

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 05-10-03-113-A1

Location/Address: 1015 New Saratoga Rd

Legal Description: Sec 10 Twp 12 R1W SW NE 1/3 70 ac.

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Craw Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: Tom MH Size 14x80 Yr 2019

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Oct ? Completion Construction Date: _____

Total Cost of Improvement: \$45,000.00

Owner: Mitchael D. Duty

Mailing Address: 400 Heritage Dr. De Soto, IL 62924

Telephone #: 618/713-3552

The owner of this building and the undersigned agree to confirm 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: Mitchael D. Duty Date: 10/19/18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$100.00 PERMIT #: 19-31

Payment of \$100.00 received by Union County Treasurer. Date: 10.19.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 18-30-06-223-A

Location/Address: 8090 State Rt 146 W Jonesboro IL

Legal Description: Sec 30 T12 R2W1 Pt NE NW 1.37Ac

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: _____

of Bathrooms: Full Partial

Finished Sq. Ft: _____

Air Conditioning: Yes No

of Bedrooms: _____

Total Land Area _____ Dimensions 20 x 36

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Oct 25 2018 Completion Construction Date: _____

Total Cost of Improvement: 9,000.00

Owner: Keith + Jean Livesay

Mailing Address: 8090 State Rt 146 W Jonesboro IL 62952

Telephone #: 618-614-3282

The owner of this building and the undersigned agree to confirm 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: Keith Livesay Date: 10-19-18

Approved By: _____ Approval Date: _____

PERMIT FEE: 2800 PERMIT #: 18-30

Payment of 2800 received by Union County Treasurer. Date: 10.19.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 01-21-00-242-1

Location/Address: Rocky Comfort Rd Malcanda tn

Legal Description: Sec 21 T11 R1E N of Lick Creek

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: 2 1 1/2

of Bathrooms: 2 Full Partial

Total Land Area 3000 - 3500 Dimensions _____

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Feb 2019 ? Completion Construction Date: _____

Total Cost of Improvement: 275,000⁰⁰

Owner: Andrew Herbert

Mailing Address: 1120 Floyd Place, Herndon, VA 20170

Telephone #: 618-201-0487

The owner of this building and the undersigned agree to confirm 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] Date: 9-28-2018

Approved By: _____ Approval Date: _____

PERMIT FEE: 560⁰⁰ PERMIT #: 18-29

Payment of \$560⁰⁰ received by Union County Treasurer. Date: 9.28.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 05-24-03-830-E

Location/Address: Shawnee Meadows Ln. Anna

Legal Description: Sec 24 T12 R 1W PT NE SE PT SE SE

Type of Project:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
Residential:	<input checked="" type="checkbox"/> Single family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Garage
	<input type="checkbox"/> Carport	<input type="checkbox"/> Shop/Shed	<input type="checkbox"/> Barn	<input type="checkbox"/> Deck
	<input type="checkbox"/> Other - Specify _____			
Non-Residential:	<input type="checkbox"/> Recreational	<input type="checkbox"/> Church/Relig	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail Store
	<input type="checkbox"/> Service Station	<input type="checkbox"/> Office	<input type="checkbox"/> School/Library	<input type="checkbox"/> Tanks/Towers
	<input type="checkbox"/> Other - Specify _____			

Building Characteristics:

Type of Frame:	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Steel
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pole	Other - Specify _____
Type of Heating:	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	Other - Specify _____
Type of Sewage Disposal:	<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Individual (septic, etc.)	
Type of Water Supply:	<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Individual (well, cistern)	
Basement:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Finished Sq. Ft: _____
Foundation:	<input type="checkbox"/> Crawl	<input checked="" type="checkbox"/> Slab	Air Conditioning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
# of Stories:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1/2 <input type="checkbox"/> 2		# of Bedrooms: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
# of Bathrooms:	<input type="checkbox"/> Full <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> Partial		

Total Land Area _____ Dimensions 60 x 100

Mobile Home Information:

Make: _____	Size _____	Yr _____
Previous Owner: _____	Previous Location: _____	
Current Owner: _____	Current Location: _____	

Beginning Construction Date: Jan 2019 Completion Construction Date: _____

Total Cost of Improvement: 50,000⁰⁰

Owner: Jason Menees
 Mailing Address: P.O. Box 601 Anna IL 62916
 Telephone #: 618 559-7343

The owner of this building and the undersigned agree to confirm 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] Date: 9-21-2018

Approved By: _____ Approval Date: _____

PERMIT FEE: 110⁰⁰ PERMIT #: 18-28

Payment of \$110⁰⁰ received by Union County Treasurer. Date: 9.25.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 04-14-02-271-E

Location/Address: 205 Shiloh Rd Padden

Legal Description: 11-10 S.14 PT 3/4 NE SE

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: 1

of Bathrooms: 2 Full Partial

Total Land Area: 2244 sq ft Dimensions: _____

Mobile Home Information:

Make: _____ Size: _____ Yr: _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Sept 15, 2018 Completion Construction Date: Nov 15, 2019

Total Cost of Improvement: 120,000

Owner: Justin & Christine Mattis

Mailing Address: 205 Shiloh Rd Padden IL 62920

Telephone #: 618-697-5855

The owner of this building and the undersigned agree to confirm 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] Date: _____

Approved By: _____ Approval Date: _____

PERMIT FEE: 250.00 PERMIT #: 18-27

Payment of \$20.00 received by Union County Treasurer. Date: 9.7.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 07-01-15-1680-D2

Location/Address: Kearlin Rd Lebanon

Legal Description: 12-20' 0.1 FT SW 1-29 NE

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area _____ Dimensions 31 x 50 + 8 x 50 1/2 in 76

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Aug 16, 2018 Completion Construction Date: Sept 16, 2018

Total Cost of Improvement: 23,800

Owner: Steve & Kilday Strickland

Mailing Address: 202 Williford Rd Independence MO 64295

Telephone #: 618-697-0043

The owner of this building and the undersigned agree to confirm 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] Date: 8-23-18

Approved By: _____ Approval Date: _____

PERMIT FEE: 516.00 PERMIT #: 18-26

Payment of 516.00 received by Union County Treasurer. Date: 8.27.18

UNION COUNTY BUILDING PERMIT API

Parcel #: Shorthall 158 @ yalcoo.com

Location/Address: 220 N. LICK CREEK

Legal Description: 336 TURIE

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cancel receipt

Type of Project: New Addition

Residential: Single family Multi-Family
 Carport Shop/Shed
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: FREDMAN Size: 16 X 76 Yr: 2018

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: 220 LICK CREEK RD

Beginning Construction Date: Fall 2018 Completion Construction Date: Fall 2018

Total Cost of Improvement: \$154,100

Owner: ANNA PARRISH

Mailing Address: 101 KELLER AVE ANNA

Telephone #: 618-614-2683

The owner of this building and the undersigned agree to confirm 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] Date: 8/27/18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$118.00 PERMIT #: 18-25

Payment of 118.00 received by Union County Treasurer. Date: 827.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 02-23-01-036-2

Location/Address: MT Pleasant Rd

Legal Description: Sec 23 T12 R1E 101 AC
part SE NW part SW ne part E 1/2 SW part W 1/2 SE

Type of Project:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
Residential:	<input checked="" type="checkbox"/> Single family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Garage
	<input type="checkbox"/> Carport	<input type="checkbox"/> Shop/Shed	<input type="checkbox"/> Barn	<input type="checkbox"/> Deck
	<input type="checkbox"/> Other - Specify _____			
Non-Residential:	<input type="checkbox"/> Recreational	<input type="checkbox"/> Church/Relig	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail Store
	<input type="checkbox"/> Service Station	<input type="checkbox"/> Office	<input type="checkbox"/> School/Library	<input type="checkbox"/> Tanks/Towers
	<input type="checkbox"/> Other - Specify _____			

Building Characteristics:

Type of Frame:	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Steel
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pole	Other - Specify _____
Type of Heating:	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	Other - Specify _____
Type of Sewage Disposal:	<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Individual (septic, etc.)	
Type of Water Supply:	<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Individual (well, cistern)	
Basement:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Finished Sq. Ft: <u>50%</u>
Foundation:	<input type="checkbox"/> Crawl	<input type="checkbox"/> Slab	Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Stories:	<u>1</u>		# of Bedrooms: <u>5</u>
# of Bathrooms:	<u>4</u> Full	<u>1</u> Partial	
Total Land Area	<u>3384</u>		Dimensions <u>36 x 94</u>

Mobile Home Information:

Make: _____ Size: _____ Yr: _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: 8-15-2018 Completion Construction Date: _____

Total Cost of Improvement: \$275,000.00

Owner: Harold Weaver

Mailing Address: 480 Mt Pleasant Rd Buncombe IL 62912

Telephone #: 618-697-1837

The owner of this building and the undersigned agree to confirm 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: Harold Weaver Date: 8-13-18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$500.00 PERMIT #: 18-24

Payment of \$500.00 received by Union County Treasurer. Date: 8.13.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 06-13-04-488-B

Location/Address: 6685 US HWY 51 S Dongola IL 62926

Legal Description: Sec 13 T13-R1W 9.05AC

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed pole barn Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area _____ Dimensions _____

~~**Mobile Home Information:**~~

~~Make: _____ Size _____ Yr _____~~

~~Previous Owner: _____ Previous Location: _____~~

~~Current Owner: _____ Current Location: _____~~

Beginning Construction Date: Oct 15 2018 Completion Construction Date: _____

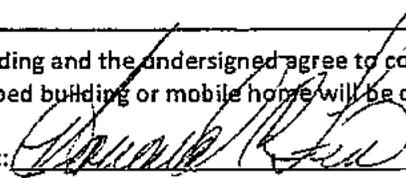
Total Cost of Improvement: 26,610.⁰⁰

Owner: HOWARD C. FEW

Mailing Address: 6685 U.S. HWY. 51 S, DONGOLA, IL 62926

Telephone #: 847.710.3040

The owner of this building and the undersigned agree to confirm 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:  Date: 8-13-18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$103.⁰⁰ PERMIT #: 18-19

Payment of _____ received by Union County Treasurer. Date: _____

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 05-27-03-887-3

Location/Address: 392 Fawn Dr Anna IL 62906

Legal Description: Sec 21 T12-1W P+ W1/2 NE 4.00Ac

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: YES (partial)

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: 1 Ranch # of Bedrooms: 4 (2 basement)

of Bathrooms: 4 Full Partial

Total Land Area 6,000 Dimensions _____

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Aug 13 2018 Completion Construction Date: _____

Total Cost of Improvement: \$400,000⁰⁰

Owner: Andrew Crabtree

Mailing Address: 3010 State Rt. 146 E., Anna, IL 62906

Telephone #: 697-3058

The owner of this building and the undersigned agree to confirm 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] Date: _____

Approved By: _____ Approval Date: _____

PERMIT FEE: 810⁰⁰ PERMIT #: 18-22

Payment of 5810.00 received by Union County Treasurer. Date: 8.10.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 06-17-04-562

Location/Address: 425 Mission Chapel Ln

Legal Description: Sec 17 Twp 13 1W NW NE 40 Ac

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn (pole) Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area 2980^{sq} Dimensions 36 X 80

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Aug 2A 2018 Completion Construction Date: _____

Total Cost of Improvement: 5,000^{us}

Owner: Michael Goodman

Mailing Address: 425 Mission Chapel Ln Anna IL 62906

Telephone #: (618) 697-4248

The owner of this building and the undersigned agree to confirm 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: Michael Goodman Date: 8-10-18

Approved By: _____ Approval Date: _____

PERMIT FEE: 20⁰⁰ PERMIT #: 18-21

Payment of 20.00 received by Union County Treasurer. Date: 8.10.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 14-00-12-237-D

Location/Address: Fox Lane Jonesboro, IL

Legal Description: S11^{1/4} T13 R2W Lots 3, 4 & 5 Plank Hill Sub D: ~ 27.66 AC

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage

Carport Shop/Shed Barn Deck

Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store

Service Station Office School/Library Tanks/Towers

Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel

Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: 1

of Bathrooms: Full Partial # of Bedrooms: _____

Total Land Area 0.25 acre Dimensions 24 x 36'

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: 12/2018 Completion Construction Date: 12/2018

Total Cost of Improvement: 18,700 \$ 48.00

Owner: Tom and Nancy Caldwell

Mailing Address: 9733 E Bloomfield Hills Effingham, IL 62401

Telephone #: 217 994-3449

The owner of this building and the undersigned agree to confirm 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] Date: 8/6/2018

Approved By: _____ Approval Date: _____

PERMIT FEE: _____ PERMIT #: 18-20

Payment of \$48.00 received by Union County Treasurer. Date: 8.9.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 75-26-03-880

Location/Address: Friendship School Rd Anna, IL

Legal Description: S26 T12 R10 S50 SWSE 25AC Section 25 NECR

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: 1

of Bathrooms: 3 Full Partial

of Bedrooms: _____

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: Champion Size 28X68 Yr 2003

Previous Owner: Loretta Robinson Previous Location: Ullin, IL

Current Owner: Everett & Judy Rhine Current Location: Rural Anna, IL

Beginning Construction Date: 8-1-18 Completion Construction Date: 9-6-18

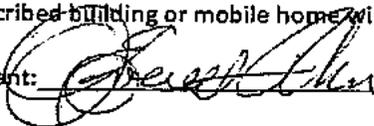
Total Cost of Improvement: \$ 56,000

Owner: Everett & Judy Rhine

Mailing Address: _____

Telephone #: 833 3129

The owner of this building and the undersigned agree to confirm 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:  Date: 8-1-18

Approved By: _____ Approval Date: _____

PERMIT FEE: 110.00 PERMIT #: 18-18

Payment of _____ received by Union County Treasurer. Date: _____

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 06-03-04-305-2

Location/Address: Bartruff Rd Anna IL 62906

Legal Description: Sec 3 T13 R1W S1/2 SW SW 1.57 Ac

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: None

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: 3

of Bathrooms: 2 Full Partial

Total Land Area 1574.8 Dimensions _____

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: 7-25-2018 Completion Construction Date: 6-1-2019

Total Cost of Improvement: \$120,000.00

Owner: Michael Houseman

Mailing Address: 1840 Balcom Rd Anna, IL 62906

Telephone #: 618 697 4542

The owner of this building and the undersigned agree to confirm 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] Date: 7-25-18

Approved By: _____ Approval Date: _____

PERMIT FEE: 250.00 PERMIT #: 18-17

Payment of 250.00 received by Union County Treasurer. Date: 7.25.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 01-33-00476-E

Location/Address: Turkey Loop Blount Co IL 62912

Legal Description: Sec 33 Twp 11 R1W Pt NW SW 4.24 ac

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn (pole) Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____
 Gas Electric Other - Specify _____

Type of Heating: _____
Type of Sewage Disposal: Public Individual (septic, etc.)
Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No
Foundation: Crawl Slab
of Stories: _____
of Bathrooms: Full Partial

Total Land Area: 12000 Dimensions: 30 X 40
Finished Sq. Ft.: _____
Air Conditioning: Yes No
of Bedrooms: _____

Mobile Home Information:

Make: _____ Size: _____ Yr: _____
Previous Owner: _____ Previous Location: _____
Current Owner: _____ Current Location: _____

Beginning Construction Date: July 15 Completion Construction Date: July 26
Total Cost of Improvement: 37,000⁰⁰

Owner: Sandra Brust
Mailing Address: 303 W 7th St Manteno IL 60950
Telephone #: 815-953-6343

The owner of this building and the undersigned agree to confirm 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: Sandra Brust Date: 7/17/18
Approved By: _____ Approval Date: _____
PERMIT FEE: 84⁰⁰ PERMIT #: 18-16
Payment of 584.00 received by Union County Treasurer 7 17 18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 15-27-13-893

Location/Address: 350 Gates Lane Hood 11 42900

Legal Description: 227 12-110 SE NW, PT 10 PT NE SW 47.84

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: 6x10 Full Partial 50x8

Total Land Area _____ Dimensions 30 x 50 + 12x11 to
5th front

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: Aug 1, 2018 Completion Construction Date: Feb 1, 2018

Total Cost of Improvement: 40,000

Owner: Douglas & Elizabeth Hillman

Mailing Address: 2517 Saddlecreek Pt Pope Bicardown MD 63701

Telephone #: 573-270-9161

The owner of this building and the undersigned agree to confirm 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: Elizabeth Hillman Date: 7/5/18

Approved By: _____ Approval Date: _____

PERMIT FEE: 90.00 PERMIT #: 18-15

Payment of \$90.00 received by Union County Treasurer. Date: 7.5.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 14-00-12-239-D

Location/Address: 4 Angus Ln.

Legal Description: Sec 8 T12 R1E Lot 4 Denny Acres Sub 1.74Ac

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage Deck
 Carport Shop/Shed Barn

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete (flow) Pole Other - Specify 1

Type of Heating: Gas Electric Other - Specify Not right now?

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: _____

of Bathrooms: Full Partial

Finished Sq. Ft: _____

Air Conditioning: Yes No

of Bedrooms: _____

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: June 25 2018 Completion Construction Date: _____

Total Cost of Improvement: 31,500⁰⁰

Owner: Jerry + Kathy Rambau

Mailing Address: 4 Angus Ln.

Telephone #: 618-922-1625

The owner of this building and the undersigned agree to confirm 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] Date: 6/21/18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$ 73⁰⁰ PERMIT #: 18-14

Payment of _____ received by Union County Treasurer. Date: _____

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 03-08-01-451-A1

Location/Address: 3570 Burns Rd Danok, IL 62926

Legal Description: Sec 8 T13 R1E

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn with Garage Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify Farm

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)
 Other - Specify _____

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: _____

of Bathrooms: Full Partial

Finished Sq. Ft: _____

Air Conditioning: Yes No

of Bedrooms: _____

Total Land Area: 1,440 Dimensions: 36' x 40'

Mobile Home Information:

Make: _____ Size: _____ Yr: _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: 6/20/18 Completion Construction Date: 6/27/18

Total Cost of Improvement: \$15,000.00

Owner: Jason Lingle / Davla Lingle

Mailing Address: 3570 Burns Rd Danok, IL 62926

Telephone #: (618) 697-0193

The owner of this building and the undersigned agree to confirm 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: Jason Lingle Date: 6/20/18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$40.00 PERMIT #: 18-13

Payment of \$40.00 received by Union County Treasurer. Date: 6.18.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 08-10-05-763

Location/Address: 2520 STATE Pond Rd, Jonesboro, FL 62552

Legal Description: Sec 10 T12 R2W P1S213 W1/2 SE

Type of Project:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
Residential:	<input checked="" type="checkbox"/> Single family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Garage
	<input type="checkbox"/> Carport	<input type="checkbox"/> Shop/Shed	<input type="checkbox"/> Barn	<input type="checkbox"/> Deck
	<input type="checkbox"/> Other - Specify _____			
Non-Residential:	<input type="checkbox"/> Recreational	<input type="checkbox"/> Church/Relig	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail Store
	<input type="checkbox"/> Service Station	<input type="checkbox"/> Office	<input type="checkbox"/> School/Library	<input type="checkbox"/> Tanks/Towers
	<input type="checkbox"/> Other - Specify _____			

Building Characteristics:

Type of Frame:	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Steel
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pole	<input type="checkbox"/> Other - Specify _____
Type of Heating:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other - Specify <u>Geothermal</u>
Type of Sewage Disposal:	<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Individual (septic, etc.)	
Type of Water Supply:	<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Individual (well, cistern)	
Basement:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Finished Sq. Ft: <u>0</u>
Foundation:	<input checked="" type="checkbox"/> Crawl	<input type="checkbox"/> Slab	Air Conditioning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
# of Stories:	<u>1</u>		# of Bedrooms: <u>3</u>
# of Bathrooms:	<u>2</u> Full	<input type="checkbox"/> Partial	
Total Land Area	<u>12.39 acres</u>		Dimensions _____

Mobile Home Information:

Make: _____	Size: _____	Yr: _____
Previous Owner: _____	Previous Location: _____	
Current Owner: _____	Current Location: _____	

Beginning Construction Date: June 2018 Completion Construction Date: December 2018?
 Total Cost of Improvement: \$200,000

Owner: Marc + Amy Sheffer
 Mailing Address: 2520 STATE Pond Rd, Jonesboro, FL 62552
 Telephone #: 618-697-3352

The owner of this building and the undersigned agree to confirm 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: Marc Sheffer / Amy Sheffer Date: 5-22-2018

Approved By: _____ Approval Date: _____

PERMIT FEE: 410⁰⁰ PERMIT #: 18-11

Payment of \$410.00 received by Union County Treasurer. Date: 5-22-18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 98-10-05-746

Location/Address: 1670 State Rt 127 N Cobden IL 62920

Legal Description: Sec 10 Twp 12 R2W P1E 1/2NW

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____
 Gas Electric Other - Specify _____

Type of Heating: _____
Type of Sewage Disposal: Public Individual (septic, etc.)
Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No
Foundation: Crawl Slab
of Stories: _____
of Bathrooms: Full Partial

Total Land Area _____ Dimensions _____
Finished Sq. Ft: _____
Air Conditioning: Yes No
of Bedrooms: _____

Mobile Home Information:

Make: Fleetwood Size: 14 x 16 672 sq ft
Previous Owner: Carl Mixen Yr: 1987
Current Owner: _____
Previous Location: 1185 Jamboree Loop
Current Location: 1670 State Rt 127 N Cobden IL 62920

Beginning Construction Date: 5-10-2018 Completion Construction Date: _____
Total Cost of Improvement: Mobile home free

Owner: Vicki Lynn Popejay
Mailing Address: 1670 State Rt 127 N Cobden IL 62920
Telephone #: 618-571-3442

The owner of this building and the undersigned agree to confirm 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: Vicki Popejay Date: _____

Approved By: _____ Approval Date: _____

PERMIT FEE: 10.00 PERMIT #: 18-10

Payment of \$10.00 received by Union County Treasurer. Date: 5.4.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 98-10-05-746

Location/Address: 1670 State Rt 127N, Cobden, IL 62920

Legal Description: Sec 10 Twp 12 R2W P1E 1/4NW

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)
 Other - Specify _____

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: _____

of Bathrooms: Full Partial

Finished Sq. Ft.: _____

Air Conditioning: Yes No

of Bedrooms: _____

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: Fleetwood Size: 14 x 16 672 sq ft Yr: 1987

Previous Owner: Carl Mixen Previous Location: 1185 Jontown Loop

Current Owner: _____ Current Location: 1670 State Rt 127 N Cobden IL 62920

Beginning Construction Date: 5-10-2018 Completion Construction Date: _____

Total Cost of Improvement: Mobile home free

Owner: Vicki Lynn Popejoy

Mailing Address: 1670 State Rt 127 N Cobden, IL 62920

Telephone #: 618-571-3442

The owner of this building and the undersigned agree to confirm 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: Vicki Popejoy Date: _____

Approved By: _____ Approval Date: _____

PERMIT FEE: 10.00 PERMIT #: 18-10

Payment of \$10.00 received by Union County Treasurer. Date: 5.4.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 05-01-02-020

Location/Address: 3675 New Saratoga Road Anna

Legal Description: Sec 1 Twp 12 Range 1 W NE Pt E 1/2 NW
70.82 AC.

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify Equipment Storage Farm

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)
 Other - Specify _____

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: _____

of Bathrooms: Full Partial

Finished Sq. Ft: _____

Air Conditioning: Yes No

of Bedrooms: _____

Total Land Area _____ Dimensions 60' x 100'

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: 5/1/18 Completion Construction Date: _____

Total Cost of Improvement: 38,000.

Owner: John Basler

Mailing Address: 3675 New Saratoga Anna

Telephone #: 618-697-2695

The owner of this building and the undersigned agree to confirm 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] Date: 5/1/18

Approved By: _____ Approval Date: _____

PERMIT FEE: 86.00 PERMIT #: 18-09

Payment of \$86.00 received by Union County Treasurer. Date: 5.1.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 04-20-02-350-13

Location/Address: 1550 Cobden School Rd, Cobden

Legal Description: S20 T11 R1W PT W 1/2 NE & E 1/2 NW

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify Winery

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No **Finished Sq. Ft.:** 7,100

Foundation: Crawl Slab **Air Conditioning:** Yes No

of Stories: 2

of Bathrooms: 2 Full Partial

Total Land Area: 30 acre approx **Dimensions:** 50' x 122' + decks

Mobile Home Information:

Make: _____ Size _____ Yr _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: April 9, 2018 **Completion Construction Date:** July 1, 2018

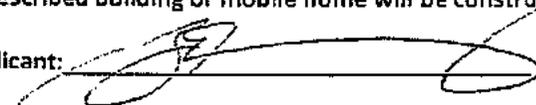
Total Cost of Improvement: \$235,000-

Owner: Brad & Christine Genway

Mailing Address: 1550 Cobden School Rd, Cobden, IL 62920

Telephone #: 618 893-7557

The owner of this building and the undersigned agree to confirm 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:  **Date:** 4-25-2018

Approved By: _____ **Approval Date:** _____

PERMIT FEE: 480.00 **PERMIT #:** 18-08

Payment of: 480.00 received by Union County Treasurer. **Date:** 4.25.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 75-09-03-104-A2

Location/Address: 125 Sherman Rd Anna

Legal Description: Sec 9 Twp 12 R1W Pt SWSW 4.54 Ac.

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn (pole) Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: _____

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: _____ Size: _____ Yr: _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: May 17 2018

Completion Construction Date: _____

Total Cost of Improvement: 25,000⁰⁰

Owner: Brett Wohlf

Mailing Address: 125 Sherman Rd Anna IN 42906

Telephone #: 618-322-0855

The owner of this building and the undersigned agree to confirm 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]

Date: 04-17-2018

Approved By: _____

Approval Date: _____

PERMIT FEE: \$ 60⁰⁰

PERMIT #: 18-06

Payment of 60⁰⁰ received by Union County Treasurer.

Date: 4.17.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 21-33-00-476-A

Location/Address: 1340 GURLEY LOOP BUNCONBE

Legal Description: 533 THREE PT NW SW

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)
 Other - Specify _____

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No Finished Sq. Ft: 1000

Foundation: Crawl Slab Air Conditioning: Yes No

of Stories: _____ # of Bedrooms: _____

of Bathrooms: Full Partial

Total Land Area _____ Dimensions _____

Mobile Home Information:

Make: _____ Size: _____ Yr: _____

Previous Owner: _____ Previous Location: _____

Current Owner: _____ Current Location: _____

Beginning Construction Date: APRIL 2018 Completion Construction Date: SPRING 2018

Total Cost of Improvement: \$1,000

Owner: BRUCE & KAY NEWMAN

Mailing Address: 1340 GURLEY LOOP BUNCONBE, IL

Telephone #: 618-759-1353

The owner of this building and the undersigned agree to confirm 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: Bruce Newman Date: 3/29/18

Approved By: _____ Approval Date: _____

PERMIT FEE: \$12.00 PERMIT #: 12-05

Payment of \$12.00 received by Union County Treasurer. Date: 3.29.18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 14-27-12-511-A

Location/Address: 1636 Dell Hill Rd Cobden IL 62920

Legal Description: 14-10-227 ST NE NW 341 RD

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify Modular Home

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify

Type of Heating: Gas Electric Other - Specify

Type of Sewage Disposal: Public Individual (septic, etc.) Other - Specify Gas fireplace

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: 1 2 3

of Bathrooms: 2 Full Partial

Finished Sq. Ft: None

Air Conditioning: Yes No

of Bedrooms: 2

Total Land Area: 3 acres

Mobile Home Information:

Make: Modular Mansion Elite Sectional

Size: 28 x 52

Yr: 2017

Previous Owner: N/A

Previous Location: N/A

Current Owner: N/A

Current Location: N/A

Beginning Construction Date: 12/2017

Completion Construction Date: 3/2018

Total Cost of Improvement: \$110,000.00

Owner: John and Delaine Moreland

Mailing Address: P.O. Box 235 Cobden, IL 62920

Telephone #: 618 534-0590

The owner of this building and the undersigned agree to confirm 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: John B. Moreland Date: 2-9-2018

Approved By: _____ Approval Date: _____

PERMIT FEE: 230.00 PERMIT #: 18-04

Payment of \$230.00 received by Union County Treasurer. Date: 2-15-18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 04-29-02-636

Location/Address: 950 Wing Hill Rd Cobden IL 62920

Legal Description: Sec 29 Twp 11 R1W SW SE 1.86AC.

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify _____

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify _____

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)
 Individual (well, cistern)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No **Finished Sq. Ft.:** _____

Foundation: Crawl Slab **Air Conditioning:** Yes No

of Stories: _____ **# of Bedrooms:** _____

of Bathrooms: Full Partial

Total Land Area _____ **Dimensions** _____

Mobile Home Information:

Make: _____ **Size:** _____ **Yr:** _____

Previous Owner: _____ **Previous Location:** _____

Current Owner: _____ **Current Location:** _____

Beginning Construction Date: March 14 2018 **Completion Construction Date:** _____

Total Cost of Improvement: _____

Owner: Barbara Niechciol

Mailing Address: 950 Wing Hill Rd Cobden IL 62920

Telephone #: 618-893-1505

The owner of this building and the undersigned agree to confirm 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: Barbara Niechciol **Date:** 2-14-18

Approved By: _____ **Approval Date:** _____

PERMIT FEE: 36.00 **PERMIT #:** 18-03

Payment of: \$36.00 received by Union County Treasurer. **Date:** 2/14/18

UNION COUNTY BUILDING PERMIT APPLICATION

Parcel #: 01-116-00-155-C

Location/Address: 450 Panthers Den Rd

Legal Description: Sec 16 Twp 11 R1E Pt NW 40.19 Acres

Type of Project: New Addition Remodel Repair

Residential: Single family Multi-Family Mobile Home Garage
 Carport Shop/Shed Barn Deck
 Other - Specify 200 x 70

Non-Residential: Recreational Church/Relig Industrial Retail Store
 Service Station Office School/Library Tanks/Towers
 Other - Specify

Building Characteristics:

Type of Frame: Masonry Wood Steel
 Concrete Pole Other - Specify _____

Type of Heating: Gas Electric Other - Specify _____

Type of Sewage Disposal: Public Individual (septic, etc.)

Type of Water Supply: Public Individual (well, cistern)

Basement: Yes No

Foundation: Crawl Slab

of Stories: _____

of Bathrooms: Full Partial

Finished Sq. Ft: _____

Air Conditioning: Yes No

of Bedrooms: _____

Total Land Area _____ Dimensions _____

Mobile Home Information:

~~Make: _____ Size _____ Yr _____~~

~~Previous Owner: _____ Previous Location: _____~~

~~Current Owner: _____ Current Location: _____~~

Beginning Construction Date: March 1 2018 Completion Construction Date: _____

Total Cost of Improvement: \$ 150,000.00

Owner: Kenneth & Anne Farby

Mailing Address: P.O. Box 1263 Carbondale IL 62903

Telephone #: _____

The owner of this building and the undersigned agree to confirm 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 Farby

Date: 02-05-2018

Approved By: _____

Approval Date: _____

PERMIT FEE: 310.00

PERMIT #: 18-01

Payment of \$310.00 received by Union County Treasurer.

Date: 2.5.18