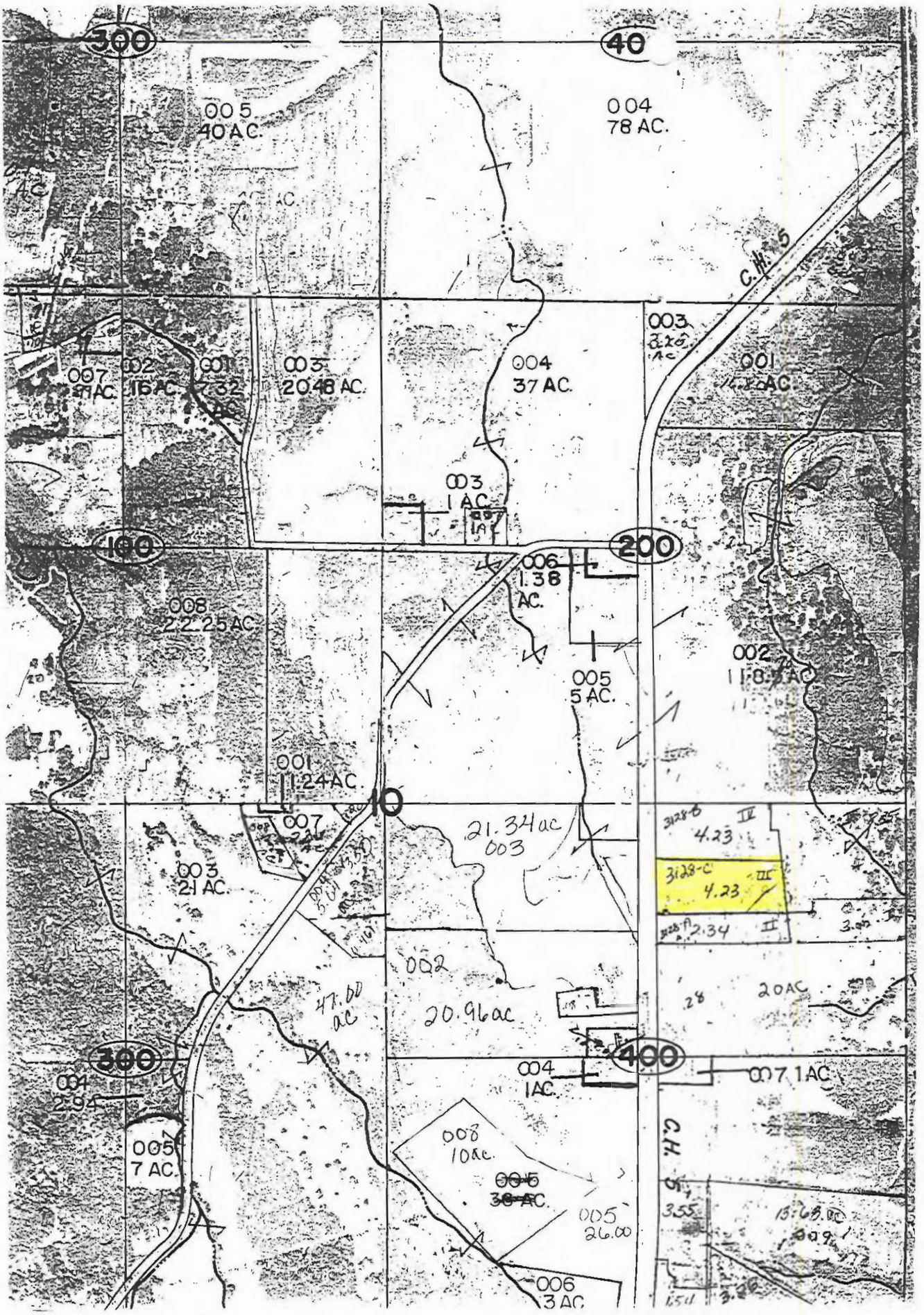
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 356.00
Date permit issued:
Permit number: 892

Payment of $356.00 CK #504 received by Union County Treasurer

Date 6-5-07

Becky L. Magi
Mgr.


300
40
005
40 AC.
004
78 AC.
C.H. 5
003
2.20 AC
001
14.8 AC.
007
.89 AC.
002
.16 AC.
001
7.32 AC.
003
20.48 AC.
004
37 AC.
003
1 AC.
100
200
006
1.38 AC.
008
22.25 AC.
005
5 AC.
002
118.5 AC.
001
1.24 AC.
10
007
21.34 ac
003
003
21 AC.
3128-B
4.23
II
3128-C
4.23
III
3128-A
2.34
II
3.00
002
47.60 ac
20.96 ac
28
20 AC.
300
400
004
2.94
004
1 AC.
007
1 AC.
005
7 AC.
008
10 ac.
~~005~~
~~38 AC.~~
005
26.00
C.H. 5
3.55
13.68 ac
009
006
3 AC.
3.26

UNION COUNTY Prop. No. 12-35 7-201
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 225 Rhymer Road, McClure 66757
Subdivision or Addition | Lot | Block | Census tract
Legal Description: (see attached deed and survey)
N S E W from intersection of Route 3 and Rhymer Streets
Applicable Zoning District: agricultural

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building and tower
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement $40,000
To be installed but not included in the above cost
a. Electrical
b. Plumbing N/A
c. Heating, air conditioning
d. Other (elevator, etc.)
11. TOTAL COST OF IMPROVEMENT $40,000

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units*
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units*
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify*

Beginning construction date: estimate in fall
Completion construction date: 1 month later

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* telecommunications facility

Beginning construction date: estimate in fall
Completion construction date: 1 month later

MOBILE HOME INFO N/A
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

COPY

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME (see drawings)

30 [X] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify

G. TYPE OF SEWAGE DISPOSAL N/A

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY N/A

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions 345 (equipment shelter)
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES N/A

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY N/A

53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Verizon Wireless	10740 Nall Ave. Suite 400 Overland Park, KS	66211	(913) 344-2892
2. Contractor or Builder	TBD			
3. Architect	Black & Veatch	10750 Grandview Drive Overland Park, KS	66210	(913) 458-2000

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above described building or mobile home will be constructed in a non-flood prone area. FLOOD Plan Variance to Design

Signature of applicant: Mike Donchant, Dolan Realty | Address: 7718 Forsyth Blvd., Clayton, MO 63105 | Application date: 5/31/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson | Permit fee: $90.00 | Date permit issued: 6-1-07 | Permit number: 890

Payment: $90.00 CK #3991

Bobby A. 77 year bldg.

Mike Douchant

From: Mike Douchant
Sent: Wednesday, May 30, 2007 2:54 PM
To: 'bgmyers82@hotmail.com'
Subject: FW: Preliminary Survey for Proposed Verizon Site
Attachments: IL 08-McClure_ Preliminary Survey.pdf

Bobby:

Hard copy of the attached plans along with a $90 check and completed BP application will be overnighted to the assessor's office by the end of this week to start the review process by the county board on Monday.

Mike

From: Mike Douchant
Sent: Tuesday, May 08, 2007 10:52 AM
To: 'brb549@ajinternet.net'
Subject: Preliminary Survey for Proposed Verizon Site

Bill:

Attached is a preliminary survey for your review regarding a proposed Verizon cell site north of McClure at Prater Farms (225 Rhymer Road). Please let me know what subsequent steps need to be done to meet county requirements.

Sincerely,

Mike Douchant
Dolan Realty Advisors, LLC
7718 Forsyth Boulevard
Clayton, MO 63105
Office: (314) 726-2610
Fax: (314) 726-1821
Cell: (636) 448-9233

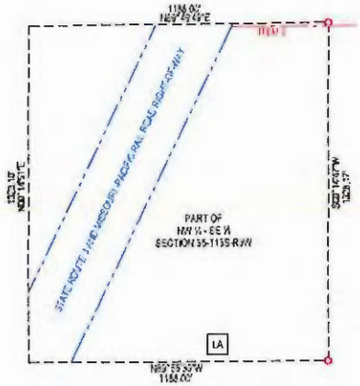
SITE SURVEY

GEOGRAPHIC COORDINATES

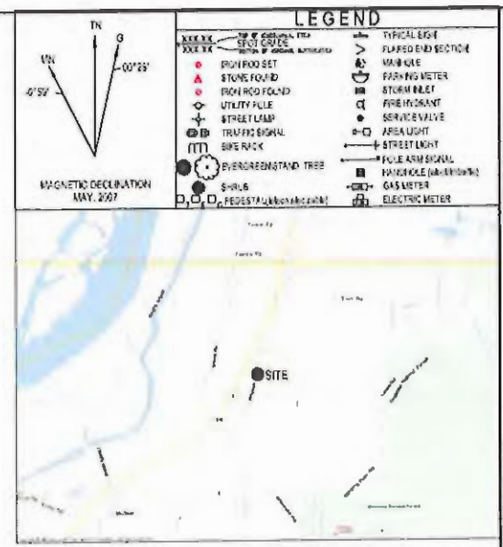
LATITUDE: 37°20'18.24" NAD83

LONGITUDE: 89°24'17.91" NAD83

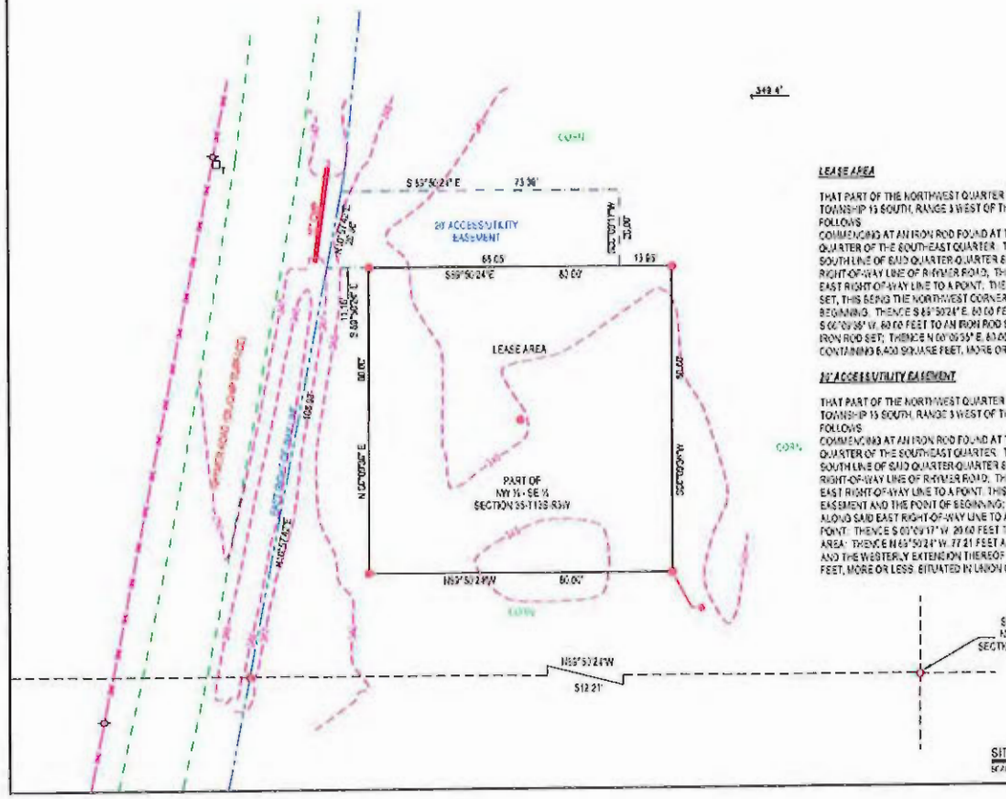
SITE ELEVATION: 349 FT NAVD88



PARENT PARCEL
SCALE: 1"=50'



VICINITY MAP
NOT TO SCALE



SITE SURVEY
SCALE: 1"=20'

LEASE AREA

THAT PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 35 TOWNSHIP 13 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS
COMMENCING AT AN IRON ROD FOUND AT THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER. THENCE N 89°50'24" W, 512.21 FEET ALONG THE SOUTH LINE OF SAID QUARTER-QUARTER SECTION TO AN IRON ROD SET IN THE EAST RIGHT-OF-WAY LINE OF RHYMER ROAD; THENCE N 10°57'42" E, 106.93 FEET ALONG SAID EAST RIGHT-OF-WAY LINE TO A POINT; THENCE S 89°50'24" E, 11.16 FEET TO AN IRON ROD SET, THIS BEING THE NORTHWEST CORNER OF SAID LEASE AREA AND THE POINT OF BEGINNING. THENCE S 89°50'24" E, 80.00 FEET TO AN IRON ROD SET; THENCE S 00°09'36" W, 80.00 FEET TO AN IRON ROD SET; THENCE N 89°50'24" W, 80.00 FEET TO AN IRON ROD SET; THENCE N 00°09'36" E, 80.00 FEET TO THE POINT OF BEGINNING.
CONTAINING 6,400 SQUARE FEET, MORE OR LESS. SITUATED IN UNION COUNTY, ILLINOIS

20' ACCESS/UTILITY EASEMENT

THAT PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 35 TOWNSHIP 13 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS
COMMENCING AT AN IRON ROD FOUND AT THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER. THENCE N 89°50'24" W, 512.21 FEET ALONG THE SOUTH LINE OF SAID QUARTER-QUARTER SECTION TO AN IRON ROD SET IN THE EAST RIGHT-OF-WAY LINE OF RHYMER ROAD; THENCE N 10°57'42" E, 106.93 FEET ALONG SAID EAST RIGHT-OF-WAY LINE TO A POINT. THIS BEING THE SOUTHWEST CORNER OF SAID EASEMENT AND THE POINT OF BEGINNING; THENCE N 10°57'42" E, 20.39 FEET CONTINUING ALONG SAID EAST RIGHT-OF-WAY LINE TO A POINT. THENCE S 89°50'24" E, 73.96 FEET TO A POINT. THENCE S 00°09'37" W, 20.00 FEET TO A POINT IN THE NORTH LINE OF THE LEASE AREA. THENCE N 89°50'24" W, 77.21 FEET ALONG THE NORTH LINE OF SAID LEASE AREA AND THE WESTERLY EXTENSION THEREOF TO THE POINT OF BEGINNING 1,506 SQUARE FEET, MORE OR LESS. SITUATED IN UNION COUNTY, ILLINOIS

PARENT LEGAL

PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 35 TOWNSHIP 13 SOUTH, RANGE 3 WEST OF THE THIRD PRINCIPAL MERIDIAN, BOUNDED AS FOLLOWS TO WIT: BEGINNING AT THE NORTHEAST CORNER OF SAID QUARTER-QUARTER SECTION AT A STAKE; THENCE SOUTH 84 ¼° WEST 18 CHAINS, TO A STAKE; THENCE SOUTH 5°20' EAST 19.55 CHAINS; THENCE NORTH 84 ¼° EAST 18 CHAINS TO A STAKE; THENCE NORTH 5°20' WEST, 19.75 CHAINS TO THE POINT OF BEGINNING.

GENERAL NOTES

BENCHMARK ● - IRON SET AT THE SOUTHEAST CORNER OF THE LEASE AREA. ELEVATION=349.97

UTILITIES SHOWN ARE FROM VISUAL INSPECTION ONLY. OTHER UTILITIES MAY BE PRESENT THAT ARE NOT SHOWN ON DRAWING

THIS SURVEY WAS PREPARED FOR THE INSTALLATION OF WIRELESS COMMUNICATION EQUIPMENT ONLY.

THIS SURVEY WAS PREPARED WITH THE AID OF A TITLE COMMITMENT PREPARED BY UNION COUNTY ABSTRACT OFFICE, INC., COMMITMENT NO. UCA27157, DATED 04/24/07. ITEMS 9-14 ARE SURVEY RELATED
ITEM 9 - SHOWN
ITEM 10 - BLANKET TELEPHONE LINE EASEMENT
ITEM 11 - USE OF ROADWAY IN ITEM 5 TO NORTHERN ADJOINER
ITEM 12 - PROPERTY CANNOT BE SOLD FOR 15 YEAR FROM DEATH OF NORMAN RYMER
ITEM 13 - BLANKET ELECTRIC EASEMENT
ITEM 14 - BLANKET ELECTRIC EASEMENT

I HEREBY STATE THAT THIS LAND SURVEYING DOCUMENT WAS PREPARED AND THE RELATED SURVEY WORK WAS PERFORMED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF ILLINOIS.

SIGNATURE _____
JASON A. MAY - PLS 3749-3587
DATED: 5/7/2007
LICENSE EXPIRES: NOVEMBER 30, 2008
FIELDWORK PERFORMED: 5/4/07

verizon
10740 NALL AVENUE, SUITE 400
OVERLAND PARK, KANSAS 66211

BLACK & VEATCH CORPORATION
11401 LAMAR
OVERLAND PARK, KANSAS 66211
(913) 458-2000

PROJECT NO:	2007-122
DRAWN BY:	JASON_MAY
CHECKED BY:	M.R._GARRETT

REV	DATE	DESCRIPTION
	5/7/07	PRELIMINARY

SSCI
Shawnee Survey & Consulting, Inc
Surveyors & Engineers
P.O. Box 118
104 South 4th Street
Vienna, IL 62995
Tel: 618-658-6198
Fax: 618-658-6193

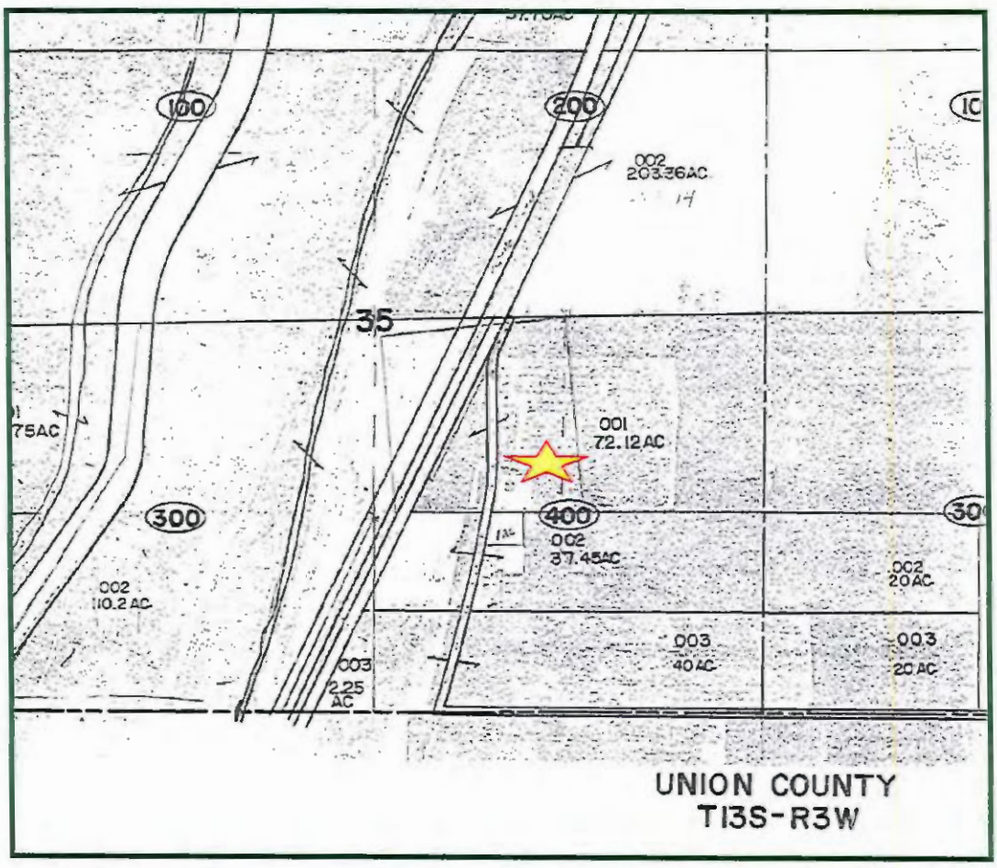
VZW PROJECT #: 20062005008
McCLURE
225 RHYMER ROAD
McCLURE, IL 62957
RAW LAND

SHEET TITLE
LAND SURVEY

SHEET NUMBER
LS-1

3
146
N 37 20' 22.2", W 89 24' 16.8"
Rhymer Rd
N
W
E
S
© 2007 Navteq
© 2005 Google

PARCEL MAP


100
200
002
203.36AC
35
001
72.12AC
300
400
002
37.45AC
002
10.2AC
003
2.25
AC
003
40AC
002
20AC
003
20AC
UNION COUNTY
T13S-R3W

UNION COUNTY
BOBBY G. MYERS, COLLECTOR
309 W. MARKET ST-ROOM 103
JONESBORO, IL 62952

PROPERTY NUMBER	CLASS	CODE	NUMBER	TAX NOTICE
12-35-07-201	00111	2001	123	

S35 T13 R3W
LOT 2 PT N1/2 SE, LOT 1 PT NE SE.

MOBILE HOME PT

TOWNSHIP	TAXING CODE
13-3W	

LANDLOT ACRES	FARMLAND ACRES	EXEMPTED TAX
1.00	71.12	

LANDLOT ASSESSED	FARMLAND ASSESSED	FARM BLDG. ASSESSED	BUILDING ASSESSED	TOTAL ASSESSED
2600	7300	1410	15320	26630

LANDLOT EQ.M.MULT.	FARMLAND EQ.M.MULT.	FARMBLDG. EQ.M.MULT.	BUILDING EQ.M.MULT.	DEPARTMENT MULTIPLIER
				1.00000

IMPROVEMENT EXEMPTION	DEPARTMENT EQUALIZED	OWNER OCCUPIED	HOMESTEAD VETERAN	TAXABLE VALUE
	26630	5000		21630

MAIL TO
PRATER LOIS
LOIS PRATER FARMS
225 RHYMER ROAD
MC CLURE IL 62957-0000
IF PROPERTY OWNER NOTIFIED THAN ABOVE

2005 REAL ESTATE TAX

SCAFME	1ST INSTALLMENT		2ND INSTALLMENT
	08/10/2006	DUE DATE	10/10/2006
	810.62	INSTALLMENT	810.62
		PENALTY/COST	
		TOTAL	

RETURN COMPLETE TAX BILL IF MAILED & INCLUDE STAMPED ENVELOPE IF RECEIPT IS REQUIRED

FAIR CASH VALUE IS 53,760 TOTAL TAX: 1,621.24

PROPERTY NUMBER	CLASS	NUMBER	TOWNSHIP
12-35-07-201	0011	123	13-3W

2004 RATE	2004 TAX	TAXING DISTRICT	2005 RATE	PERCENT	2005 TAX	PENSION
1.21353	261.64	COUNTY TAX	1.20319	16.8	260.24	102.02
.42406	91.42	COUNTY HOSP & BOND				
.03926	8.46	SOUTHERN 7 HEALTH	.03714	.5	8.04	
.02153	4.64	CO-OP EXTENSION	.02098	.3	4.54	
.21568	46.50	COUNTY AMBULANCE	.21497	3.0	46.50	
4.53518	977.78	COMMUNITY UNIT DIS	4.55196	63.5	984.58	52.21
.41820	90.16	SHAWNEE COM COL'GE	.45608	6.4	99.66	4.35
.04297	9.26	ROAD & BRIDGE	.04085	.6	8.84	
.14825	31.96	ROADS OUT VILLAGE	.14935	2.1	32.30	
.30000	64.68	FIRE DISTRICT W W	.30000	4.2	64.90	
.18932	40.82	STINSON M LIBRARY	.18735	2.6	40.52	2.97
	72.12	CLEAR CREEK		-.1	72.12	
7.54798	1,699.44	TOTAL TAX	7.16187	100.0	1,621.24	

YOU MAY BE ELIGIBLE FOR THE SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND PHARMACEUTICAL ASSISTANCE ACT. APPLICATIONS ARE AVAILABLE FROM THE ILLINOIS DEPARTMENT OF REVENUE. FOR QUESTIONS CALL: 1-800-624-2459 FOR FORMS CALL: 1-800-356-8302

CASH CHECK MONEY ORDER DRAFT CASH MAIL

PROPERTY NUMBER	CODE	NUMBER
12-35-07-201	12001	123

PRATER LOIS

RETURN STUB WITH PAYMENT

1

	1ST INSTALLMENT
DUE DATE	08/10/2006
INSTALLMENT	810.62
PENALTY/COST	
TOTAL	

UNION COUNTY

12.00123.2005

CASH CHECK MONEY ORDER DRAFT CASH MAIL

PROPERTY NUMBER	CODE	NUMBER
12-35-07-201	12001	123

PRATER LOIS

RETURN STUB WITH PAYMENT

2

	2ND INSTALLMENT
DUE DATE	10/10/2006
INSTALLMENT	810.62
PENALTY/COST	
TOTAL	

UNION COUNTY

12.00123.2005

TOTAL TAX: 1,621.24

BOOK 266 PAGE 235

STATE OF ILLINOIS
UNION COUNTY } SS
This instrument was filed for record
on 10 22 2005 at 1 M. and
2174
AUG 17 2005
Recorded in Vol. 266 Page 235
Rec. Fee 237
Clerk & Recorder of Union County

GENERAL WARRANTY DEED

THE GRANTOR,

Lois Ann Prater, a single person,

for and in consideration of the sum of Ten ($10.00) and No/100 Hundred Dollars, the receipt and sufficiency of which is hereby acknowledged, CONVEYS AND WARRANTS to

Lois Prater Farms, L.L.C.

the following described real estate, to-wit:

See Exhibit "A" attached hereto for legal description, by reference incorporated herein.

all situated in the County of Union, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Exempt Under provisions of Paragraph (e),
Real Estate Transfer Tax Act
(35 ILCS 200/31-45)

Lois Ann Prater

Lois Ann Prater

Rental Housing Support Program
$10. State Surcharge PAID
DATE 8-17-05

BOOK 264 PAGE 236

DATED this 27 day of July, 2005

GRANTOR:

Lois Ann Prater

Lois Ann Prater

STATE OF ILLINOIS)
) ss.
COUNTY OF UNION)

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, do hereby certify that Lois Ann Prater, a single person, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed, and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal this 27 day of July, 2005.

Barbara Edward

Send Tax Bill To:
Lois Prater Farms, L.L.C.
225 Rhymer Rd.
McClure, IL 62957

Prepared By:
Mark S. Johnson
407 N. Kingshighway, Ste. 400
Cape Girardeau, MO 63701

BOOK 266 PAGE 237

EXHIBIT "A"

The Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty Five (35), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian, also a part of the Northwest Quarter NW 1/4) of the Southeast Quarter SE 1/4) of Section Thirty Five (35) , in Township and Range aforesaid, bounded as follows, to-wit: BEGINNING at the Northeast corner of said Quarter Quarter Section at a stake; thence South 84 1/4°, West 18 chains, to a stake; thence South 5° 20' East, 19.55 chains to a stake; thence North 84 3/4°, East 18 chains to a stake; thence North 5° 20' West, 19.75 chains to Point Of Beginning.

ALSO, the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Thirty Six (36), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian, situated in the County of Union in the State of Illinois; and

The Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4), Section Thirty Six (36), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian, situated in the County of Union, State of Illinois.

ALSO, a parcel of land being a part of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty Five (35), Township Thirteen (13) South, Range Three (3) West of the Third Principal Meridian. Said parcel being more particularly described as follows: BEGINNING at the Northwest corner of said Quarter Quarter Section, being marked by an iron rod, said Point Of Beginning also being the Point Of Beginning of the Joseph Schneider Property, per Book 106, page 731, in the Union County Courthouse; thence N 89° 49' 49" East, 142.56 feet along the North line of said Quarter Quarter Section to an iron rod at the Northeast corner of Lot No. 7. This point being the Point Of Beginning of said Lot No. 7 per record and the Northwest corner of the Norman Ryman Property, per Book 121, page 469, in the Union County Courthouse; thence South 0° 14' 50" West, 1047.68 feet along the East line of said Lot No. 7 and the West line of the said Norman Rymer Property to an iron rod in the West right-of-way line of State Route 3; thence South 25° 55' 00" West, 306.02 feet along the said West right-of-way line to an iron rod in the South line of the said Quarter Quarter Section; thence North 89° 55' 30" West, 10.00 feet along the South line of the said Quarter Quarter Section to an iron rod at the Southwest corner of the said Quarter Quarter Section; thence North 0° 14' 50" East, 1322.49 feet along the West line of the said Quarter Quarter Section and the East line of the said Joseph Schneider Property, to the Point Of Beginning. EXCEPTING THAT PART THEREOF being 8 feet wide for a roadway conveyed to Charles A. Walton by Quit Claim Deed recorded in Deed Record 72 on page 188. EXCEPTING FURTHER, that part thereof, if any, falling within any public road.

All situated in the County of Union and State of Illinois.

Prop. 14-00-12-239-A

UNION COUNTY BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
Angus Lane, Anna	Denny Acres	1		

Legal Description

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 6-18-07
Completion construction date 7-18-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 80,000

MOBILE HOME INFO:

Date MH was set-up:
Make Sunshine Size 28x64 Yr. Model 2007
Previous MH Owner Countryside
Previous MH Location out of county (Paducah)
Current MH Owner
Current MH Location
Current Land Owner Michael & Corrie Ralls

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Michael Ralls	PO Box 22, Anna IL	62906	833-3535 697-1802
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Michael Ralls	PO Box 22, Anna IL 62906	6-4-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Del Jackson	$ 170.00	6-4-07	#891

Payment of $170.00 CK# 2807 received by Union County Treasurer

Date 6-5-07

Bobby L. Meyer Mg.

001
20 AC.
002
~~129.58~~ AC
128.58 AC
300
003
10.42 AC
400
001
40 AC.
001
80 AC
003
262.51 AC
002
40 AC.
001
1 AC
100
200
003
004
85 AC
002
10 AC
001
69.17 AC
5.29
300
400
002
~~86~~ AC.
54.71
005
49.05
003
26.34 AC
002
17.94 AC
001
7 AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 11-14-06-961

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1755 STATE RT 3 NORTH

Subdivision or Addition: | Lot: | Block: | Census track:

Legal Description: S14 T12 R3W E½ NE SW, SE, S½ NE 246.26 ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [x] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Living room.

Beginning construction date 7-1-07

Completion construction date 8-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)*

(Omit cents)

10. Cost of Improvement ..... $ 30,000.00

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 16 X 24
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dani Jane Turner	1755 State Rt 3 N, Wolf Lake, IL	62998	618-833-2779
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. Structure in Flood Zone Area - Existing Shop Less than 20% improvement

Signature of applicant	Address	Application date
Dani Jane Turner	Same	6/01/07

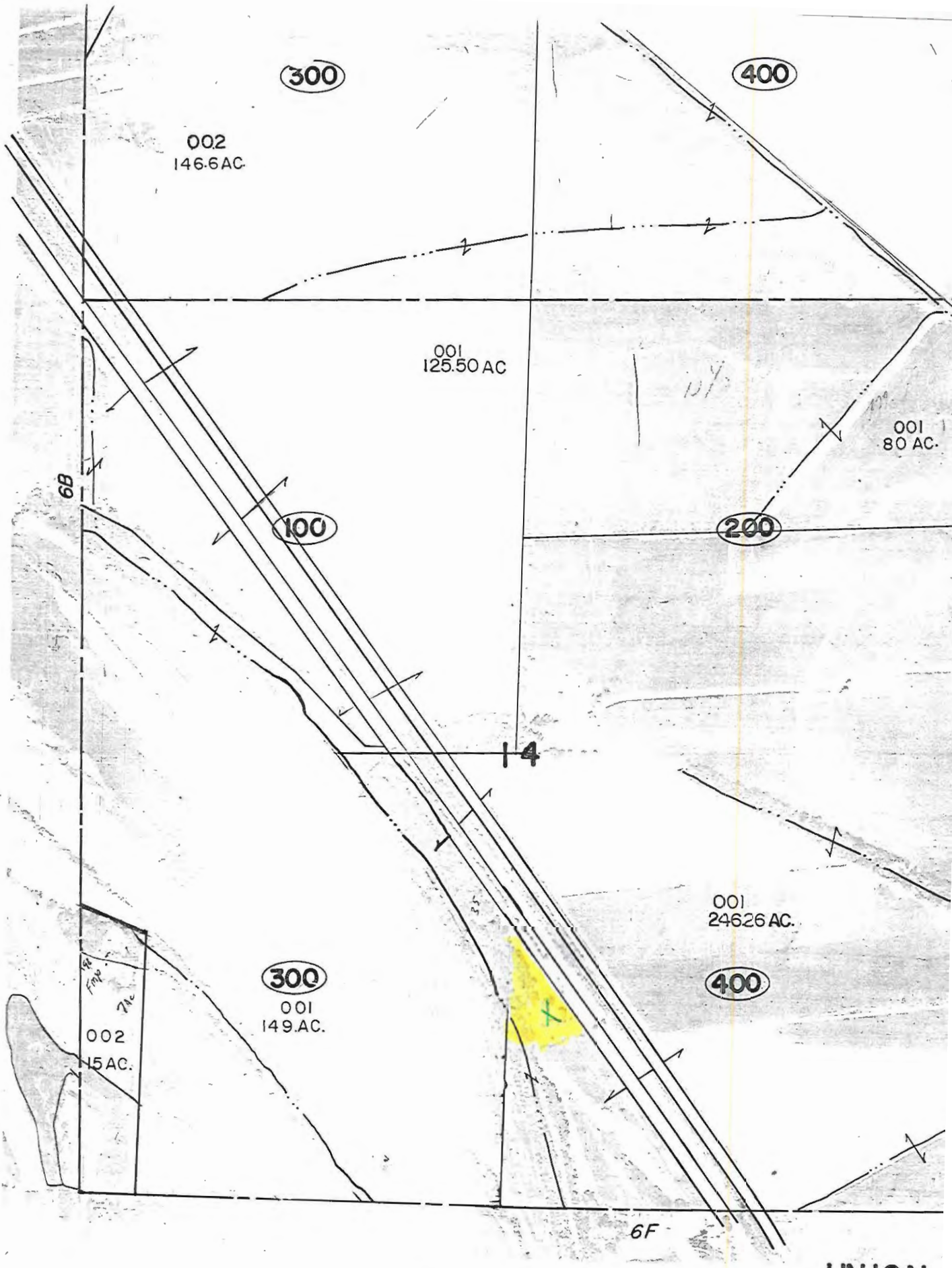
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 70.00		889

Payment of $70.00 CK # 4216 received by Union County Treasurer

Date 6-5-07

[signature]


300
400
002
146.6 AC.
001
125.50 AC
001
80 AC.
6B
100
200
14
001
24626 AC.
300
400
001
149.AC.
002
15 AC.
6F

UNION
T12S

UNION COUNTY PI No. 07-13-05-354-C
BUILDING PERMIT APPLICA..ON

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Jamestown Rd Cobden
Subdivision or Addition | Lot | Block | Census track
Legal Description: 11-2W Sec 13 Pt E 1/2 SE
N S E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date Jun 15, 07
Completion construction date Aug 15, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 0

MOBILE HOME INFO:
Date MH was set-up:
Make _____ Size 12x57 694 ft Yr. Model 1970
Previous MH Owner Javier Valdez
Previous MH Location Jamestown Rd. 07-13-05-351-B
Current MH Owner Javier Valdez
Current MH Location Jamestown Rd 07-13-05-354-C
Current Land Owner Javier Valdez

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Javier Valdez	PO Box 372, Cobden IL	62920	893-4076
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Javier Valdez
Address:
Application date: 5-25-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature]
Permit fee: $ $10.00
Date permit issued: 5-25-07
Permit number: #888

Payment of $10.00 Cash # Receipt 00056023 received by Union County Treasurer

Date 6-21-07

[signature] Mgr.

(2 Cabins)

UNION COUNTY Prop. No.
BUILDING PERMIT APPLICATION X 07-14-05-369

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: S14 T11 - R2W PT W1/2 SW 20.10 ac.

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, rep acement
5 [ ] Working (If multifamily resi Dential enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (Individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* ____
14 [✓] Transient hotel, motel, or dormitory – *Enter number of units* 1
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* ____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* ____

Beginning construction date: June 15, 07
Completion construction date: ~~Aug~~ Sept 15, 07

Beginning construction date ____
Completion construction date ____

C. COST (Estimated)

(Omit cents)

10. Cost of Improvement: $ 57,000

To be installed but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
→ 13000

d. Other (elevator, etc.)

11. TOTAL COST OF IMPROVEMENT each $ 50000 X2 = 100,000.00 total cost

MOBILE HOME INFO:
Date MH was set-up
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner: 2 cabins 50,000 each
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J; for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify ____

F. PRINCIPAL TYPE OF HEATING FUEL
35 [ ] Gas
36 [ ] Oil
37 [✓] Electricity
38 [ ] Coal
39 [ ] Other – Specify ____

G. TYPE OF SEWAGE DISPOSAL
40 [ ] Public
41 [✓] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42 [✓] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44 [✓] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS
48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 576 + basement
50. Total land area, sq. ft.: ____

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed: 0
52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms: ____
54. Number of bathrooms: Full ____ Partial ____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Jan York	2625 Skyline Dr. Alto Pass	62905	
2. Contractor or Builder	Can Mark Enterprise, Inc.	1644 Mulligan Hills Rd Alto Pass, IL	62905	618 201-7198
3. Architect	Wilderness Cabins Ltd	330 Curlew Rd, Kelowna, Canada	V4V 2H3	250 766-5479

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

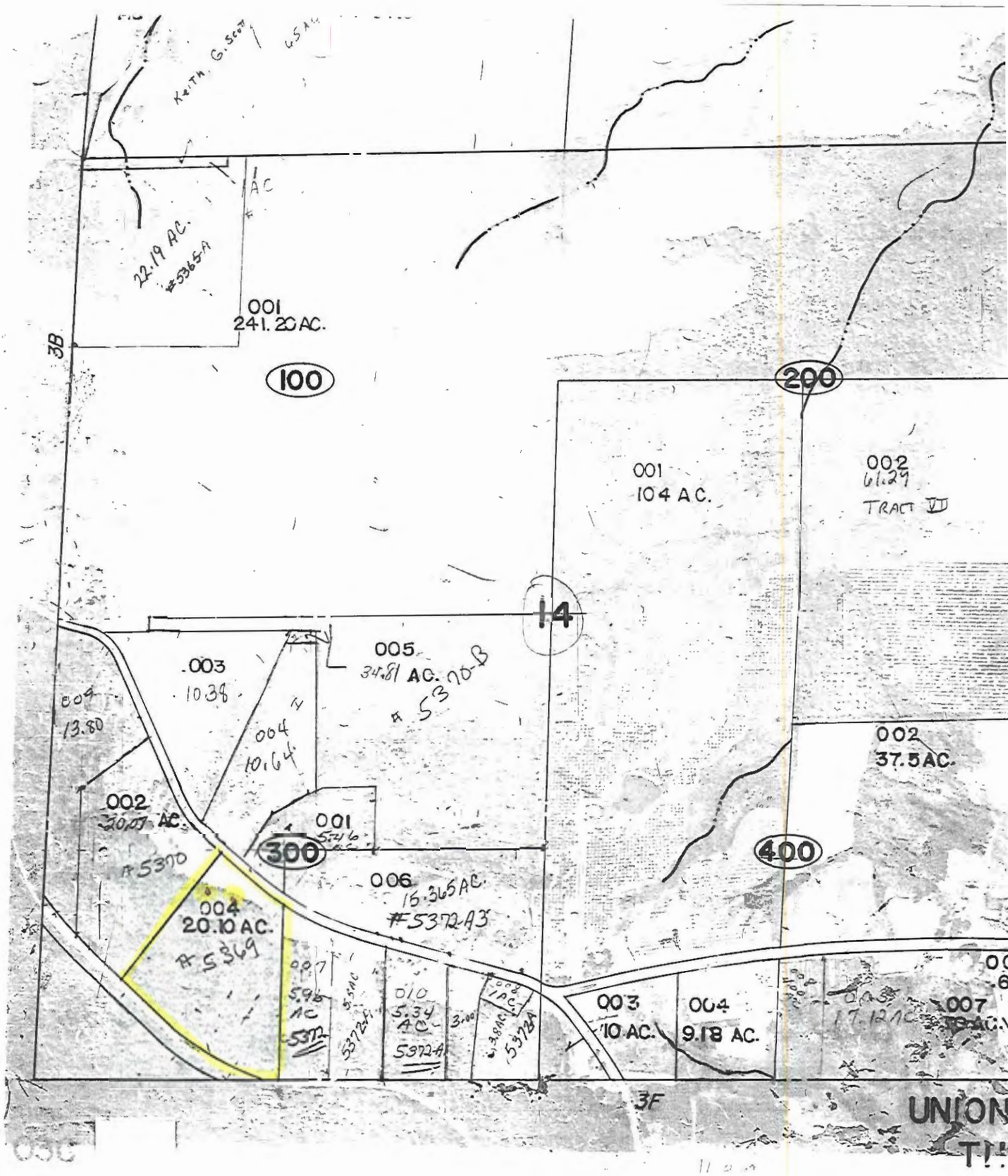
Signature of applicant: Jan York | Address: 2625 Skyline Dr, Alto Pass | Application date: 5-24-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson | Permit fee: $ 210.00 | Date permit issued | Permit number: 887

ASSESSOR OFFICE
FAX NO. 618-833-7099

ATT Jackson


Keith G. Scott
1 AC
22.19 AC.
#5365-A
001
241.20 AC.
3B
100
200
001
104 AC.
002
61.29
TRACT VII
14
005
34.81 AC.
#5370-B
003
10.38
004
13.80
004
10.64
002
37.5 AC.
002
AC.
#5370
001
300
400
006
15.365 AC.
#5372-A3
004
20.10 AC.
#5369
007
5.96
AC
5372
5372-E
010
5.34
AC
5372-A
5372-A
003
10 AC.
004
9.18 AC.
007
3F
UNION

UNION COUNTY Prop.). 14-00-12-036-B
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 163 Bluff Ln. Goreville
Subdivision or Addition: Wilderness Trail Acres
Lot: 31 & 32
Block: 1
Census track:
Legal Description:
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D. 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (If multifamily residentiel, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundetion only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 5-21-07
Completion construction date 7-21-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heeting, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$60,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coel
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 2
49. Total square feet of floor area, all floors, based on exterior dimensions: 30x40 1200 ft
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	David Gold	310 N Ferne Clyffe Rd. Goreville	62939	618-995-1464
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]		5-24-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 130.00	5-24-07	#886

Payment of $130.00 Cash received by Union County Treasurer

Date 6-5-07

Betty L. Mayer
mg

UNION COUNTY Prop... No. 05-33-04-160-F
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: N PT SW PT NWW OF RR S-33 T12R1W

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 4000
To be installed but not included in the above cost	
a. Electrical	400
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4400

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specity _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 30'x48' 1440
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Terry Riley	1370 HWY 51 S		833-9225
		ANNA IL 62906		
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area. TDR

Signature of applicant	Address	Application date
Terry Riley	1370 HWY 51 S ANNA IL	21 MAY 07

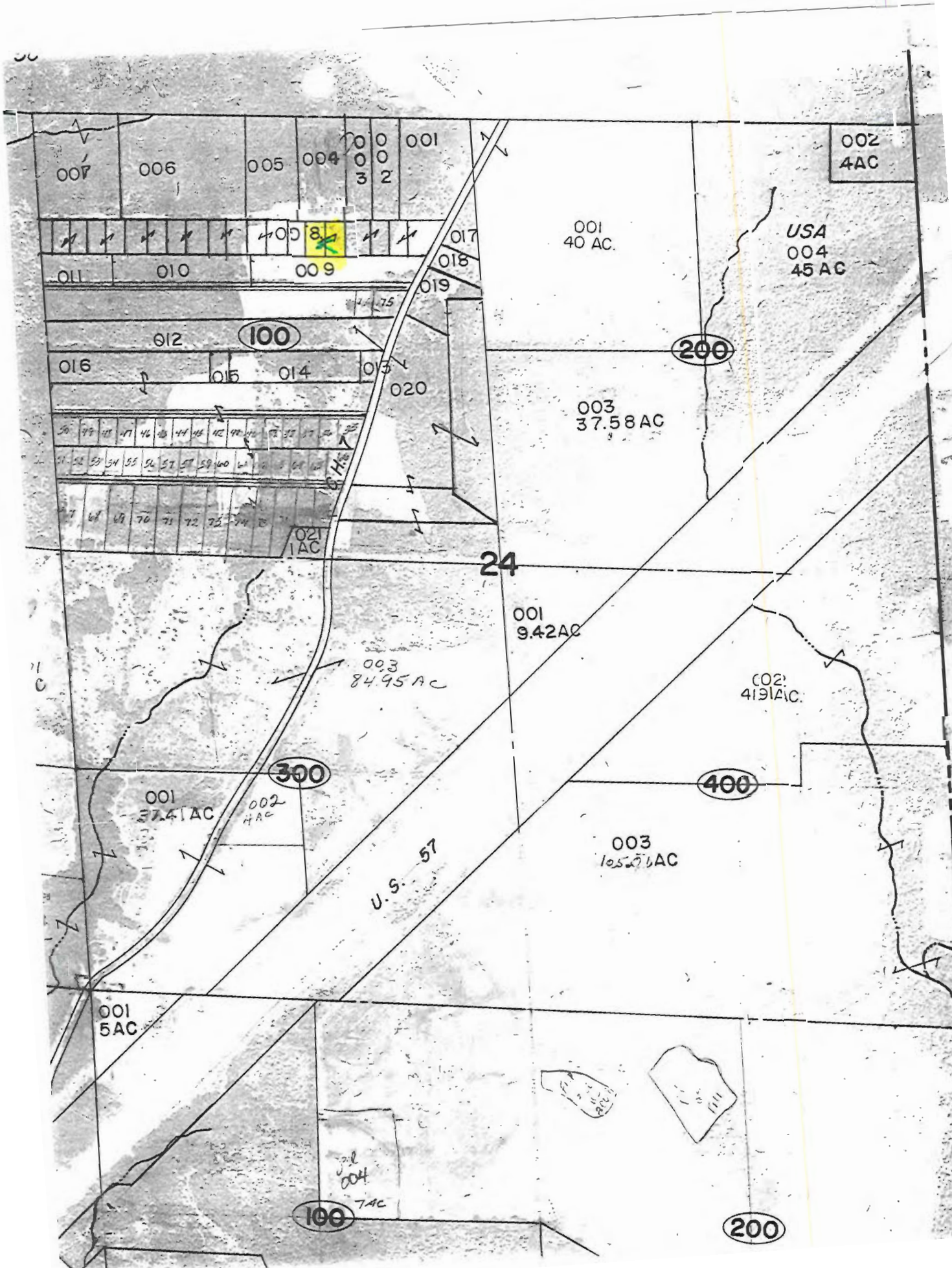
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 18.00		885

Payment of $18.00 CK# 1710 received by Union County Treasurer

Date 5-22-07

Bobby L. Mayes Mg.


007
006
005
004
003
002
001
002
4AC
008
017
018
019
011
010
009
001
40 AC.
USA
004
45 AC
012
100
200
016
015
014
013
020
003
37.58 AC
021
1AC
24
001
9.42AC
003
84.95AC
002
41.91AC.
300
400
001
37.41AC
002
1AC
003
105.06AC
U.S. 57
001
5AC
004
7AC
100
200

300
400
008
2.95
AC.
009
3.24 AC.
010
3.21 AC.
011
4.13
AC.
5.06 AC.
013
20.93
004
9.79
3454-A
C.H. 8
007
7 AC
015
4.45
AC.
6.96
.90
2.12
1.06
2.52
001
2.18
002
1 AC.
2.22
.70
55.19
5.00
002
I.C.G. R.R.
001
5.25 AC.
5.31
100
200
006
19.06
3.83
5.76
10.72
33
C.H. 6
001
160.3 AC
134.27 AC
003
80 AC.
300
400
(5.53)
T1
001
20.94
(10.37)
T2
002.

UNION COUNTY Prop. ...
BUILDING PERMIT APPLICATION 09-29-06-568-A

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 845 HANGING ROCK LN
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: Sec 19 T13 R2W PT SE NW + NE SW

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Pole BARN

Beginning construction date 06/01/07
Completion construction date 06/30/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 16000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 16000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify Pole BARN

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify NONE

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public N/A
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public N/A
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft. 30X50

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed N/A
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms: Full N/A; Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	BRAD PENDER	845 HANGING ROCK LN McCLURE, IL 62957		618-833-3739
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
		5-18-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 42.00		884

Payment of $42.00 CK# 1386 received by Union County Treasurer

Date 5-22-07

Bobby L. Mann

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 03-07-01-439

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 3550 Christian Chapel Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S7 T13 R1E SE NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [✓] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ /

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 8000.00

MOBILE HOME INFO:

Date MH was set-up: 5 15 07
Make 1963 Size 20X55 Yr. Model
Previous MH Owner
Previous MH Location Elgin
Current MH Owner Claude Smith
Current MH Location 3550 Christian Chapel Rd Douglas
Current Land Owner William Smith

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full ..... 1 / Partial ..... }

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Claude Smith	310 W Davis Anna IL	62906	634-4234
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Claude Smith
Address:
Application date: 5/15/07

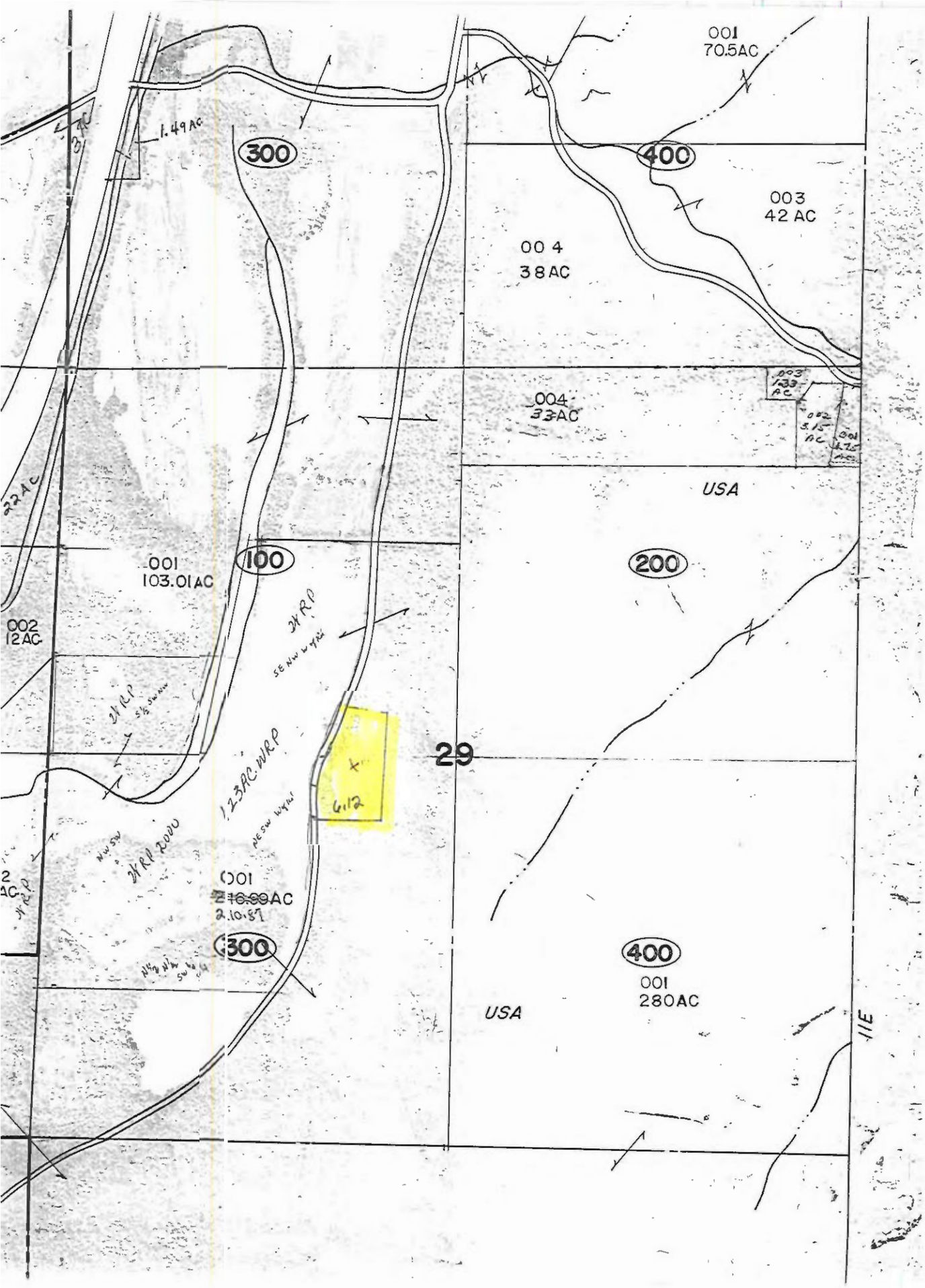
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

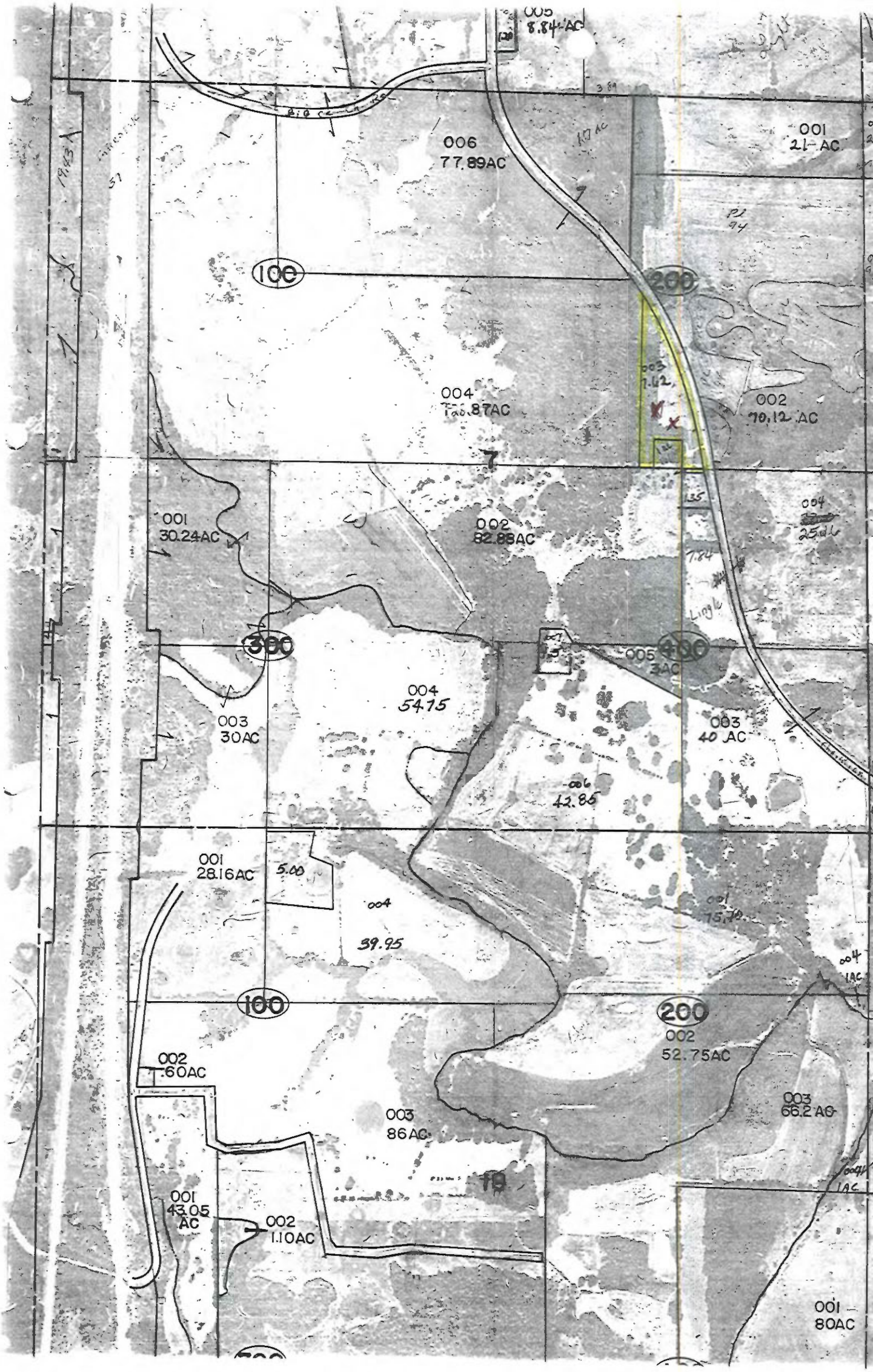
Approved by: Bill Jackson
Permit fee: $ 28.00
Date permit issued:
Permit number: 883

Payment of $28.00 CK# 7395 received by Union County Treasurer

Date 5-22-07

Bobby L. Moyer


001
70.5AC
1.49AC
300
400
003
42 AC
004
38AC
004
33AC
USA
22AC
001
103.01AC
100
200
002
12AC
WRP
SE NW WYNN
WRP
SE SW NW
29
1.23AC WRP
NE SW WYNN
6.12
WRP 2000
NW SW
001
~~16.99~~AC
2.10.87
300
400
001
280AC
USA
11E


005
8.84 AC
006
77.89AC
001
21 AC
100
200
003
7.62
004
70.87AC
002
70.12 AC
7
001
30.24AC
002
82.88AC
004
25.06
300
400
005
3AC
004
54.15
003
30AC
003
40 AC
006
42.85
001
28.16AC
5.00
004
39.95
001
75.70
004
1AC
100
200
002
52.75AC
002
.60AC
003
86AC
003
66.2 AC
19
001
43.05
AC
002
1.10AC
004
1AC
001
80AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-23-05-975

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2875 Rt 146 W

Subdivision or Addition | Lot | Block | Census track

Legal Description: 08-23-05-975 S 23 T 12 R 2W PT NE NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District: County

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
~~15 [ ] Garage~~
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [X] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date: 5-4-07
Completion construction date: 6-4-07

Putting on Foundation of old Motel – Restaurant

Beginning construction date: 5-4-07
Completion construction date: 6-4-07

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ _____

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 20,000.00

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

COPY

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [X] Other – Specify Square Post metal

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify None

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 7000
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Terry Reynolds	PO Box 728 Jonesboro, IL	62952	618 833-23
2. Contractor or Builder	Same			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Terry L Reynolds	2875 Rt 146 W PO Box 728	5-3-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 50.00		882

Payment of $50.00 CK # 12517 received by Union County Treasurer

Date 5/22/07

Bobby L Thomas Mg

new parcel

UNION COUNTY Prop. I 05-32-04-149-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2682 Boyd Rd. Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1W Sec 32

N (S) E W from intersection of Sadler and Boyd Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [x] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 12-1-06
Completion construction date 09-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 290,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [x] Other – Specify Post + Beam

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [x] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [x] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [x] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [x] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 2105
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 0
52. Outdoors: 0

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 3
54. Number of bathrooms: Full 1; Partial 2

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Glenn Beanland	715 Bartruff Rd. Anna, IL 62906		618-833-7452
2. Contractor or Builder	Danny Schwartz Post + Beam	12425 S. 425 Rd. Eldorado Springs, MO 64744		417-861-5142
3. Architect	John Biedenstein Cadwocky Designs	121 W. Poplar Eldorado Springs, MO 64744		417-876-4259

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Glenn L Beanland	715 Bartruff Rd. Anna IL	5-9-07

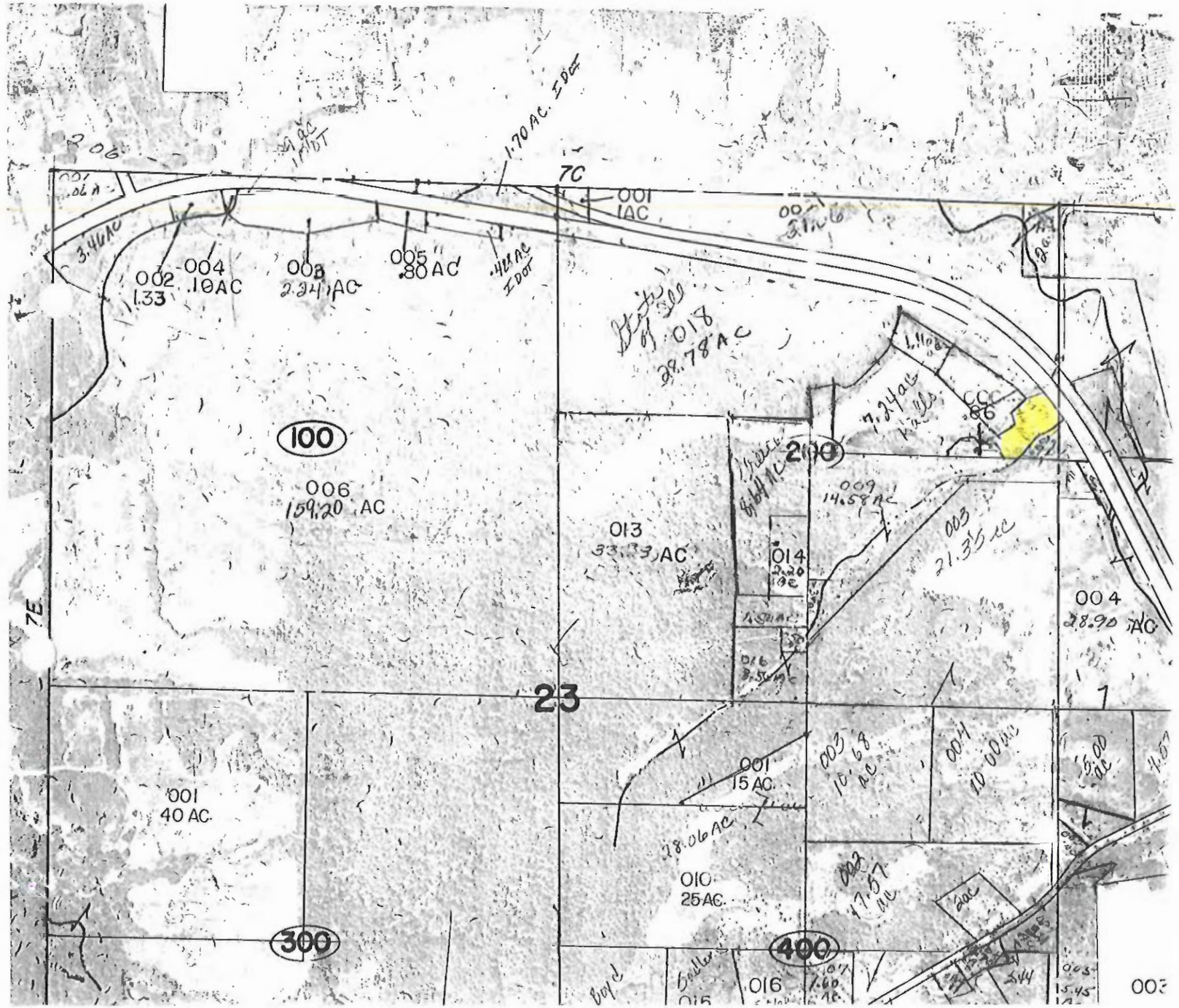
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 590.00	5-9-07	#881

Payment of $590.00 CK# 10311 received by Union County Treasurer

Date 5/22/07

Bobby L Mayer mg.


7C
001
1AC
1.70 AC. IDOT
.41 AC IDOT
3.46AC
002
1.33
004
.10AC
003
2.24 AC
005
.80 AC
.41AC IDOT
018
28.78 AC
100
006
159.20 AC
013
33.33 AC
200
014
009
14.58AC
003
21.35 AC
004
28.90 AC
7E
23
001
40 AC
001
15 AC
28.06AC
010
25AC
300
400
016
003

UNION COUNTY Prop. 07-13-05-354-C
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 225 Jamestown Rd, Cobden
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 11-2W Sec 13 Pt E1/2 SE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date June 1, 07
Completion construction date July 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 5000

MOBILE HOME INFO:
Date MH was set-up:
Make Skyline Size 720 Yr. Model 1973
Previous MH Owner —
Previous MH Location 1189 James Town Rd. 07-13-05-351-B
Current MH Owner Francisco Duran
Current MH Location 225 James Town Rd 07-13-05-354-C
Current Land Owner Francisco Duran

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Francisco Duran	225 Jamestown Rd. Cobden IL	62920	618-614-4555
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Lilia Charicata
Address: "
Application date: 5-9-07

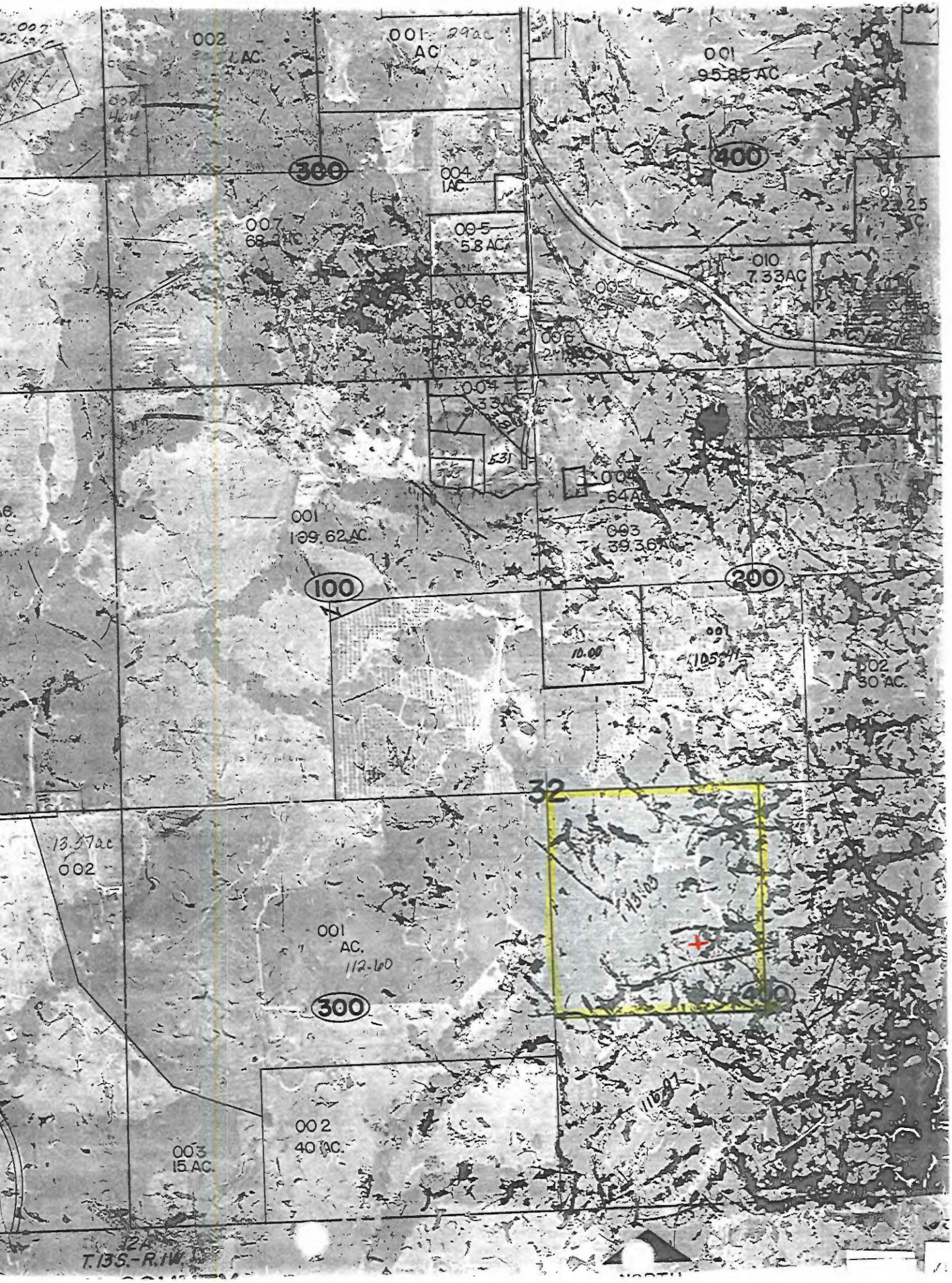
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

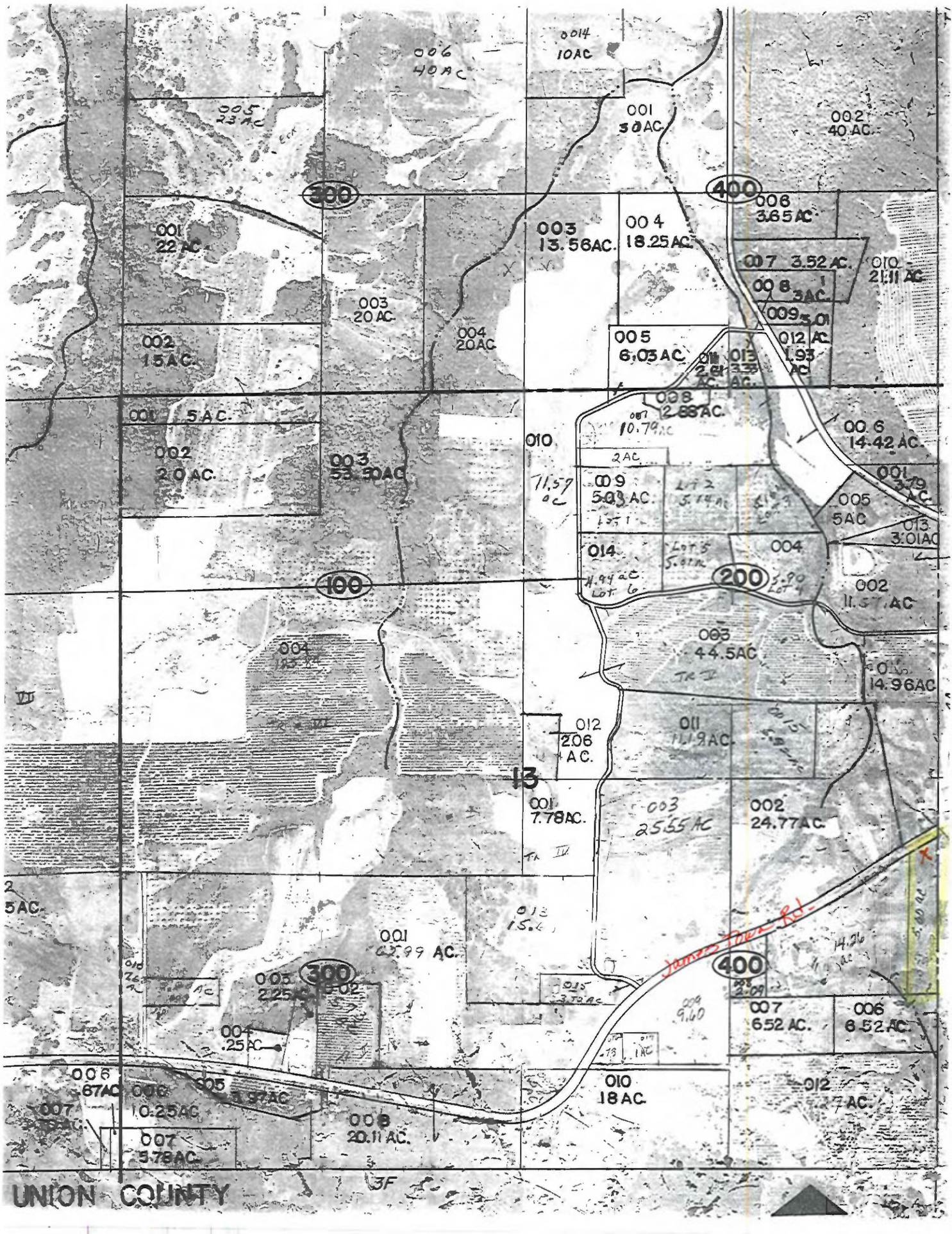
Approved by: Bill Jackson
Permit fee: $ 20.00
Date permit issued: 5-9-07
Permit number: #880

Payment of #20.00 Cash received by Union County Treasurer

Date 5-22-07

Bryan A Mayer
Mg.


002
1 AC.
001
29ac
AC
001
95.85 AC
300
400
004
1AC.
007
68.21AC
009
5.8 AC
010
7.33AC
005
1AC
006
004
33AC
531
008
64AC
001
109.62 AC.
003
39.36AC
100
200
10.00
105.41
002
30 AC.
32
13.57ac
002
001
AC.
112.60
300
400
116.07
002
40 AC.
003
15 AC.
T.13S.-R.1W.


UNION COUNTY
300
400
100
200
13
James Town Rd.
006 40AC
014 10AC
005 23AC
001 30AC
002 40AC
001 22AC
003 13.56AC.
004 18.25AC.
006 3.65AC
007 3.52AC.
010 21.11AC
008 3AC.
009 3.01
012 1.93 AC
003 20AC
004 20AC
002 15AC.
005 6.03AC.
008 2.88AC.
006 14.42AC.
001 5AC.
002 20AC.
003 53.30AC
010
009 5.03AC.
005 5AC
014
004
002 11.57AC
003 44.5AC
014 14.96AC
012 2.06 AC.
011 11.19AC
001 7.78AC.
003 25.55AC
002 24.77AC.
001 62.99 AC.
005 2.25AC
004 .25AC
007 6.52AC.
006 6.52AC.
006 .67AC
006 10.25AC
005 3.97AC
007 5.78AC.
008 20.11AC.
010 18AC.
012

UNION COUNTY Prop. 05-23-03-775
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2356 Dogwalk rd
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 12 1 W Sec 23
5 part NE NE 21-84ac
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

MOBILE HOME INFO:
Date MH was set-up: April 23 2007
Make Fleetwood Size 24 x 44 Yr. Model 2007
Previous MH Owner New
Previous MH Location New
Current MH Owner Sam Newman, Katy Morgan
Current MH Location 2356 Dogwalk rd
Current Land Owner Kathren Hill

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT 30,000.00

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Katy Morgan	2356 Dogwalk rd Anna, IL	62906	618-614-4615
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Katy Morgan	2356 Dogwalk rd	5-8-07

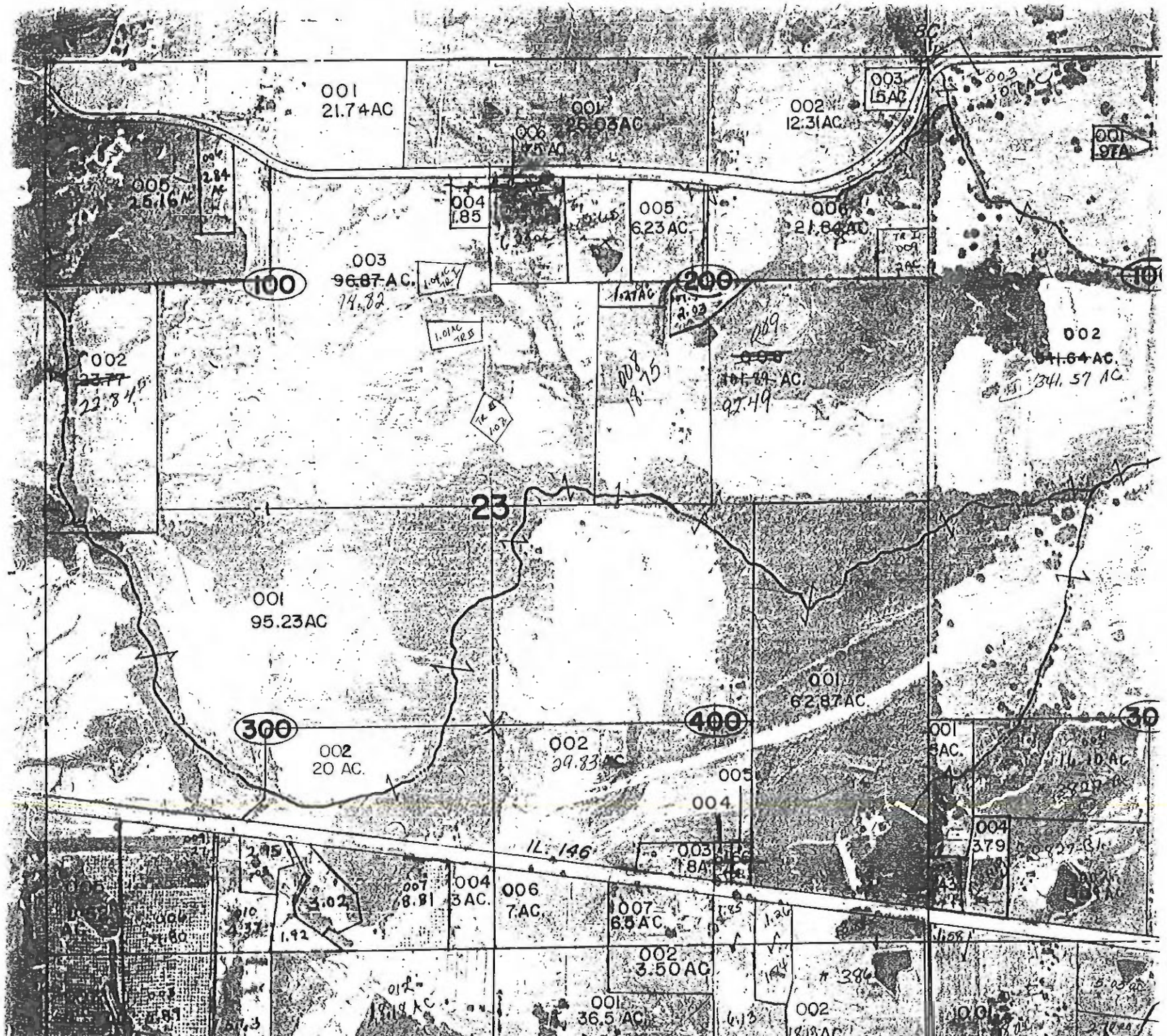
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Peelman	$ 70.00	5-8-07	879

Payment of $70.00 CK # 9150 received by Union County Treasurer

Date 5-22-07

Betty A. Mayer
Mag.


001
21.74AC
001
25.03AC
002
12.31AC
003
.15AC
001
.97A
005
25.16AC
004
1.85
005
6.23AC
006
21.84AC
003
96.87AC.
14.82
100
200
002
22.84
002
341.64AC.
341.57 AC
101.69 AC.
97.49
23
001
95.23AC
001
62.87AC.
300
400
002
20 AC.
002
29.83
005
004
IL. 146
003
1.8A
004
3.79
004
3AC.
006
7AC.
007
6.5AC.
002
3.50AC
001
36.5 AC.
002
18.8AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 07-05-05-180

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1020 Thompson Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: Alto Pass
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specity _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Myron Albers	1020 Thompson Rd. Alto Pass IL	62905	893-4359
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Myron C. Albers		5-8-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ -0-	5-8-07	#878

Payment of _____ received by Union County Treasurer

Date _____ _____

UNION COUNTY Pro, o. 14-06-10-824

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
1740 Balcom Rd.	AM Corzines Add.	1,2,3		

Legal Description

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $

To be installed but not included in the above cost
- a. Electrical .....
- b. Plumbing .....
- c. Heating, air conditioning .....
- d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 70,000

MOBILE HOME INFO:

Date MH was set-up: May 14, 2007 (estimated)

Make ? Size 60X28 Yr. Model 2006

Previous MH Owner

Previous MH Location Pinckneyville

Current MH Owner Mathis & Jean Ayers

Current MH Location

Current Land Owner Mathis & Jean Ayers

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify propane

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories .....
- 49. Total square feet of floor area, all floors, based on exterior dimensions 60X28
- 50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed .....
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms .....
- 54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Mathis & Jean Ayers	1740 Balcom Rd, Anna	62906	697-0443
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mathis Ayers	1740 BALCOM, RD.	4-30-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 150	4-3-07	#876

Payment of $150.00 CK #888 received by Union County Treasurer

Date 5-8-07

[signature] Mgr.

UNION COUNTY Prop. No. 04-35-02-885
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street | Subdivision or Addition | Lot | Block | Census track

Legal Description: S 35 T11 R1W 3.75ac PT NE NW Parcel A

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [X] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 10,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 10,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 640
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 1
54. Number of bathrooms: Full: 1 Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	John Clark Jr.	PO Box 284 Cobden Il.	62920	893-4547
	Tammy Clark	Same.		
2. Contractor or Builder	Self			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Tammy Clark | Address: PO Box 284 Cobden IL 62920 | Application date: 4-27-07

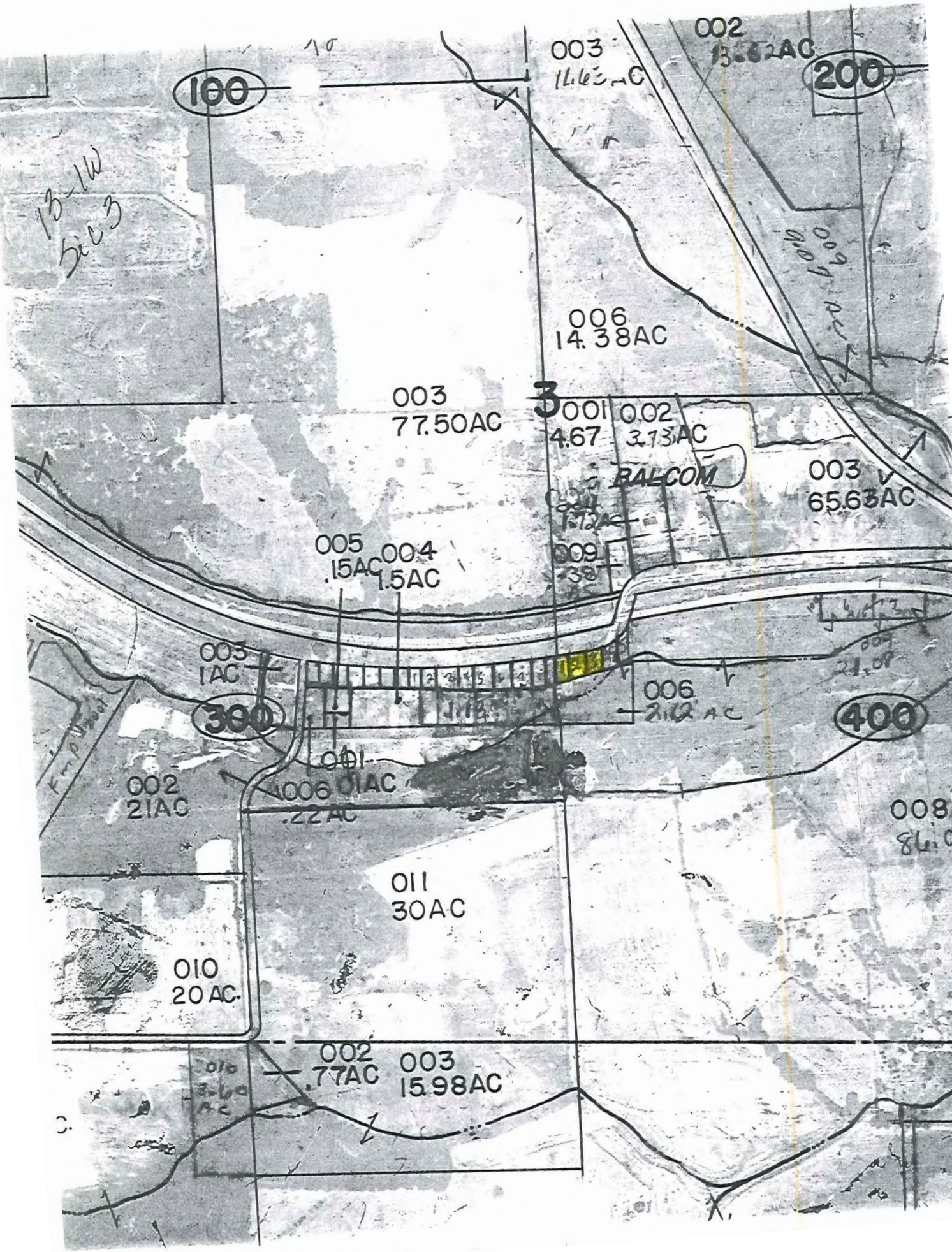
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 30.00	4-27-07	845

Payment of $30.00 Cash received by Union County Treasurer

Date 5/21/07

Betty A. Mayer Dep.


100
200
300
400
003
16.63AC
002
13.62AC
006
14.38AC
003
77.50AC
3
001
4.67
002
3.73AC
BALCOM
003
65.63AC
005
.15AC
004
1.5AC
003
1AC
006
2.12AC
002
21AC
006
.22AC
011
30AC
010
20AC
002
.77AC
003
15.98AC

UNION COUNTY Prop. J.
BUILDING PERMIT APPLICATION

05-25-03-845-E

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 95 Hess School Lane,
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: Anna, IL 62906.
S25 T12 R1W
N PT NW
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family (2-story modular)
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking Garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date 4/28/2007.
Completion construction date 7/31/2007 Estimated only.

Beginning construction date _____
Completion construction date _____

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

COPY

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 182,000
To be installed but not included in the above cost	
a. Electrical	0
b. Plumbing	0
c. Heating, air conditioning	0
d. Other (elevator, etc.)	0
11. TOTAL COST OF IMPROVEMENT	$ 182,000

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	2
49. Total square feet of floor area, all floors, based on exterior dimensions	1200
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Travar Beardsley	738 Monroe Rd., Barlow, KY	42024	270-748-9706
	Xiaoxin Wang	2951 W. Sunset Dr., A, Carbondale, IL	62901	618-534-7668
2. Contractor or Builder	New Horizon Homes	1707 E. DeYoung St. Marion, IL	62959	618-998-4663
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: [signature]
Address: 2951 W. Sunset Dr., A, Carbondale, IL 62901
Application date: 4/27/2007

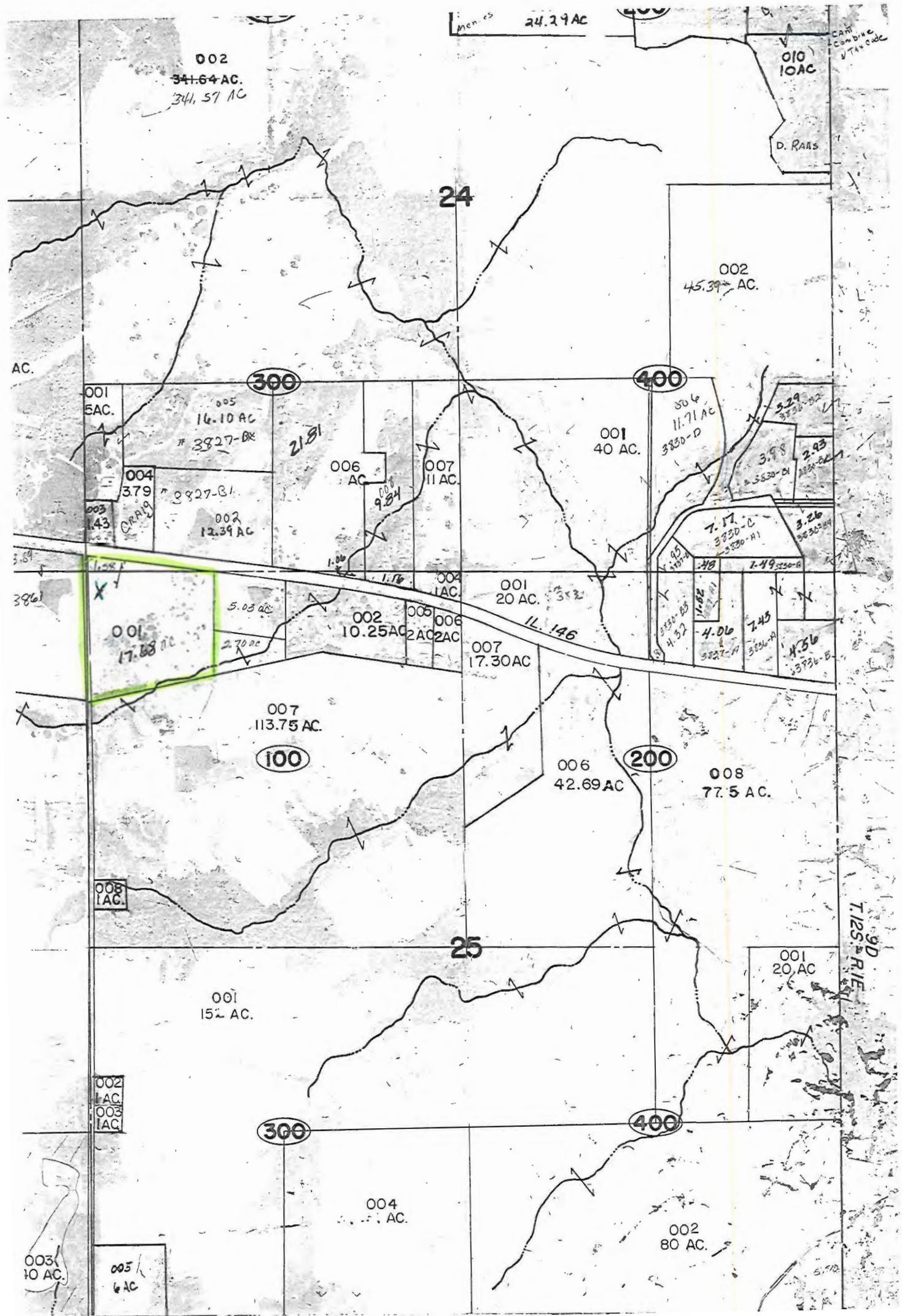
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: [signature]
Permit fee: $ 374.00
Date permit issued: 4-27-07
Permit number: 874

Payment of $374.00 CK# 700 received by Union County Treasurer

Date 5-8-07

[signature] Mgr.


24.29 AC
002
~~341.64~~ AC.
341.57 AC
010
10 AC
D. RAAS
24
002
45.39 AC.
300
400
001
5 AC.
005
16.10 AC
3827-B
21.81
004
3.79
3827-B1
003
1.43
CRAIG
002
12.39 AC
006
AC
007
11 AC
9.84
001
40 AC.
006
11.71 AC
3830-D
3.29
3.98
2.93
7.17
3830-C
3.26
1.49
004
1 AC.
001
20 AC.
IL. 146
001
17.68 AC
5.03 AC
2.70 AC
002
10.25 AC
005
2 AC
006
2 AC
007
17.30 AC
4.06
7.43
4.56
007
113.75 AC.
100
006
42.69 AC
200
008
77.5 AC.
008
1 AC.
25
001
152 AC.
001
20 AC
T.12S. R.1E.
002
1 AC.
003
1 AC.
300
400
004
AC.
002
80 AC.
003
10 AC.
005
6 AC

UNION COUNTY Pl... No. 05-23-03-773

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 705 Dogwalk Rd. Anna

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1W Sec 23 S part NE NE 21.84 ac

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wracking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn concrete floor

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 12000.

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions ..... 30x50 1500 sq
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Donna K Hill Morgan	705 Dogwalk Rd Anna Il	62906	618-833-8494
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Donna Morgan	705 Dogwalk Rd Anna Il	4-27-07

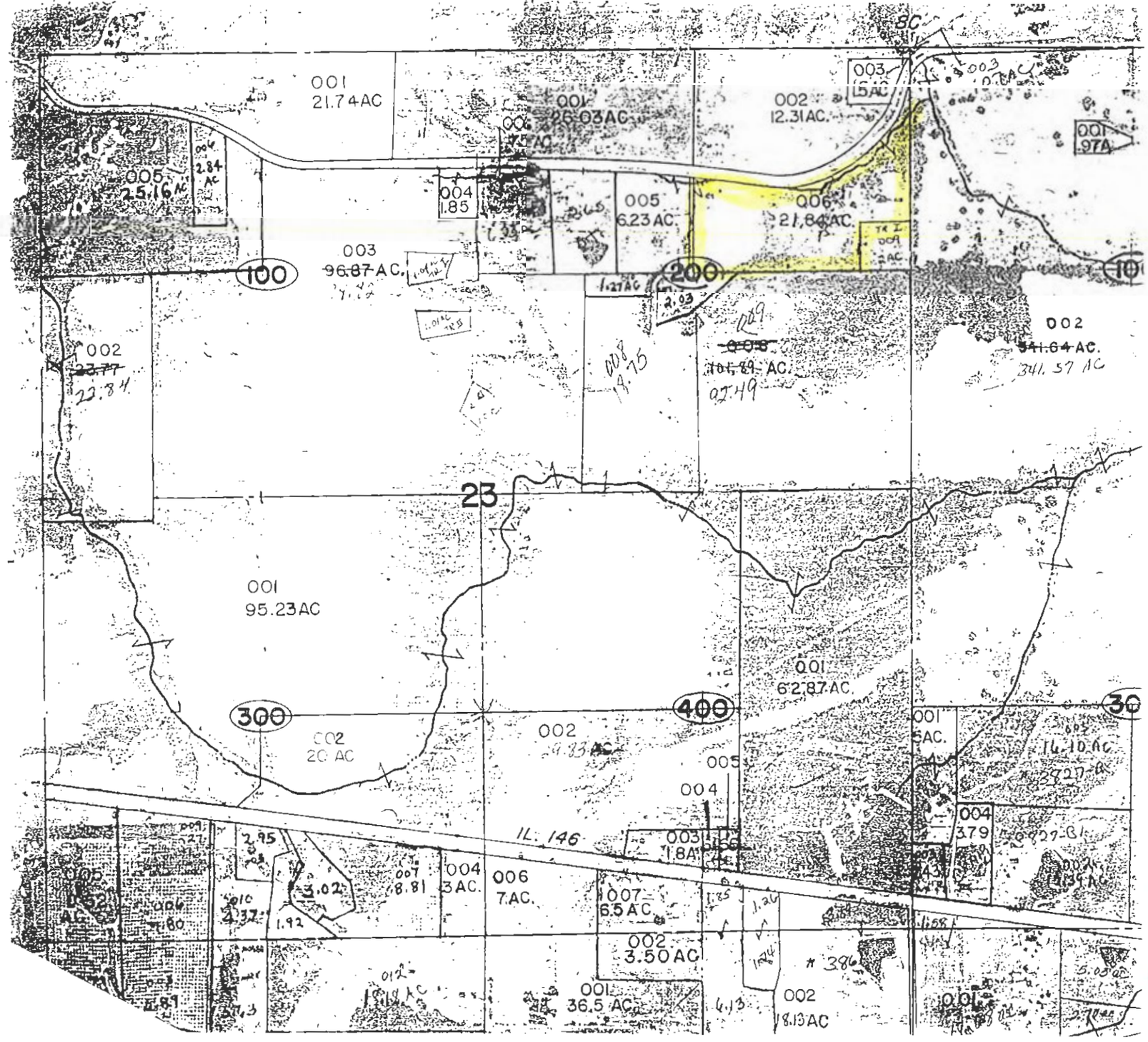
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 34 00	4-27-07	873

Payment of $34.00 CK # 9132 received by Union County Treasurer

Date 5-8-07

Bailey A. Myers Jr.


001
21.74AC
001
26.03AC
002
12.31AC.
003
15AC
001
.97A
005
25.16AC
004
1.85
005
6.23AC
006
21.84AC.
003
96.87AC.
100
200
002
341.64AC.
341.57 AC
101.89 AC.
23
001
95.23AC
001
62.87AC.
300
400
002
20 AC
002
9.33AC
005
004
IL. 146
003
1.8A
004
3AC.
006
7.AC.
007
6.5AC
002
3.50AC
001
36.5 AC
002
8.13AC
001
5AC.
16.10AC
004
379
386

UNION COUNTY Prop. . .
BUILDING PERMIT APPLICATION 07-17-05-447

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 3200 Bald Knob Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: S17 T11 R2W Mol
N S / E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date April 30, 2007
Completion construction date April 2008

COPY

Beginning construction date 4-30-07
Completion construction date 4-30-08

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $ 70,000
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 70,000

MOBILE HOME INFO:
Date MH was set-up:
Make 1995 Size 12 X 48 Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. ..... 900 sq ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 1
54. Number of bathrooms { Full ..... 1 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Barbara Casey	238 Oak Street Zeigler Il.	62999	596-4081
2. Contractor or Builder	Jacks Construction			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

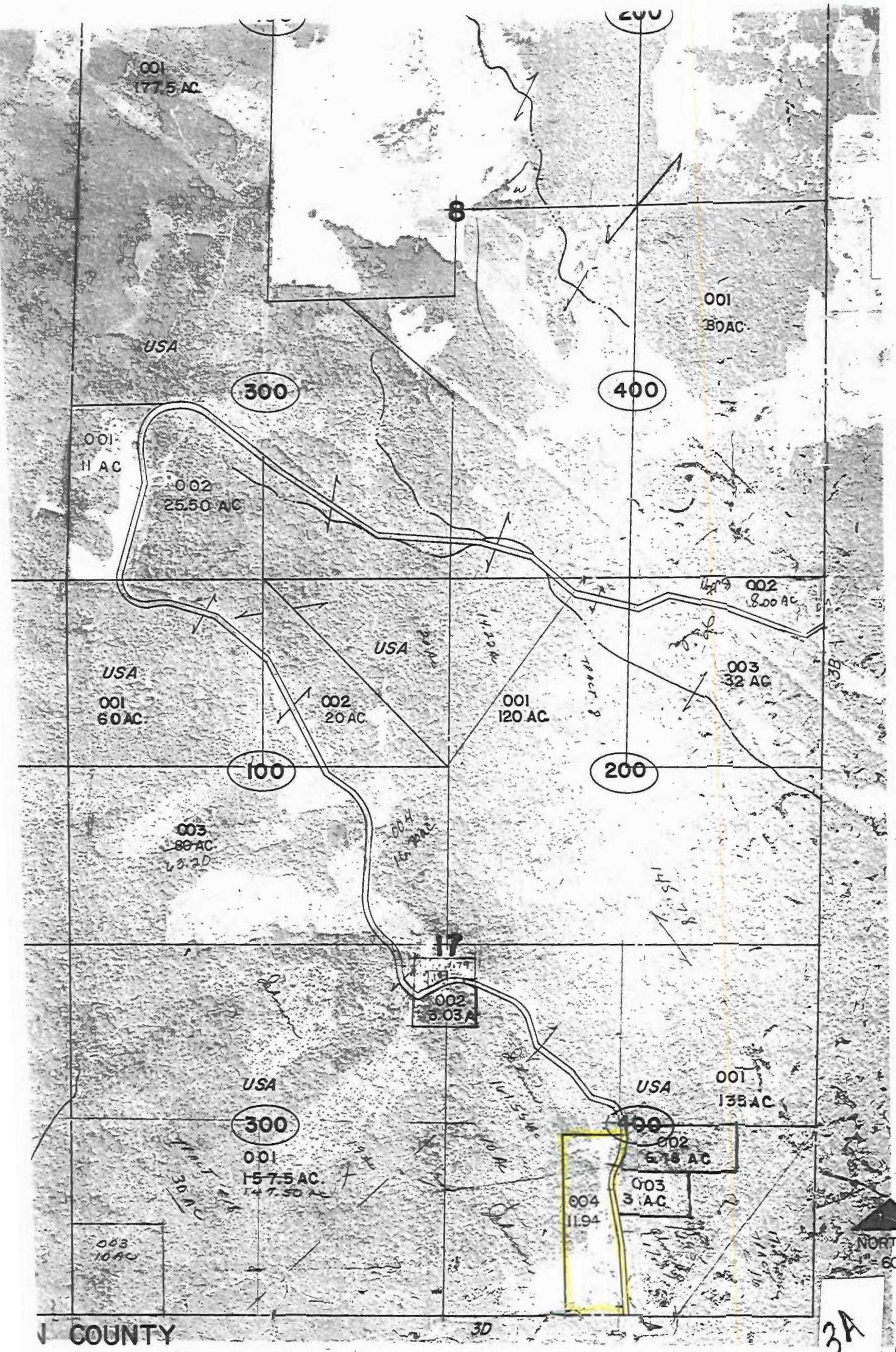
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Barbara L Casey	238 Oak Street Zeigler Il.	4/27/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 150.00	4-27-07	872

Payment of 150.00 CK # No No. _____ received by Union County Treasurer
Date 5-8-07
[signature]


001
177.5 AC
8
001
80 AC
USA
300
400
001
11 AC
002
25.50 AC
002
8.00 AC
USA
USA
003
32 AC
001
60 AC
002
20 AC
001
120 AC
100
200
003
80 AC
17
002
3.03 AC
USA
USA
001
135 AC
300
100
001
157.5 AC
002
6.18 AC
003
3 AC
004
11.94
003
10 AC
NORTH
1" = 600
COUNTY
S- R2W
3D
3A

UNION COUNTY Prop 'o.
BUILDING PERMIT APPLICAT N 04-2402-479

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 3250 KERR CANYON RD.
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S13 T11 R1W
SE SE, E SD E 1/2 SW SE

N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units edded, if any, in Part D, 13)
3 [X] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 3/1/07
Completion construction date 7/1/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 60,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structurel steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify WOOD

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories: 2
49. Total square feet of floor area, all floors, based on exterior dimensions: 3,000
50. Total land area, sq. ft.: 20.6 ACRES

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed: 0
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms: 4
54. Number of bathrooms: Full 2; Partial 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	CLIFTON HOWELL KIM HOWELL	1565 BETHEL CHURCH RD, COBDEN, IL	62920	893-4959
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	1565 BETHEL CHURCH RD. COBDEN IL	4/25/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 130 00	4-25-07	871

Payment of $130.00 CK #4917 received by Union County Treasurer

Date 5-8-07

[signature] Mg.

004
1AC
001
39AC
002
40AC
003
40AC
100
200
003
20AC
001
160AC
002
20AC
24
001
16 ac
003
54.60
001
160AC
300
400
002
79.15
004
.25
001
80AC
002
20AC
001
70AC

UNION COUNTY Prop. No. 05-28-03-968
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1770 US HWY 51 | Subdivision or Addition | Lot | Block | Census track

Legal Description: S28 T12 R1W 1.06 ac
RT LOT 1&2
W/A SE SUBDIVISION W OF HWY 51

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 18000

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [✓] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [✓] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [✓] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 30X44
50. Total land area, sq. ft. 1320

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Ravi Clandez	1770 Hwy 51 S. ANNA IL	62906	
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant | Address | Application date 4-20-07

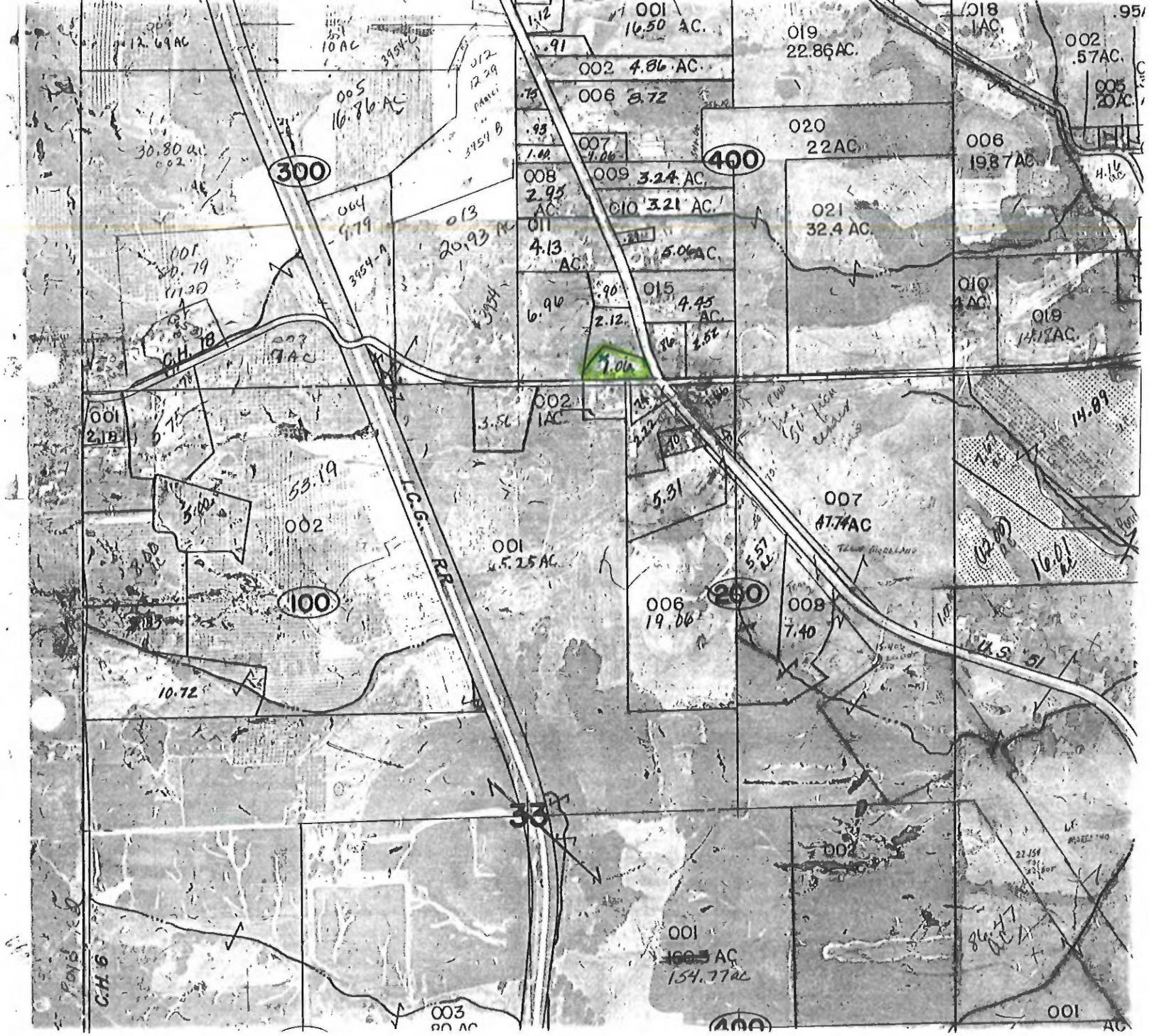
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 46.00	4-20-07	870

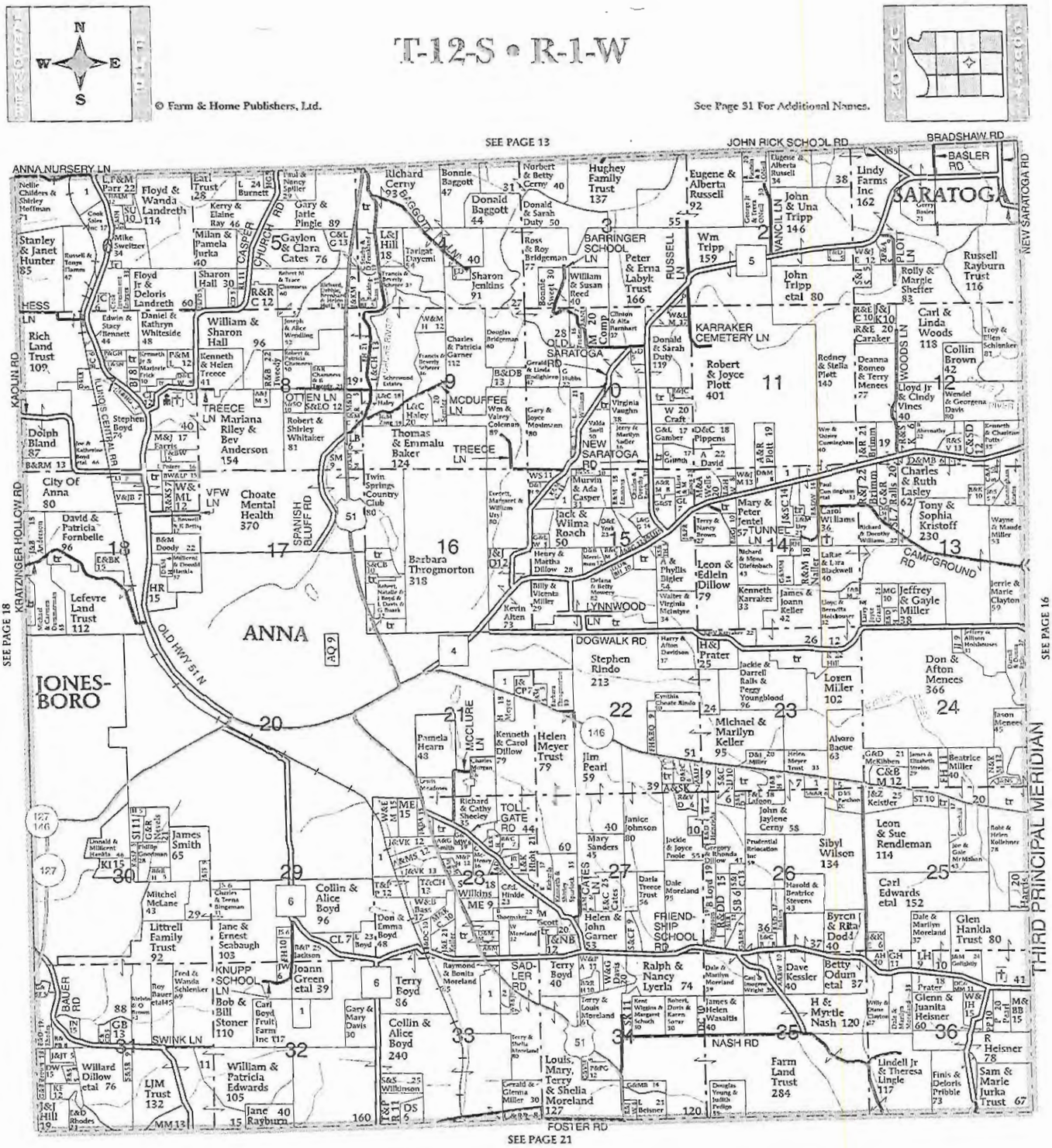
Payment of #46.00 CK#1566 received by Union County Treasurer

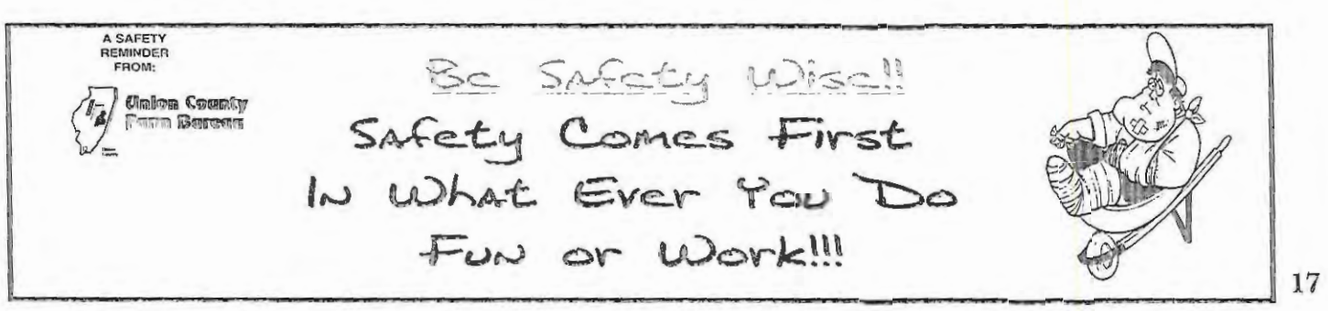
Date 5-8-07

[signature]


300
400
100
200
33
C.H. 18
C.H. 6
I.C.G. R.R.
U.S. 51
001
16.50 AC.
002 4.86 AC.
006 8.72
007
008
2.95 AC.
009 3.24 AC.
010 3.21 AC.
011
4.13 AC.
015
4.45 AC.
019
22.86 AC.
020
22 AC.
021
32.4 AC.
006
19.87 AC.
002
.57 AC.
005
.20 AC.
007
47.74 AC
006
19.06
008
7.40
001
154.77 AC
002
001
53.19
10.72
14.89
16.01

T-12-S • R-1-W


N
W
E
S
© Farm & Home Publishers, Ltd.
See Page 31 For Additional Names.
SEE PAGE 13
SEE PAGE 18
SEE PAGE 16
SEE PAGE 21
ANNA NURSERY LN
JOHN RICK SCHOOL RD
BRADSHAW RD
BASLER RD
NEW SARATOGA RD
SARATOGA
KAOLIN RD
KRATZINGER HOLLOW RD
CHURCH RD
CASPER RD
HESS LN
TREECE LN
SPANISH BLUFF RD
OLD HWY 51 N
ANNA
JONES-BORO
BARRINGER SCHOOL LN
RUSSELL LN
VANCIL LN
PLOTT LN
WOODS LN
KARRAKER CEMETERY LN
OLD SARATOGA RD
NEW SARATOGA RD
MCDUFFEE LN
LYNNWOOD LN
CAMPGROUND RD
DOGWALK RD
MCCLURE LN
TOLL-GATE RD
CATES LN
FRIEND-SHIP SCHOOL RD
SADLER RD
KNUPP SCHOOL LN
BAUER RD
SWINK LN
NASH RD
FOSTER RD
THIRD PRINCIPAL MERIDIAN


A SAFETY REMINDER FROM:
Union County Farm Bureau
Be Safety Wise!!
Safety Comes First
In What Ever You Do
Fun or Work!!!

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-23-05-995-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description 12-2W Pt NE SE

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* shed

Beginning construction date 4-27-07
Completion construction date 5-4-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 7,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 16X20 320 SF
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Pat Mowery	106 Ashlar, Jonesboro, IL	62952	618-833-6943
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Pat Mowery		4-18-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jenkins	$ 24.00	4-18-07	869

Payment of $24.00 CK #6536 received by Union County Treasurer

Date 5-8-07

Bailey L. Mayer Mg.

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-23-05-987

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 260 TRIPP CEMETERY LANE

Subdivision or Addition | Lot | Block | Census track

Legal Description: S23 T12 R2W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [x] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [x] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [x] Other – *Specify* Pole Barn

Beginning construction date 5-1-07

Completion construction date 6-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 8,000-
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 8,000-

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [x] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [x] Other – Specify Wood-f any

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [x] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [x] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	32 X 32
50. Total land area, sq. ft.	1024

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Russell Sullivan	260 TRIPP Cemetery Lane Jonesboro IL 62952	62952	618 833-2504
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Russell E Sullivan	260 TRIPP CEMETERY LANE	4-12-07

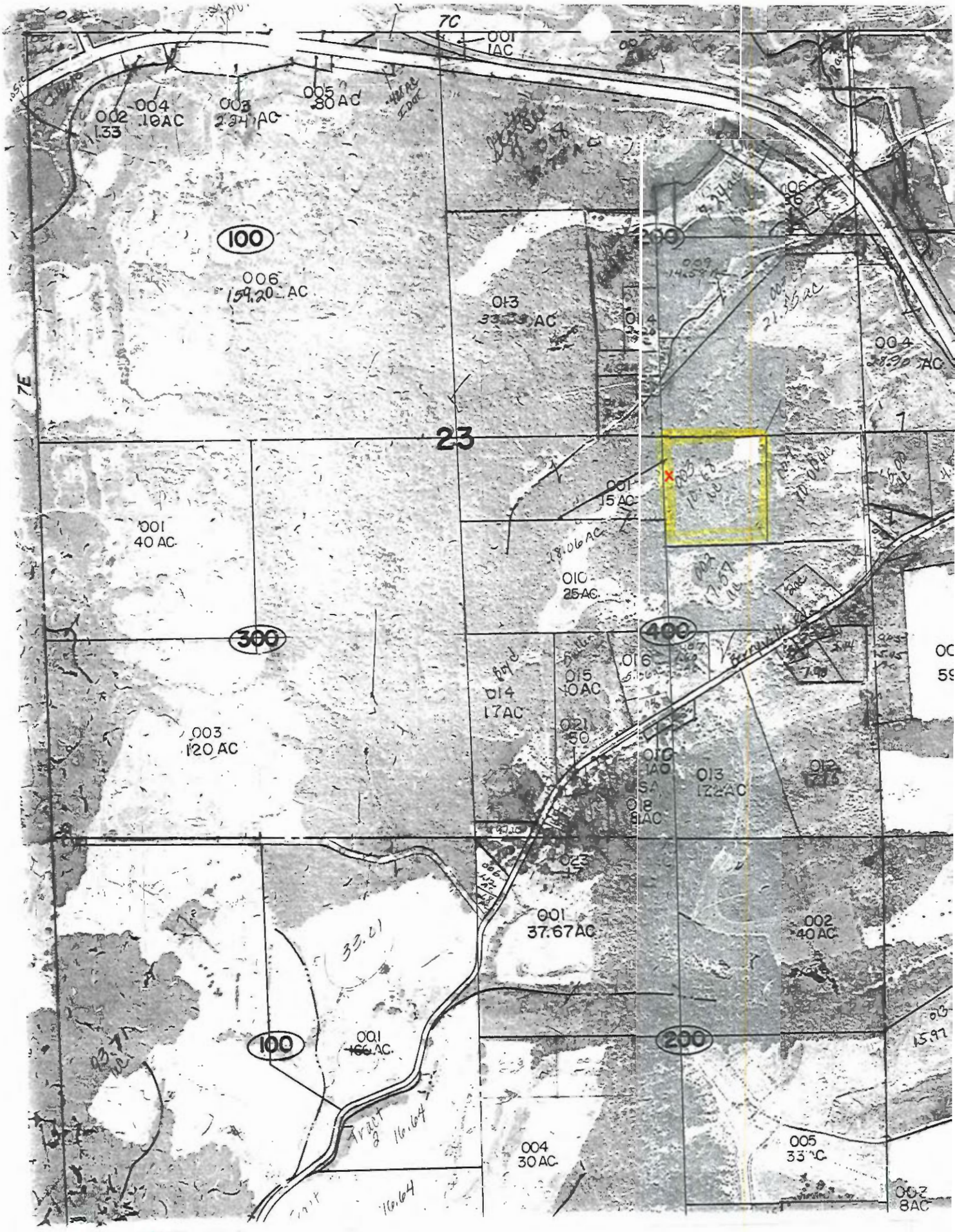
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

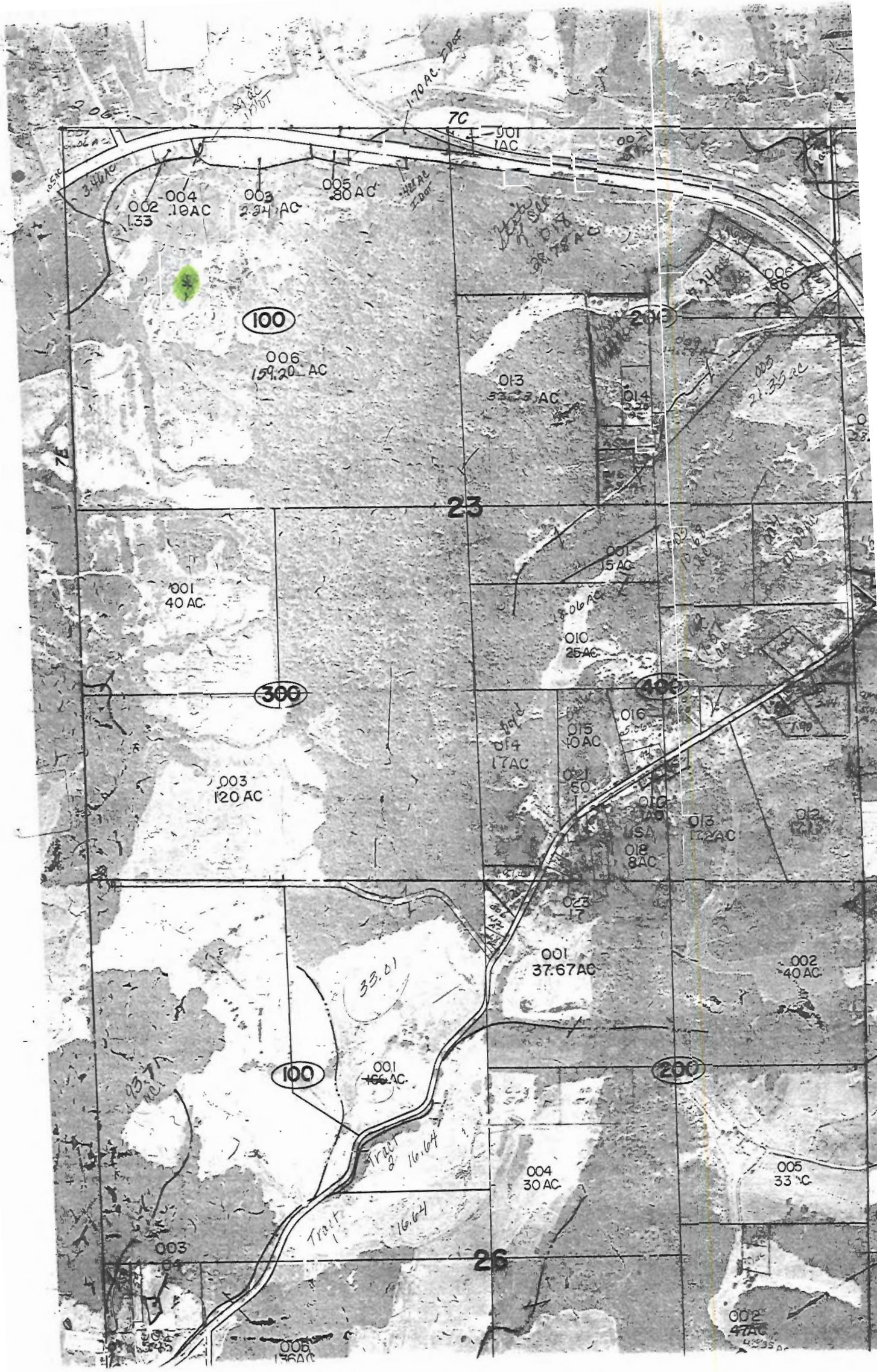
Approved by	Permit fee	Date permit issued	Permit number
Bill Jeffers	$ 26.00		868

Payment of $26.00 CK #6977 received by Union County Treasurer

Date 4-17-07

Barry A. Mizer mg.


7C
001
1AC
002
1.33
004
.10AC
003
2.34 AC
005
.80AC
100
006
159.20 AC
013
33.29 AC
014
004
8.90 AC
7E
23
001
15AC
001
40 AC
010
25AC
300
400
014
17AC
015
10AC
016
021
50
003
120 AC
013
122AC
018
8AC
001
37.67AC
002
40AC
100
001
166 AC
200
004
30AC
005
33 AC
002
8AC


7C
901
1AC
002
1.33
004
.10AC
003
2.34 AC
005
.80 AC
100
006
159.20 AC
013
33.23 AC
014
200
23
001
40 AC
001
15 AC
010
25AC
300
400
014
17AC
015
10 AC
016
003
120 AC
021
50
013
12AC
018
8AC
017
001
37.67AC
002
40 AC
33.01
100
001
166 AC
200
Tract 2
16.64
004
30 AC
005
33 AC
003
26
002
47AC
006
136AC

UNION COUNTY Prop. No. PI # 06-15-04-532-A1
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Body Barn Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: S15 T13 R1W NW NW

N S
E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [X] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 3500.00

MOBILE HOME INFO:
Date MH was set-up: 4/21/07
Make Clayton Homes Size 12x60 Yr. Model 83
Previous MH Owner Hazel McCullough
Previous MH Location 165 Tedrick Ln.
Current MH Owner Rebecca Houseman
Current MH Location Body Barn Rd.
Current Land Owner William Hileman

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [X] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 720
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 1 / Partial 0

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Rebecca Houseman	775 Neely Rd. Anna IL ~~62906~~	62906	(618) 697-2657
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Rebecca Houseman	775 Neely Rd. Anna 62906	4-10-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bob [illegible]	$ 17.00		867

Payment of 17.00 Ck # 384 received by Union County Treasurer

Date 4-17-07

Bobby L. Moyer mg.

008
14.70 AC
005
8 AC
004
20 AC
100
003
88.73 AC
200
004
21 AC
006
15 AC
005
40 AC
007
5 AC
005
202 AC
11.51
RAILS
10
001
40 AC
002
0 AC
004
40 AC
006
40 AC
002
40 AC
300
400
003
40 AC
001
20 AC
004
002
40 AC
3
AC
003
20 AC
7.86
005
15.14 AC
003
10 AC
001
31.70 AC
001
40 AC
006
16 AC
002
6 AC
005
20.15 AC
002
120 AC
100
200
9.18
9.64
004
16.85
AC
005
8 AC
7.02 ac
Short
15
003
39.25 AC
003
40 AC
001
AC
300
400
002
59.82 AC
001
12.75 AC
12E

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	MODEL	BODY STYLE	TITLE NO.
CL69674TN CL69674TN	1983	CLAYTON HOMES		TRAILER	X4348765001

DATE ISSUED	ODOMETER	CCM	PURCHASED	PURCHASE DATE
12/13/04			USED	11/03/04

MOBILE HOME SQ. FT.

TYPE OF TITLE
ORIGINAL

MAILING ADDRESS

HAZEL J MC CULLOUGH
165 TEDRICK LN
DONGOLA IL 62926-6234

LEGEND(S)

MILEAGE NOT REQUIRED

OWNER(S) NAME AND ADDRESS
HAZEL J MC CULLOUGH
KELLY J JOHNSON
165 TEDRICK LN
DONGOLA IL 62926-6234

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN
The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

Firm Name _____ By _____ Signature of Authorized Agent _____ Date _____

Firm Name _____ By _____ Signature of Authorized Agent _____ Date _____

NEW LIEN ASSIGNMENT: The information below must be on an application for title and presented to the Secretary of State.
Secured Party: Address:

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

"I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

ODOMETER READING _____ NO TENTHS

☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage."
WARNING-ODOMETER DISCREPANCY

"If this vehicle is one of more than 5 commercial vehicles owned by me, I certify also that the vehicle is not damaged in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature(s) of Seller(s) Hazel J McCullough

Printed Name(s) of Seller(s) HAZEL JO McCullough DATE OF SALE 4/6/07

"I am aware of the above odometer certification made by seller."

Signature(s) of Buyer(s) Rebecca Hileman **Printed Name** Rebecca Hileman

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

SEAL OF THE STATE OF ILLINOIS AUG. 26TH 1818

D35577133
CONTROL NO.

Jesse White
JESSE WHITE, Secretary of State

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

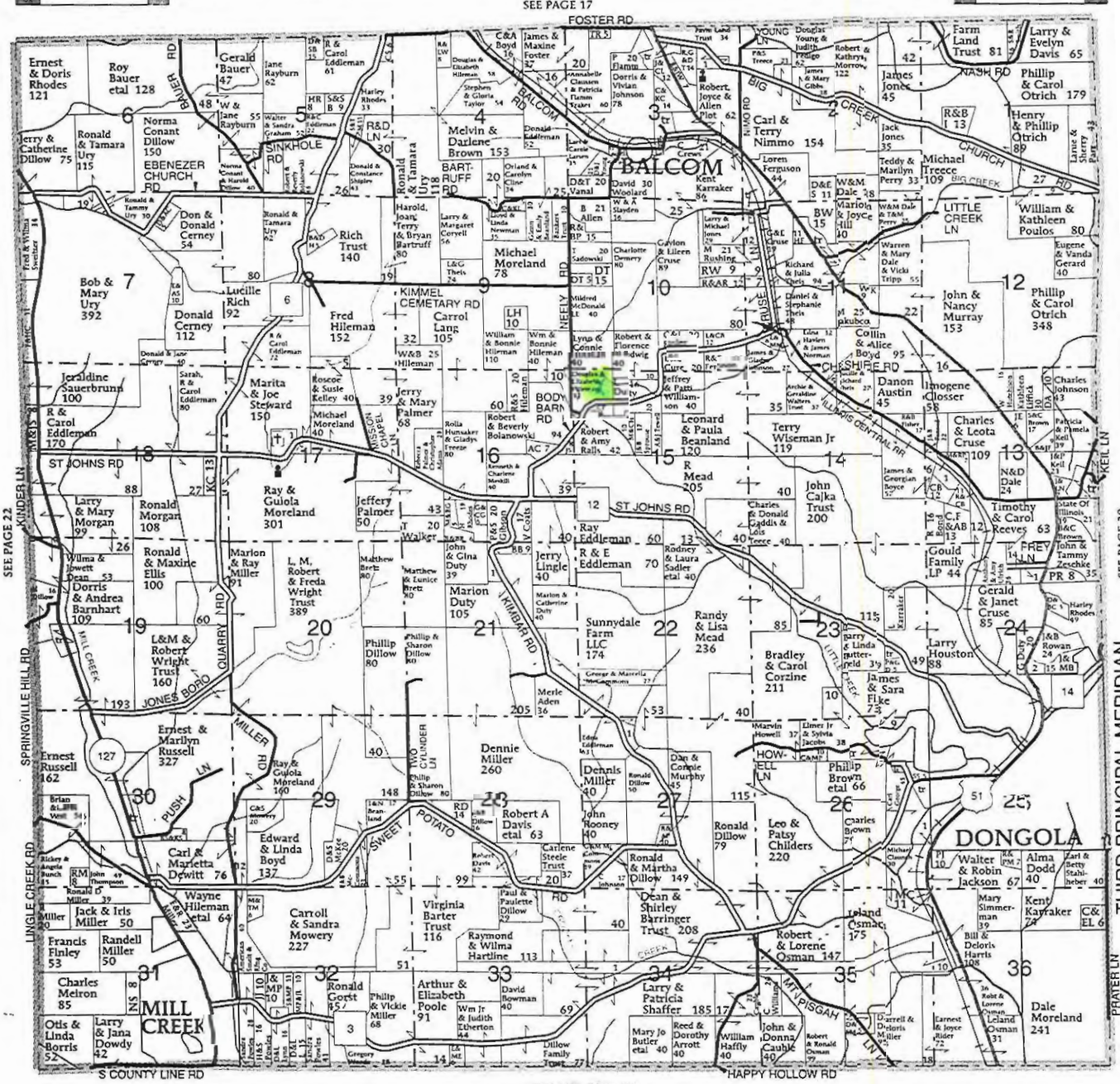
T-13-S • R-1-W

LANDOWNER FHP

© Farm & Home Publishers, Ltd.

See Page 31 For Additional Names.

UNION COUNTY



RONALD E. OSMAN & ASSOCIATES, LTD.

Ronald E. Osman
Jonathan K. Oliver
Sara L. Fike

ATTORNEYS AT LAW

1602 W. KIMMEL STREET
MARION, IL 62959
OFFICE: 618-997-5151
FAX: 618-997-4983
rosman@marion.quitamlaw.com

102 ELM STREET
DONGOLA, IL 62926
OFFICE: 618-827-3547
FAX: 618-827-4742
sfike@dongola.quitamlaw.com

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 06-16-04-555-D

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track
175 Moss Lane, Anna				

Legal Description: Sec 16 13-1W SW CR SE SW 5ac

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn with concrete floor

Beginning construction date Apr 14, 07

Completion construction date May 14, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 4000

MOBILE HOME INFO:
Date MH was set-up:
Make Size Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions 20X24
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Michael Goodman	175 Moss Ln Anna IL 62906	62906	827-4529
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Mikael Goodman		4-4-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 18 00	4-4-07	#866

Payment of $18.00 Cash received by Union County Treasurer

Date 4-17-07

[signature] Mg.

UNION COU
T13S-R1

12B

UNION COUNTY Prop. . . 09-14-06-406-D
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 2285 Lingle Creek Rd
Subdivision or Addition | Lot | Block | Census track
Legal Description: S14 T13 2W
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* Shed 30x40

Beginning construction date April 2007
Completion construction date April 28 2007

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 8,000.

To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... $ 8000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories 1
49. Total square feet of floor area, all floors, based on exterior dimensions 30X40
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner	Peggy Stanley Hileman	2285 Lingle Creek Rd Jonesboro	62952	833 5043
2. Contractor or Builder	Eddie Pearl	Jonesboro Ill	62952	
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Stanley & Peggy Hileman
Address
Application date: 4-4-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 26.00	4-4-07	#865

Payment of 26.00 CK #10956 received by Union County Treasurer

Date 4-12-07

[signature]

UNION COUNTY Prop. No. 04-16-02-266
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 45 Pepper Rd
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: 212 T12 R2W
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $ 5,000
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 3-29-07
Completion construction date 4-1-07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No
Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories ..... 24 X 30
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner		Bill Bass P.O. Box 526 Anna IL 62906		833-1364
2. Contractor or Builder	Bill Bass	to 45 Pepper Road Cobden IL 62920		
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Bill Bass
Address: 45 Pepper Road
Application date:

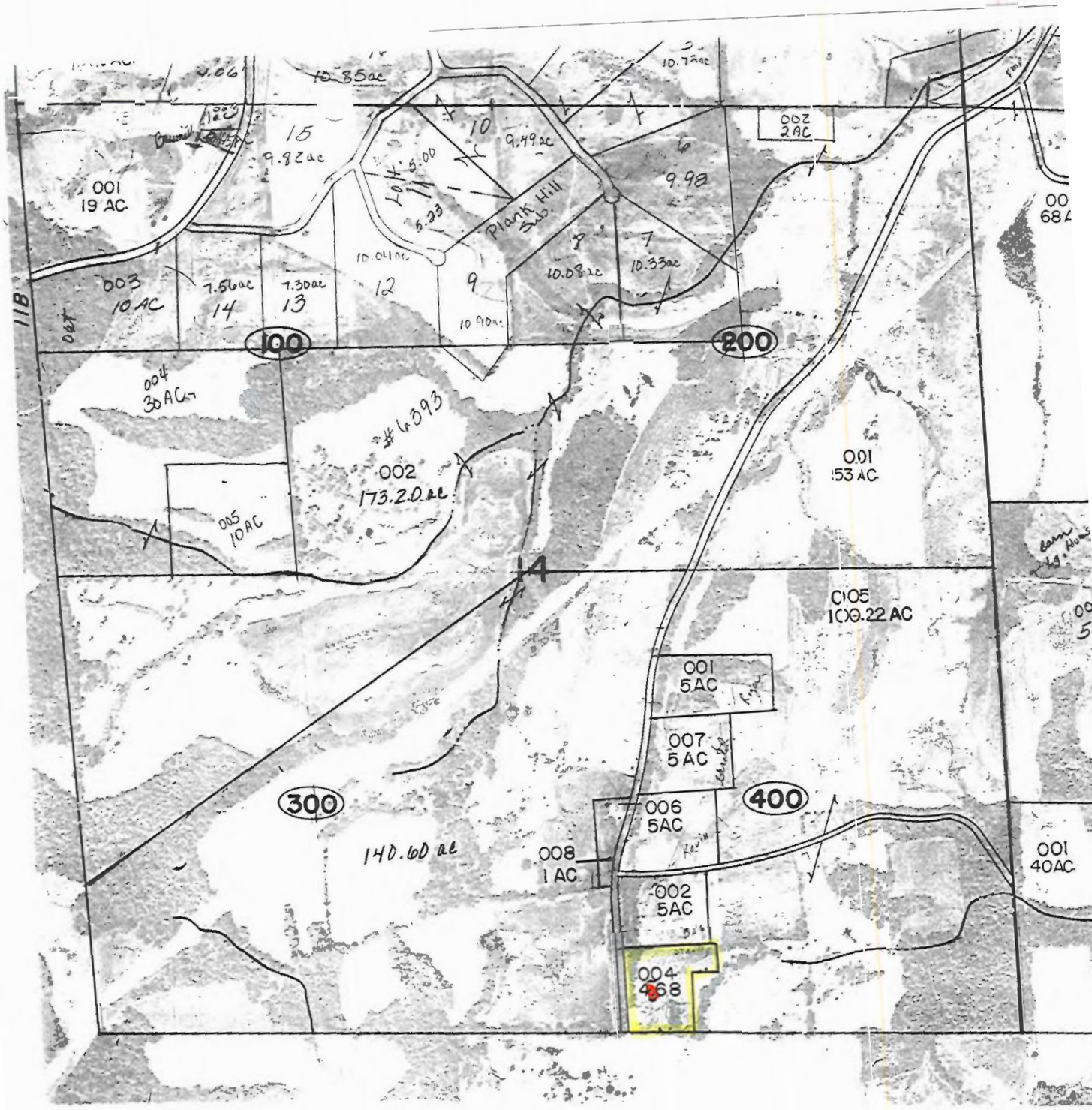
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 30.00	4/2/07	#864

Payment of $30.00 Cash received by Union County Treasurer

Date 4/3/07

Billy L. Mayer
Mg.



UNION COU
T13S-R2

Stanley Hileman

UNION COUNTY Prop. No. 04-26-02-523-C
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 400 Bethel Church Rd.
Subdivision or Addition: Cobden
Lot: | Block: | Census track:

Legal Description: 11-1W 6.19 AC
Sec 26 PT E1/2 SW

N S
E W from Intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D. 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D. 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* furnice room

Beginning construction date Mar 23, 07
Completion construction date Jun 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 1000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify WOOD

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 8X10 80 ft
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	TERRY STANLEY	400 BETHEL CH. Rd. COBDEN	62920	893-4676
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

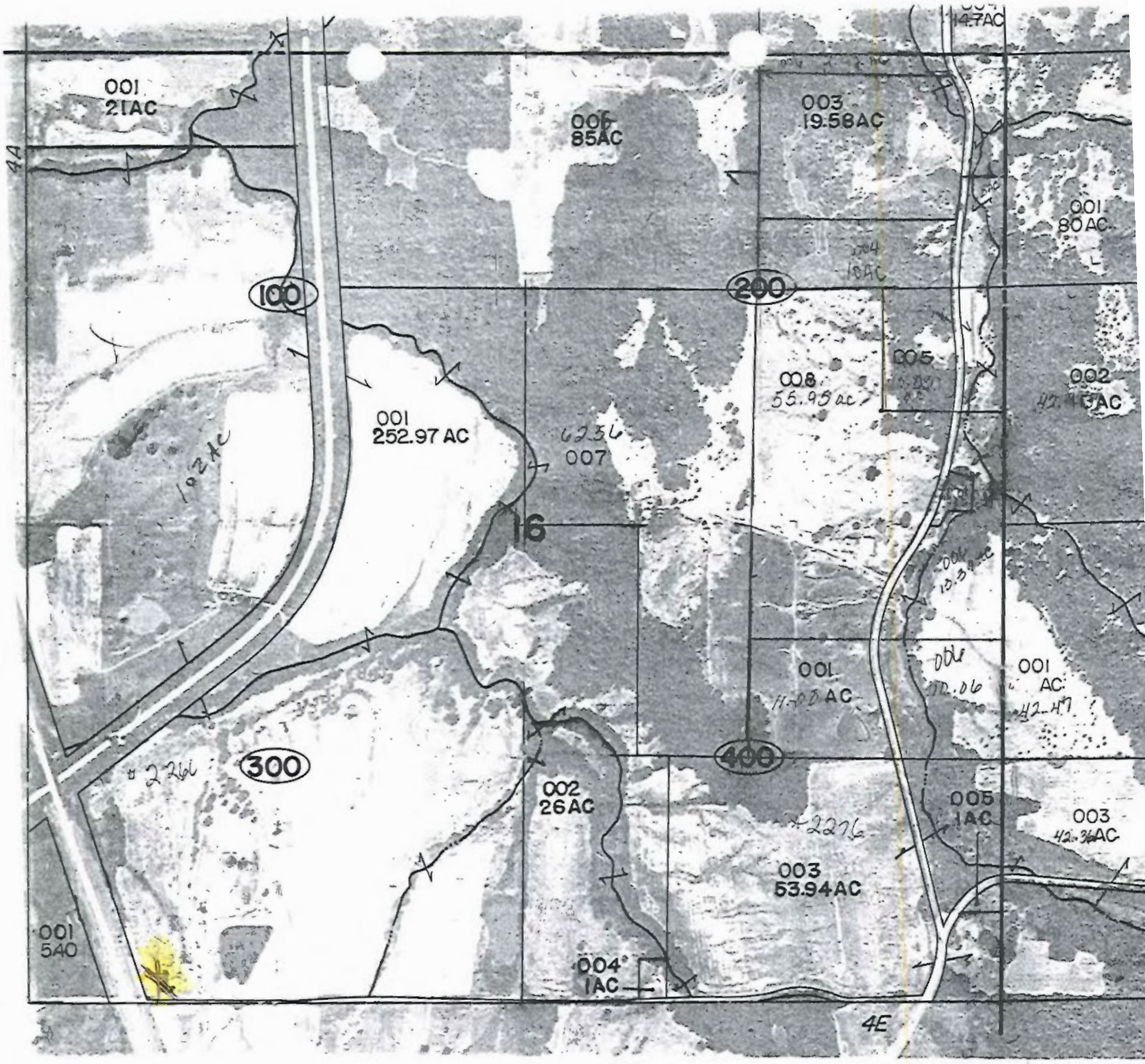
I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Terry A. Stanley
Address: 400 Bethel CH. Rd. Cobden
Application date: 3-28-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ 12.00
Date permit issued: 3-28-07
Permit number: 863

Payment of 412.00 Cash received by Union County Treasurer
Date 4/3/07
Bobby L. Myers Mg.



UNION COUNTY
T11S-R1W

3

30AC
5AC
004
5AC
001
5.5AC
002
34.50AC
003
40AC
007
20. AC
005
8.AC
001
3.23AC
004
40AC
100
200
004
47.50AC
006
003
36.76AC
1.68
26
5AC
001
19.50AC
003
17.73AC
005
39.33AC
015
1AC
7.26AC
7.55AC
004
2AC
300
006
16.75AC
002
1.50AC
400
001
9.44 AC
7.53AC
010
3.75AC
009
5.06AC
018
1.50AC
008
1.0AC
3AC
012
14.73AC
013
014
37.32 ac
008
009
001
45.50AC
001
3.850AC
5.74AC
002
140.39AC
100
200
005
27.80 AC
005
60 AC
004
20AC

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 08-03-05-706-81

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: State Rt 127 N

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 3 12 2W Pt E 1/2 SW

N S E W from Intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn concrete floor

Beginning construction date Mar 20, 07

Completion construction date Apr 1, 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, Institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement $ _____

To be installed but not included in the above cost
a. Electrical _____
b. Plumbing _____
c. Heating, air conditioning _____
d. Other (elevator, etc.) _____

11. TOTAL COST OF IMPROVEMENT $ 12,000

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 32 x 40 1280 sq ft
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Larry S. Swain Kim J. Swain	1290 Clear Creek Lever Jonesboro, Il.	62952	833-4594
2. Contractor or Builder	D & K Builders			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
		3-20-06

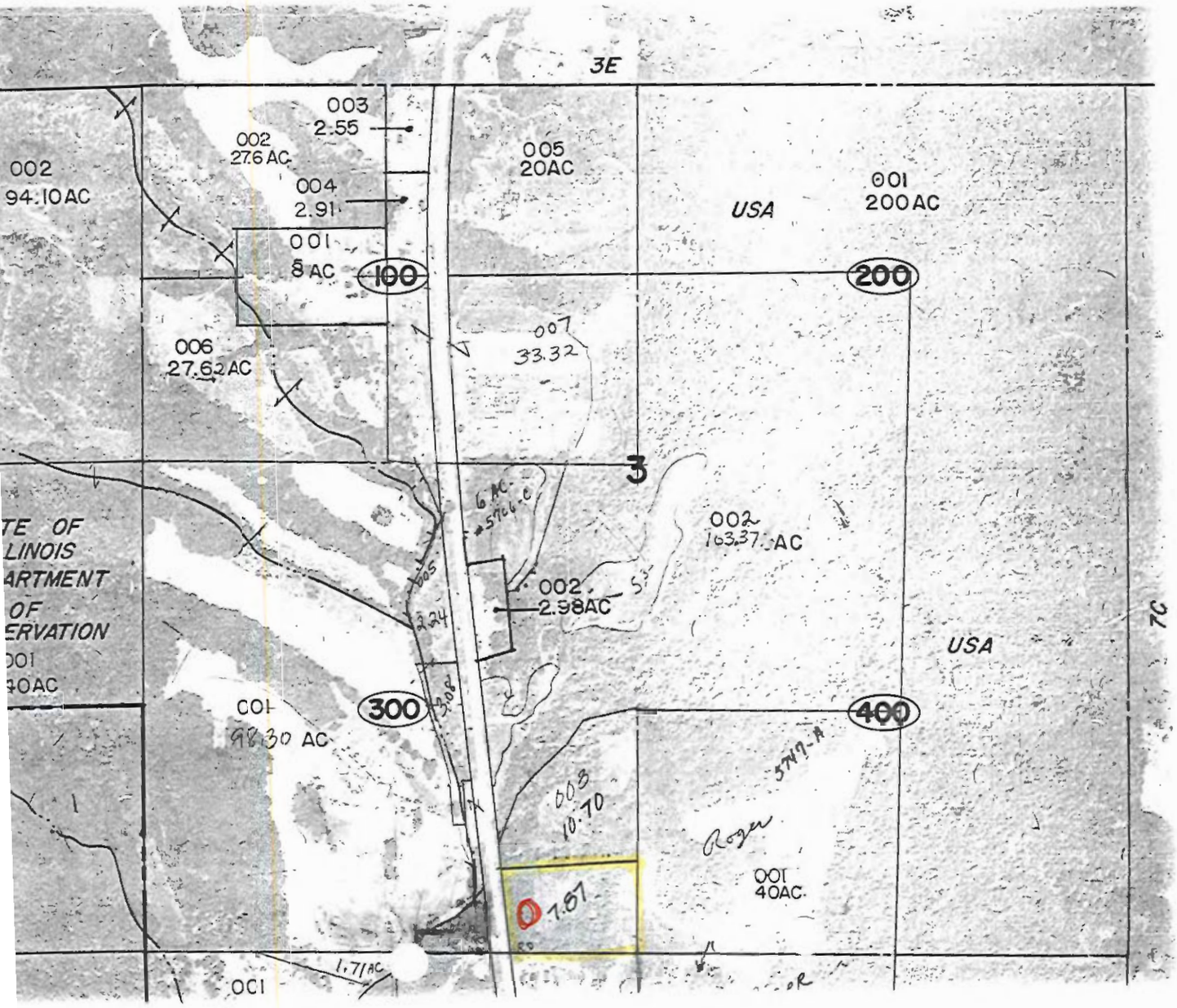
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jenkins	$ 34.00	3-20-06	#861

Payment of $34.00 Ck # 8330 received by Union County Treasurer

Date 4-17-07

Bobby A. Morgan


3E
003
2.55
002
27.6 AC
002
94.10 AC
004
2.91
001
8 AC
100
005
20AC
USA
001
200 AC
200
006
27.62 AC
007
33.32
3
6 AC
002
103.37 AC
002
2.98AC
TE OF
LINOIS
ARTMENT
OF
ERVATION
001
40AC
USA
300
001
98.30 AC
400
008
10.70
Roger
001
40AC
1.57
1.71AC
001

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. St John's Lutheran Church

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: St Johns Rd
Subdivision or Addition:
Lot:
Block:
Census track:

Legal Description: 13-1W Sec 17 Pt NE SW

N S
E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [ ] Private (individual, corporation, nonprofit institution, etc.)
9 [X] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify*

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* restroom

Beginning construction date _____
Completion construction date _____

Beginning construction date Apr 1, 07
Completion construction date Sept 1, 07

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [ ] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____ 20 X 24 480
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / Partial _____ 1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	St John Church by Sonny Eckelman	(5660 Boyd Rd, Anna, IL 62906)		833 756
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: Sonny Eckelman
Address:
Application date: 3-14-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bill Jackson
Permit fee: $ -0- Tax Exempt
Date permit issued: 3-19-07
Permit number: #860

Payment of -0- received by Union County Treasurer

Date 3-20-07

ST JOHNS LUTHERN CHURCH

UNION COUNTY Pr No. 06-13-04-484

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 420 Kiel Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: Sec 13 18-1W Pt NE NE Pt SE NE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (If Residential, enter number of new housing units added, if any, in Part D. 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D. 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [X] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 3-5-06

Completion construction date 3-12-06

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

COPY

PAT CK 6467

C. COST *(Estimated)* *(Omit cents)*

10. Cost of Improvement ..... $

To be installed but not included in the above cost

a. Electrical .....

b. Plumbing .....

c. Heating, air conditioning .....

d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT $55,000

MOBILE HOME INFO:

Date MH was set-up:

Make Dutch Size 24 X 44 Yr. Model 06

Previous MH Owner

Previous MH Location Mt Vernon

Current MH Owner Charles W + Crystal G Johnson

Current MH Location

Current Land Owner Charles L Johnson

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [ ] Public
- 43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories .....
49. Total square feet of floor area, all floors, based on exterior dimensions .....
50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Charles W Johnson	420 Kiel LN	62926	697
	Crystal G Johnson	Dongola IL 62926		7300
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
[signature]	Bill R Dyl	3-16-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

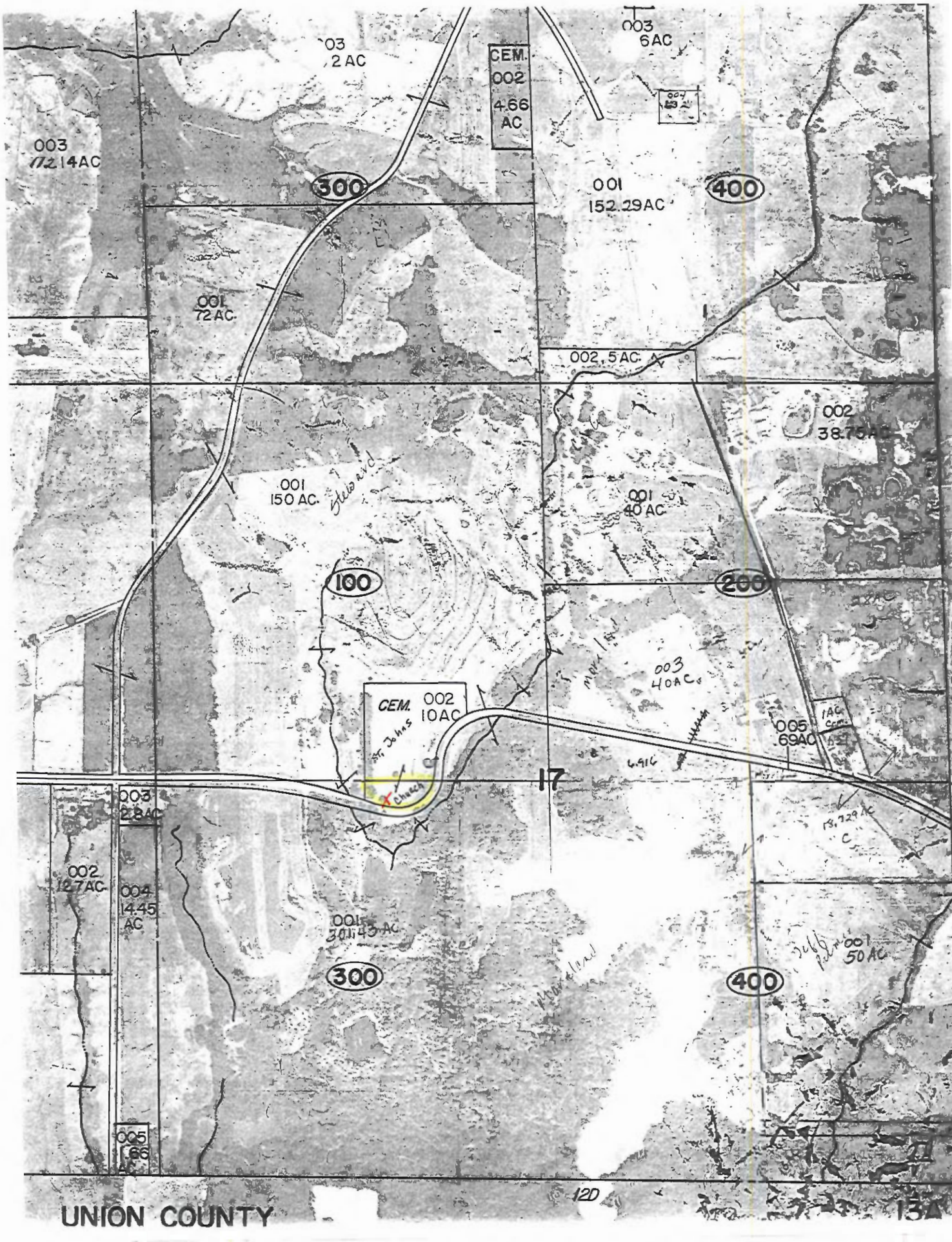
Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 120.00	3-16-07	#959

Payment of $120.00 CK #3406 received by Union County Treasurer

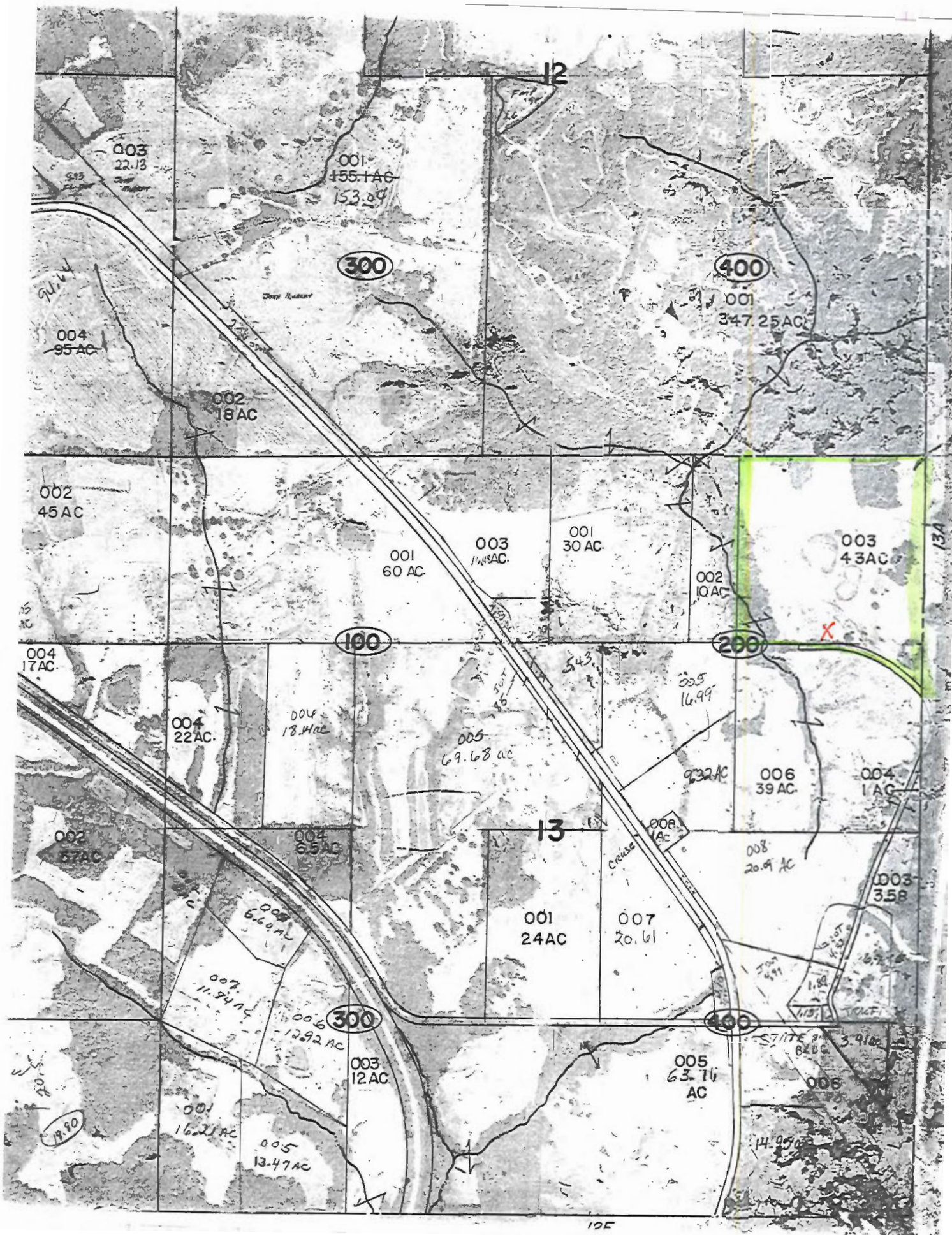
Date 3-20-07

[signature] Treas.

06-13-04-484



UNION COUNTY


12
003
22.13
001
~~155.1 AC~~
153.09
300
400
001
347.25 AC
004
~~95 AC~~
002
18 AC
002
45 AC
001
60 AC
003
1.45 AC
001
30 AC
002
10 AC
003
43 AC
13A
100
200
004
17 AC
004
22 AC
006
18.14 AC
005
69.68 AC
543
005
16.99
0.32 AC
006
39 AC
004
1 AC
13
008
1 AC
008
20.9 AC
002
57 AC
004
6.5 AC
006
6.6 AC
007
11.84 AC
006
12.92 AC
001
24 AC
007
20.61
003
3.58
300
400
003
12 AC
005
63.76
AC
006
001
16.21 AC
005
13.47 AC
19.80
14.95
12E

UNION COUNTY Prop. No. 03-30-01-913-A
BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: Shakerag Rd
Subdivision or Addition:
Lot:
Block:
Census track:
Legal Description: Sec 30 13-1E Pt NE NW
N S
E W from intersection of _____ and _____ Streets
Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [✓] Other – *Specify* Farm building concrete pad

Beginning construction date April 07
Completion construction date MAY 07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

COPY

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$20,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$20,000.00

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories: 1
49. Total square feet of floor area, all floors, based on exterior dimensions: 30 X 40 1200 SF.
50. Total land area, sq. ft.:

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed:
52. Outdoors:

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms:
54. Number of bathrooms: Full: ; Partial:

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Barry R. Holcomb	715 Shakerag Road Dongola Ill	62926	618-827-4150
2. Contractor or Builder	Tru-Bilt			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

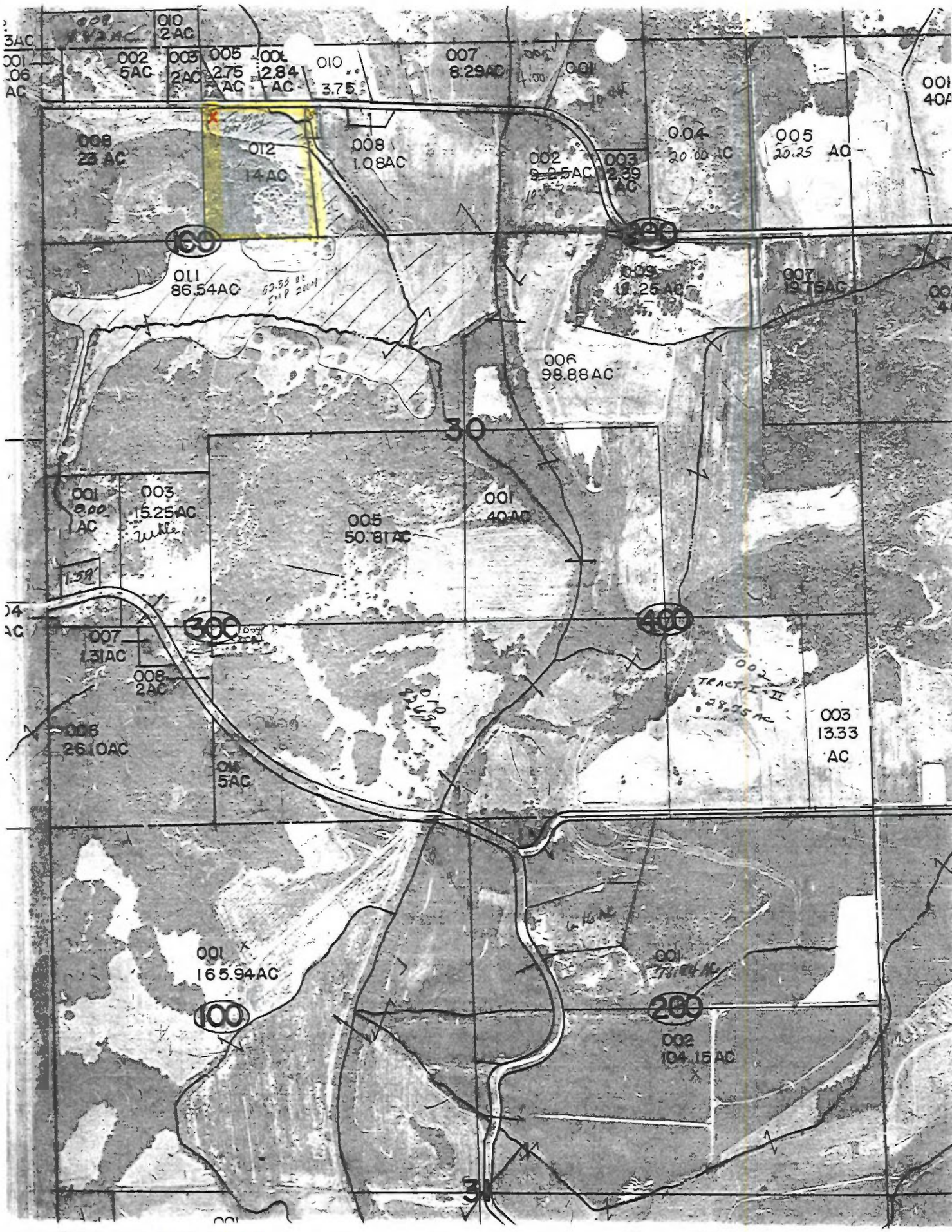
Signature of applicant: Barry Holcomb
Address: 715 Shakerag Road Dongola, Ill 62926
Application date: 3-12-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by: Bob Parker
Permit fee: $ 50.00
Date permit issued: 3-12-07
Permit number: #858

Payment of #50.00 Cash Barry Holcomb received by Union County Treasurer
Date 3-20-07
Barry A. Nagel

03-30-01-913-A


010
2AC
002
5AC
003
2AC
005
2.75
AC
006
12.84
AC
010
3.75
007
8.29AC
009
23 AC
012
14AC
008
1.08AC
002
9.25AC
003
2.39
AC
004
20.00 AC
005
20.25 AC
160
220
011
86.54AC
006
98.88AC
30
001
2.00
AC
003
15.25AC
005
50.81AC
001
40AC
300
400
007
1.31AC
008
2AC
006
26.10AC
005
5AC
002
TRACT I-II
28.25 AC
003
13.33
AC
001
165.94AC
100
200
002
104.15AC
31

OK

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-36-01-280

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 1215 Moscow Rd Dongola

Subdivision or Addition | Lot | Block | Census track

Legal Description: S1/2 NW SWNE S36 T12 R1E

116.21 AC

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED JAN 19 2007 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [✓] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [✓] Other – *Specify* Farm = Cattle

Beginning construction date 1-30-07

Completion construction date 2-30-07

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$ 10,500
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:

Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [✓] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions 30x60
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms { Full _____ / partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Richard & Ruth Weaver	1215 Moscow Rd, Dongola, IL	62926	833-5521
2. Contractor or Builder	HeartLand Builders	Benton, IL		618-231-3100
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Richard Weaver	1215 Moscow Rd, Dongola, IL	1-11-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

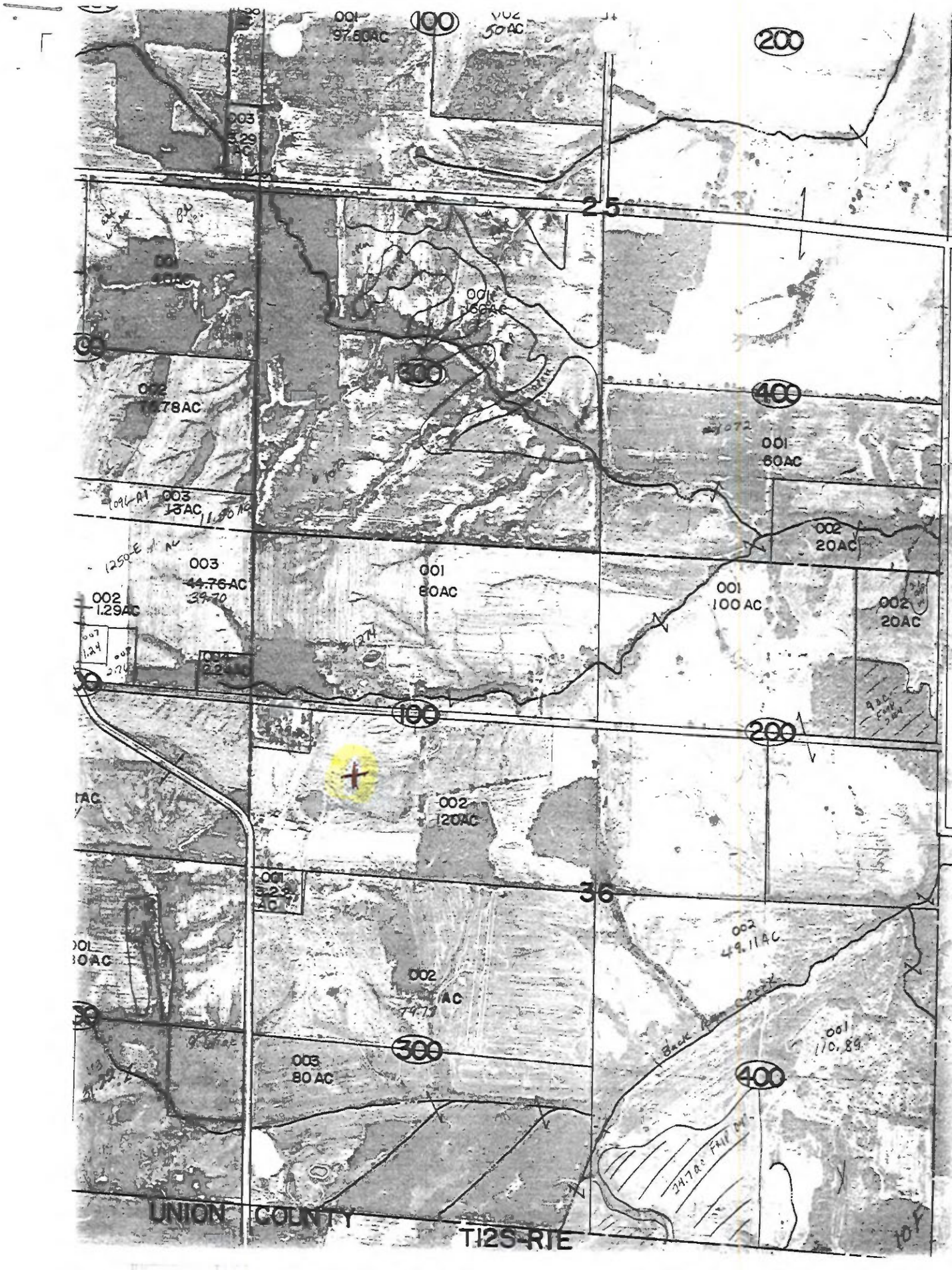
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 31.00	1/11/07	857

Payment of $31.00 CK#5381 received by Union County Treasurer

Date 1-19-07

Bobby L. Magee Treas.

02-36-01-280


100
200
25
300
400
001
97.60AC
50 AC
003
002
001
160AC
002
78AC
001
60AC
003
13AC
002
20AC
003
44.76AC
001
60AC
001
100 AC
002
1.29AC
002
20AC
100
200
002
120AC
36
002
49.11AC
002
AC
001
110.89
300
400
003
80 AC
UNION COUNTY
T12S-R1E

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. . . . 02-07-00-716-BA

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street: 4985 Lick Creek Rd

Subdivision or Addition | Lot | Block | Census track

Legal Description: 12-1E Sec 7 Pt NW SE & Pt NE SE

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED JAN 19 2007 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [✓] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* . . . . . _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* . . . . . _____
15 [ ] Garage
16 [ ] Carport
17 [X] Other – *Specify* pole barn

Beginning construction date 1-9-06
Completion construction date 2-9-06

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement . . . . . $
To be installed but not included in the above cost
a. Electrical . . . . . .
b. Plumbing . . . . . .
c. Heating, air conditioning . . . . . .
d. Other (elevator, etc.) . . . . . .
11. TOTAL COST OF IMPROVEMENT . . . . . $ 15,000

MOBILE HOME INFO:
Date MH was set-up:

Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [X] Other – Specify hot water 16x40 area

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [✓] Individual (well, cistern) 16x40 area

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories . . . . . .
49. Total square feet of floor area, all floors, based on exterior dimensions . . . . . 40x56 2240 ✓
50. Total land area, sq. ft. . . . . .

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed . . . . . .
52. Outdoors . . . . . .

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms . . . . . .
54. Number of bathrooms { Full . . . . . / Partial . . . . . .

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Don Witthoff	4985 Lick Creek Rd Anna, IL	62906	833-4567
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Don Witthoff	4985 Lick Creek Rd. Anna IL	1-9-07

DO NOT WRITE IN THIS SPACE -- FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 40.00	1-9-07	806

x56

Payment of $40.00 Cash received by Union County Treasurer

Date 1-19-07

Bobby Joe Morgan Mgr.

02-07-00-716-A

001
56.48
002
19.56AC.
2.14
5AC
003
1.01
AC
005
1.05AC
001
66.37AC
001
80AC
2.16
100
200
009
18.99AC
4.16AC
006
22.78AC
008
5.01AC
004
83AC
002
1.0AC
9.10
002
1AC
011
13.92AC
002
79.47AC
001
70 AC.
001
29.25AC
300
400
Lick Creek Rd
005
.60AC
003
24.1 AC.
004
44.02AC
002
AC.
005
49.05
003
5AC
001
AC
002
20 AC.
002
73.20
14.74
001
48.25AC
100
200
003
78.50AC

01

COPY

UNION COUNTY Pr. No. 01-34-00-501-B4

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: N1/2 NE SE Sec 34 T14S R1W .757

N S E W from intersection of _____ streets

Applicable Zoning District _____

RECEIVED JAN 19 2007 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

C. COST *(Estimated)*

(Omit cents)

10. Cost of improvement ..... $
To be installed but not included in the above cost
a. Electrical .....
b. Plumbing .....
c. Heating, air conditioning .....
d. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... $ 80,000.00

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [X] One family
13 [ ] Two or more families – *Enter number of units* .....
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
15 [X] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date FEB 07
Completion construction date FEB 08

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [ ] Other – *Specify* _____

Beginning construction date _____
Completion construction date _____

MOBILE HOME INFO:
Date MH was set-up:
Make | Size | Yr. Model
Previous MH Owner
Previous MH Location
Current MH Owner
Current MH Location
Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [X] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [X] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories ..... ONE — ONE
49. Total square feet of floor area, all floors, based on exterior dimensions 1280
50. Total land area, sq. ft. 0.757

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed 2
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms 2
54. Number of bathrooms { Full ..... 2 / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	KENNETH BUCHTA	106 ST NICHOLAS LN BUNCOMBE IL	62912	CELL 618 210-1411
2. Contractor or Builder	KENNETH BUCHTA	106 ST. NICHOLAS LN BUNCOMBE IL	62912	618 210 1411
3. Architect	N/A			

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Kenneth Buchta	106 ST NICHOLAS LN BUNCOMBE IL 62912	1-8-07

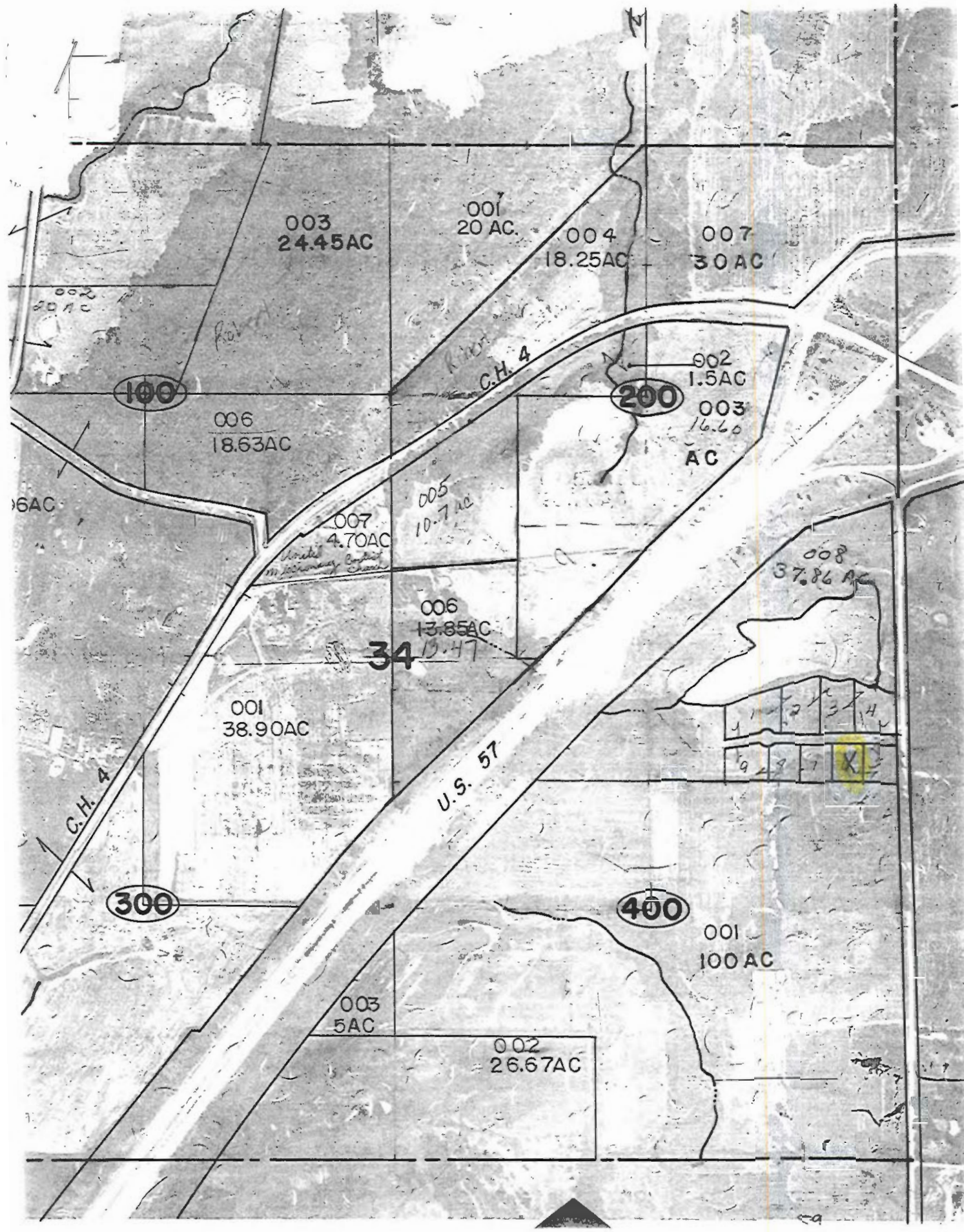
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 170.00	1/8/07	855

Payment of $170.00 CK#1320 received by Union County Treasurer

Date 1-19-07 Bailey A. Mayer Treas.

01-34-00-501-B4


003
24.45AC
001
20 AC.
004
18.25AC
007
30 AC
002
1.5AC
003
16.60
AC
C.H. 4
100
200
006
18.63AC
005
10.7 AC
007
4.70AC
006
13.85AC
34
008
37.86 AC
001
38.90AC
U.S. 57
C.H. 4
300
400
001
100 AC
003
5AC
002
26.67AC

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. 02-35-01-250-C

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt NE NE S35 T12 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

RECEIVED JAN 19 2007 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [X] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [ ] Repair, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 1/15/07
Completion construction date 2/15/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Chicken House

Beginning construction date 1/1/07
Completion construction date 2/28/07

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 4000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 4000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [X] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [X] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. 864

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial _____

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Janet + Eileen Weaver	15 Weaver Ln, Dongola IL	62926	833-6623
2. Contractor or Builder	Clair Weaver	1015 Weaver Ln Dongola IL	62926	833-7312
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Clair Weaver	1015 Weaver Ln Dongola IL 62926	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

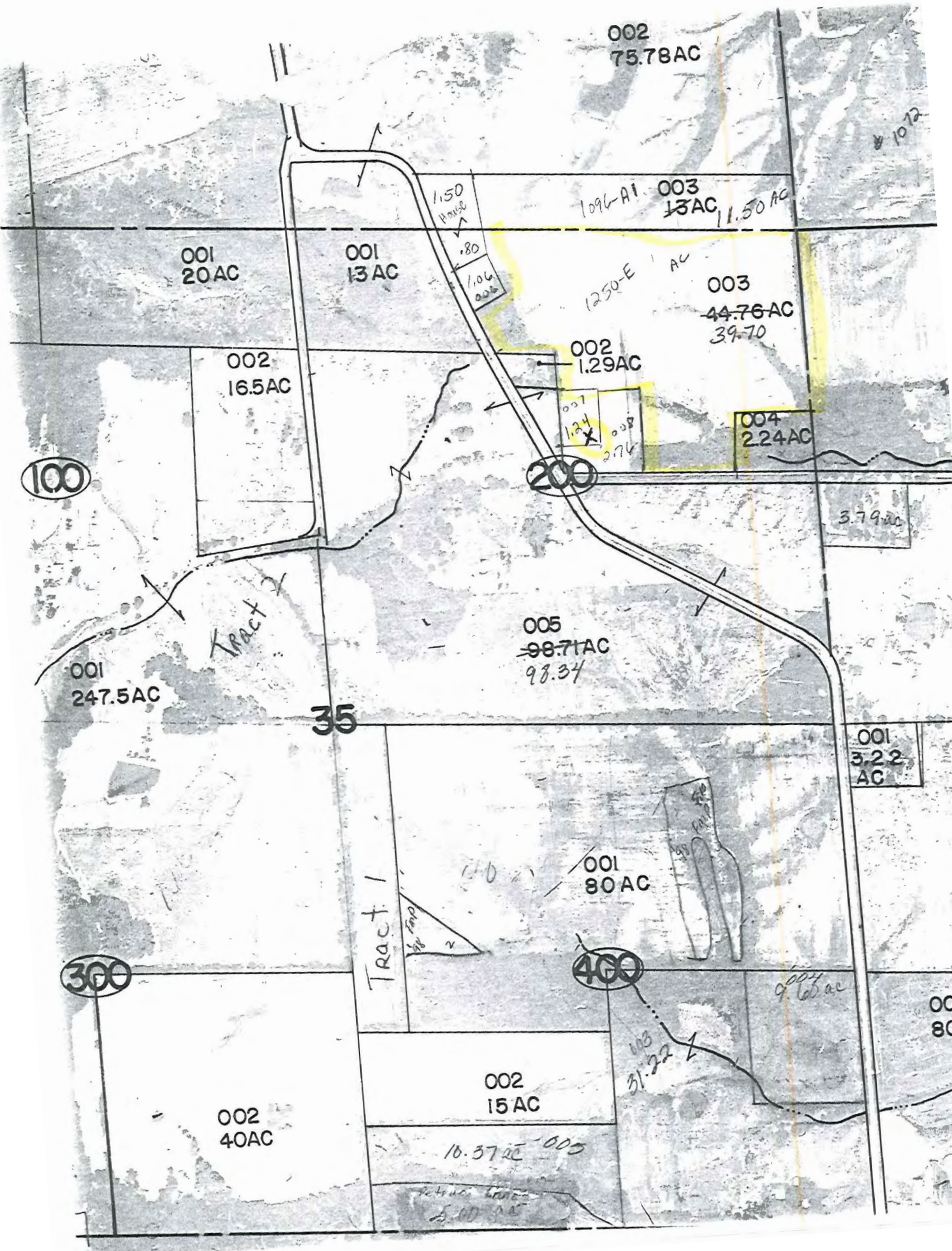
Approved by	Permit fee	Date permit issued	Permit number
Bill Jackson	$ 8.00	1/4/07	854-A

Payment of $8.00 CK# 3379 ($8.00) received by Union County Treasurer

Date 1-19-07

Barry A. Morgan Mg.

02-35-01-250-C


002
75.78AC
1.50
House
.80
1.06
006
1096-A1
003
~~13~~AC
11.50 AC
001
20AC
001
13AC
1250-E
AC
003
~~44.76~~AC
39.70
002
16.5AC
002
1.29AC
001
1.24
008
2.76
004
2.24AC
100
200
3.79 ac
Tract 2
005
~~98.71~~AC
98.34
001
247.5AC
35
001
3.22
AC
001
80AC
Tract 1
300
400
9.00 ac
003
31.22
002
15AC
002
40AC
10.37 ac
005

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. # 02-36-01-274

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street:

Subdivision or Addition:

Lot:

Block:

Census track:

Legal Description: WPT NENE NWNE SENE S36 T12 R1E

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District:

RECEIVED JAN 19 2007 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 [ ] New Building
2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
3 [ ] Alteration (See 2 above)
4 [X] ~~Repair~~, replacement
5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
6 [ ] Moving (relocation)
7 [ ] Foundation only
8 [ ] Mobile Home

B. OWNERSHIP

8a [X] Private (individual, corporation, nonprofit institution, etc.)
9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 [ ] One family
13 [ ] Two or more families – *Enter number of units* _____
14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
15 [ ] Garage
16 [ ] Carport
17 [ ] Other – *Specify* _____

Beginning construction date 1/15/07
Completion construction date 9/1/07

Nonresidential
18 [ ] Amusement, recreational
19 [ ] Church, other religious
20 [ ] Industrial
21 [ ] Parking garage
22 [ ] Service station, repair garage
23 [ ] Hospital, institutional
24 [ ] Office, bank, professional
25 [ ] Public utility
26 [ ] School, library, other educational
27 [ ] Stores, mercantile
28 [ ] Tanks, towers
29 [X] Other – *Specify* Milk Parlor + Holding Area

Beginning construction date 1/1/07
Completion construction date 9/1/07

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$ 30,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 30,000

MOBILE HOME INFO:

Date MH was set-up:

Make | Size | Yr. Model

Previous MH Owner

Previous MH Location

Current MH Owner

Current MH Location

Current Land Owner

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 [ ] Masonry (wall bearing)
31 [X] Wood frame
32 [ ] Structural steel
33 [ ] Reinforced concrete
34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 [ ] Gas
36 [ ] Oil
37 [ ] Electricity
38 [ ] Coal
39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 [ ] Public
41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 [ ] Public
43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft. 6000

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms: Full / Partial

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Clair Weaver	1015 Weaver Ln Dongola IL	62926	833-7312
2. Contractor or Builder	Self			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Clair Weaver	1015 Weaver Ln Dongola IL 62926	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

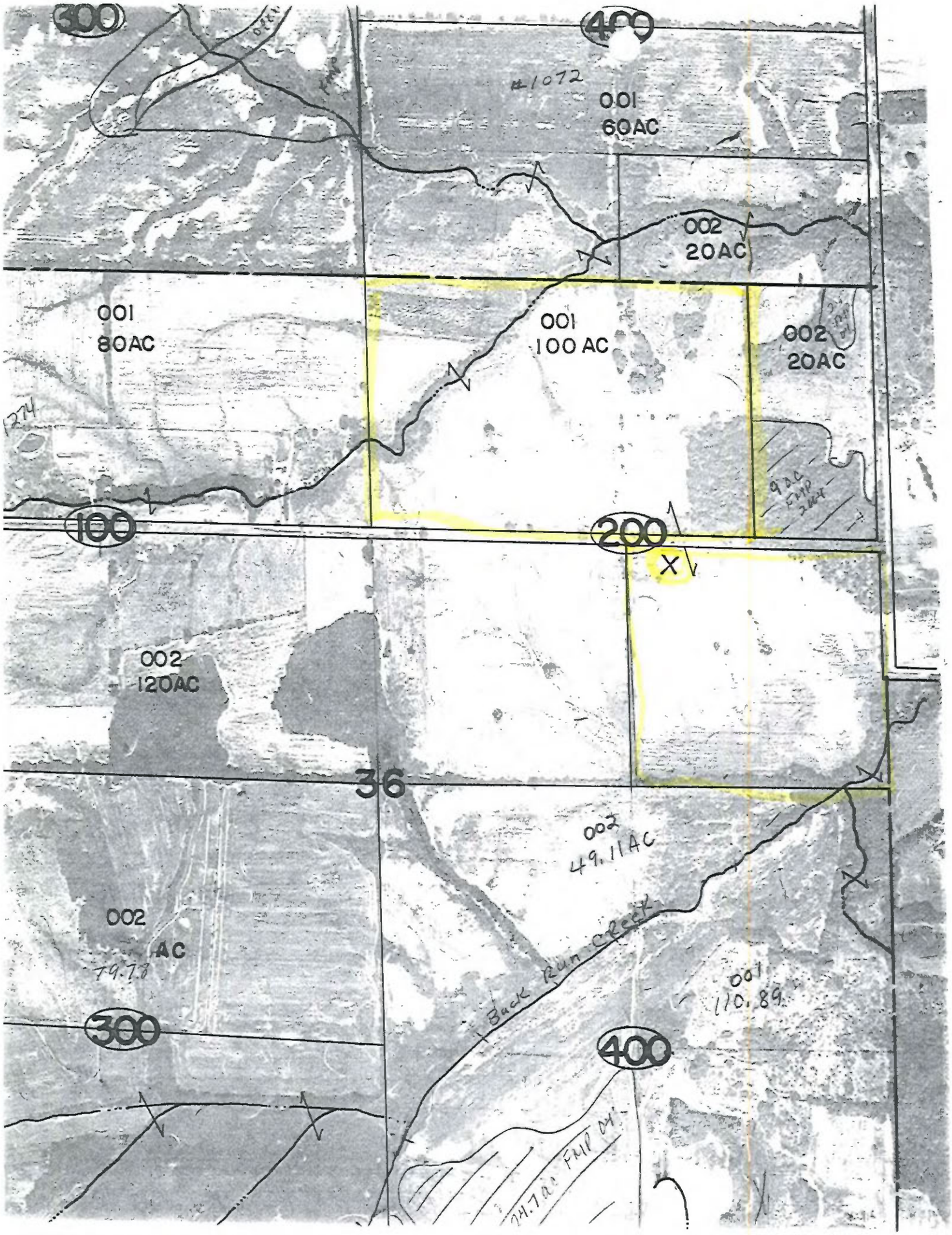
Approved by	Permit fee	Date permit issued	Permit number
[signature]	$ 70.00	1/4/07	854

Payment of $70.00 CK # 2279 (78.00) received by Union County Treasurer

Date 1-19-07

[signature]

02-36-01-274


300
400
#1072
001
60AC
002
20AC
001
80AC
001
100 AC
002
20AC
100
200
X
002
120AC
36
002
49.11AC
002
AC
79.78
Back Run Creek
001
110.89
300
400

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prc, No. 06-08-04-403-(PT)

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: N½ SW + NPT S½ SW SE CR SE NW Sec 8 T13 R1W

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District

RECEIVED JAN 19 2007 CCAO

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of Improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 300,000

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 [X] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 [X] Yes 45 [ ] No

Will there be an elevator?

46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	2
49. Total square feet of floor area, all floors, based on exterior dimensions	3000
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	2
54. Number of bathrooms – Partial	1

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Paul Rich	780 Lingle Creek Rd Jonesboro Il	62952	833-4230
2. Contractor or Builder	Gaylon Cruse			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Paul D. Rich	780 Lingle Creek Rd Jonesboro	1-4-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
Duk Jackson	$ 610.00	1/04/07	853

Payment of $610.00 CK # 5414 received by Union County Treasurer

Date 1-17-07

Bobby G. Magee Mg.

06-08-04-403-(PART)

COPY

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. No. 05-15-03-225-K

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: Pt SESW S15 T12 R1W 1.94 AC

N S / E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [X] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [X] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* _____
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* _____
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 1-2-07

Completion construction date 1-31-07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)* *(Omit cents)*

10. Cost of improvement	$160,000
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$160,000

MOBILE HOME INFO:

Date MH was set-up:	
Make / Size / Yr. Model	
Previous MH Owner	
Previous MH Location	
Current MH Owner	
Current MH Location	
Current Land Owner	

RECEIVED FEB 06 2007 CCAO

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [X] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [X] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [X] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [X] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [X] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [X] No

J. DIMENSIONS

48. Number of stories	
49. Total square feet of floor area, all floors, based on exterior dimensions	1786
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	
52. Outdoors	

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	
54. Number of bathrooms – Partial	

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner	Dean Corbit	1625 Gurley Loop	62912	
2. Contractor or Builder	Same			
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Dean Corbit	1625 Gurley Loop	1/02/07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Data permit issued	Permit number
Bill Clarkson	$ 330.00	1/02/07	852

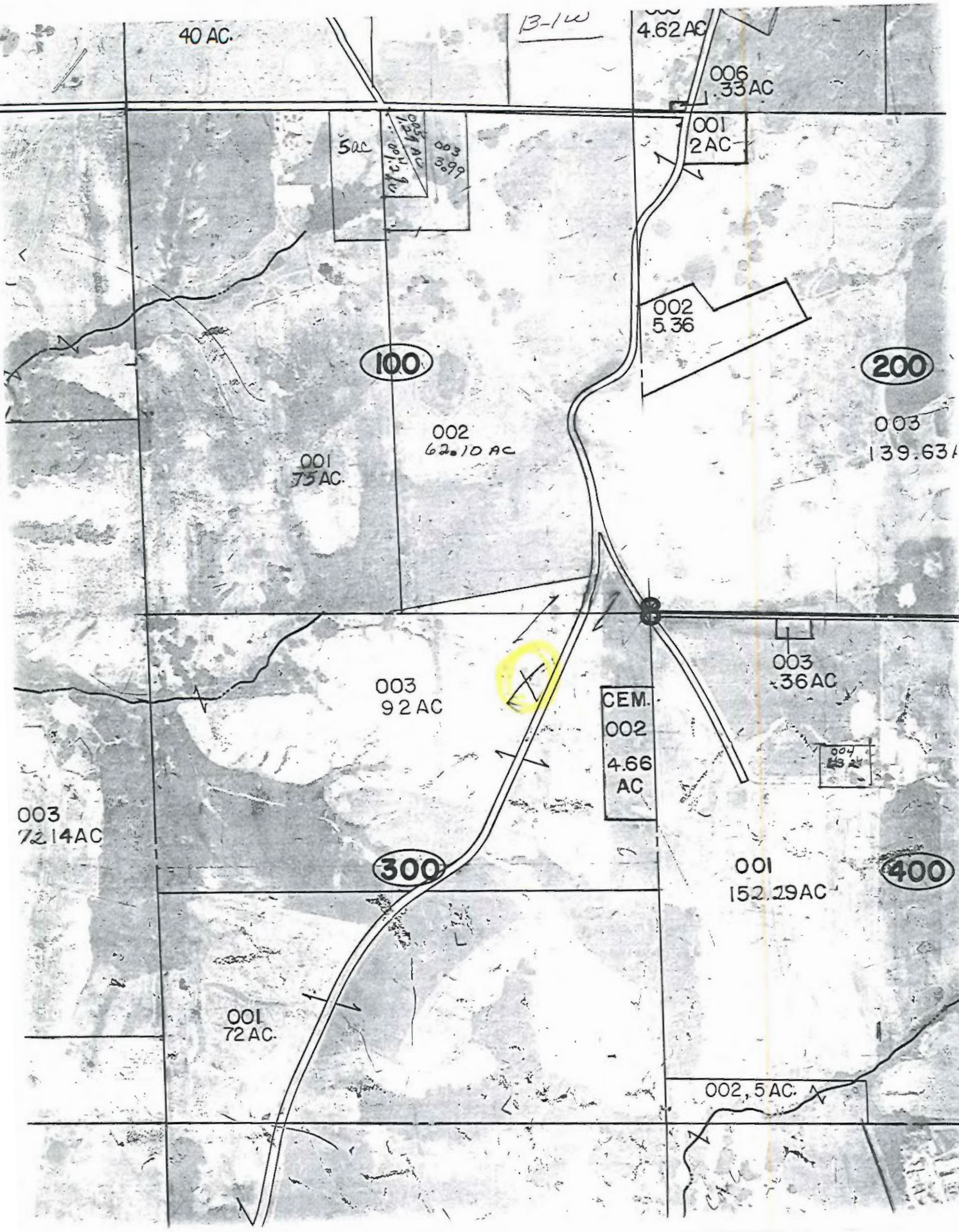
Payment of 330.00 CK # 5059 received by Union County Treasurer

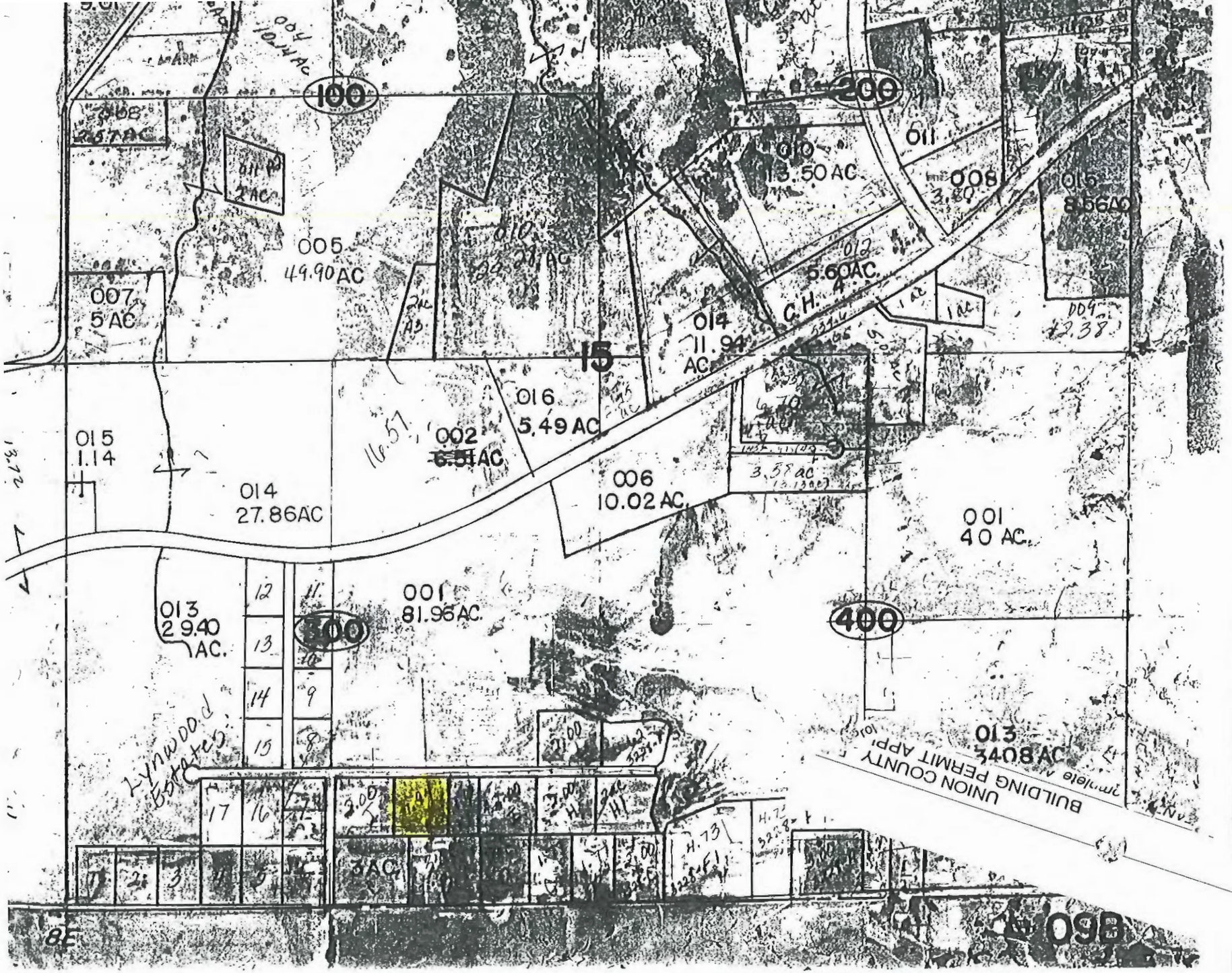
Dean Corbit

Date 2/6/07

Bailey L. Mayne mg.

05-15-03-225-K


40 AC.
B-1W
4.62 AC
006
.33 AC
001
2 AC
5ac
003
3.99
002
5.36
100
200
002
62.10 AC
001
75 AC
003
139.63
003
92 AC
CEM.
002
4.66
AC
003
.36 AC
003
72.14 AC
300
400
001
152.29 AC
001
72 AC
002, 5 AC.


100
200
300
400
15
005
49.90AC
007
5AC
010
13.50AC
011
008
3.80
015
8.56AC
012
5.60AC
C.H.
014
11.94
AC
016
5.49AC
002
6.51AC
006
10.02AC
015
1.14
014
27.86AC
001
40 AC.
013
29.40
AC.
001
81.96AC.
013
34.08AC
Lynwood
Estates
UNION COUNTY
BUILDING PERMIT APPL
8E

UNION COUNTY BUILDING PERMIT APPLICATION

Prop. N. 06-30-04-947

IMPORTANT – Complete ALL items. Mark boxes where applicable. SEE BACK SIDE

I. LOCATION OF BUILDING

Number and street	Subdivision or Addition	Lot	Block	Census track

Legal Description: NE, NESE, 3/4 NWSE NENW 326.62 acres

N S E W from intersection of _____ and _____ Streets

Applicable Zoning District _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

- 1 [ ] New Building
- 2 [ ] Addition (if Residential, enter number of new housing units added, if any, in Part D. 4
- 3 [ ] Alteration (See 2 abc
- 4 [ ] Repair, replacement
- 5 [ ] Working (if multifamily residential, enter number of units in building in part D, 13)
- 6 [ ] Moving (relocation)
- 7 [ ] Foundation only
- 8 [ ] Mobile Home

B. OWNERSHIP

- 8a [ ] Private (individual, corporation, nonprofit institution, etc.)
- 9 [ ] Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
- 12 [X] One family
- 13 [ ] Two or more families – *Enter number of units* .....
- 14 [ ] Transient hotel, motel, or dormitory – *Enter number of units* .....
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [ ] Other – *Specify* _____

Beginning construction date 2-19-07

Completion construction date 2-23-07

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – *Specify* _____

Beginning construction date _____

Completion construction date _____

C. COST *(Estimated)*

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

MOBILE HOME INFO:

Date MH was set-up:		
Make	Size	Yr. Model
Previous MH Owner		
Previous MH Location		
Current MH Owner		
Current MH Location		
Current Land Owner		

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [ ] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [ ] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL
- 40 [ ] Public
- 41 [ ] Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY
- 42 [ ] Public
- 43 [ ] Individual (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [ ] No

Will there be an elevator?
46 [ ] Yes 47 [ ] No

J. DIMENSIONS
- 48. Number of stories .....
- 49. Total square feet of floor area, all floors, based on exterior dimensions .....
- 50. Total land area, sq. ft. .....

K. NUMBER OF OFF-STREET PARKING SPACES
- 51. Enclosed .....
- 52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms .....
- 54. Number of bathrooms { Full ..... / Partial .....

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city and state*	ZIP code	Tel. No.
1. Owner				
2. Contractor or Builder				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant	Address	Application date
Ernest Russell	2120 Jonesboro Quarry Rd Jonesboro	2-15-07

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee	Date permit issued	Permit number
	$ -0-		

Payment of -0- (demo) received by Union County Treasurer

Date _____

Demo 06-30-04947