



For office use only:
 Project # _____
 Date Received: _____

ACCESSORY STRUCTURE APPLICATION

Community Development Department
 Building & Inspection Services Division
 5127 Oakton Street – Skokie, IL 60077
 Phone (847) 933-8223

PROPERTY ADDRESS _____ **Tax Parcel #** _____

***OWNER OF PROPERTY** _____ (First name Last Name)
 Address _____ City/State/Zip _____
 Telephone _____ Mobile _____
 Email _____ Date of Birth ____/____/____

*If more than one owner please list the primary contact above and secondary contact below

OWNER OF PROPERTY (Secondary Contact) _____

Who do we contact if we have questions about your application? Owner Contractor

Who is paying for the permit? Owner Contractor

COMPLETE THE FOLLOWING FOR ALL TRADES THAT APPLY TO THIS CONSTRUCTION.

GENERAL CONTRACTOR _____
 Address _____ City/State/Zip _____
 Telephone _____ Email _____

CARPENTRY CONTRACTOR _____
 Address _____ City/State/Zip _____
 Telephone _____ Email _____

ELECTRIC CONTRACTOR _____
 Address _____ City/State/Zip _____
 Telephone _____ Email _____

EXCAVATOR/CEMENT/MASONRY CONT _____
 Address _____ City/State/Zip _____
 Telephone _____ Email _____

WORK DESCRIPTION

_____	_____ Detached Garage	_____ Shed
_____	_____ Parking Lot/Pad	_____ Deck
_____	_____ Sidewalk/Driveway	_____ Fence

FENCE: Approximate Length _____ Height(s) _____

TOTAL VALUE OF WORK: \$ _____

This is an application only. Completion of this application does not entitle the commencement of construction. The applicant agrees to conform to all applicable laws of the Village of Skokie and when permit is approved also agrees that all work performed will be in accordance with the plans and specifications set forth in the approved permit. Work area cannot be occupied until final inspection approval.

PROPERTY OWNER SIGNATURE (Primary) _____ **Date** _____

**THE FOLLOWING ITEMS MUST BE SUMITTED WITH YOUR APPLICABLE APPLICATION TYPE.
STAFF WILL NOT ACCEPT YOUR APPLICATION IF IT IS INCOMPLETE.**

FENCE PERMIT

- ___ APPLICATION FORM COMPLETE WITH ALL REQUIRED INFORMATION & SIGNATURES.
- ___ 1 COPY - PLAT OF SURVEY TO SCALE (SHOWING ALL EXISTING IMPROVEMENTS TO PROPERTY)
- ___ 1 COPY - SITE PLAN* (SHOWING LOCATION OF FENCE)

SIDEWALK/DRIVEWAY PERMIT

- ___ APPLICATION FORM COMPLETE WITH ALL REQUIRED INFORMATION & SIGNATURES
- ___ 1 COPY - PLAT OF SURVEY TO SCALE (SHOWING ALL EXISTING IMPROVEMENTS TO PROPERTY)
- ___ 1 COPY – SITE PLAN* (SHOWING PROPOSED SIDEWALK/DRIVEWAY LOCATION OR AREA BEING REPLACED – DIMENSIONS BE SHOWN ON SITE PLAN)
- ___ 1 COPY OF THE PROPOSAL FROM A CONTRACTOR (DRIVEWAY PERMITS)

SHED PERMIT

- ___ APPLICATION FORM COMPLETE WITH ALL REQUIRED INFORMATION & SIGNATURES
- ___ 1 COPY - PLAT OF SURVEY TO SCALE (SHOWING ALL EXISTING IMPROVEMENTS TO PROPERTY)
- ___ 1 COPY – SITE PLAN* (SHOWING PROPOSED SHED LOCATION/SETBACKS ETC)
- ___ 1 COPY – CONSTRUCTION DRAWINGS

DECK PERMIT

- ___ APPLICATION FORM COMPLETE WITH ALL REQUIRED INFORMATION & SIGNATURES
- ___ 1 COPY - PLAT OF SURVEY TO SCALE (SHOWING ALL EXISTING IMPROVEMENTS TO PROPERTY)
- ___ 1 COPY – SITE PLAN* TO SCALE (SHOWING PROPOSED DECK LOCATION)
- ___ 1 COPY – CONSTRUCTION DRAWINGS FOR DECK (FRAMING PLAN, PIER LOCATION/DEPTH, ELEVATION)

DETACHED GARAGE

- ___ APPLICATION FORM COMPLETE WITH ALL REQUIRED INFORMATION & SIGNATURES
- ___ 1 COPY – PLAT OF SURVEY TO SCALE (SHOWING ALL EXISTING IMPROVEMENTS TO PROPERTY) PLAT CANNOT BE MORE THAN 2 YEARS OLD FROM APPLICATION DATE
- ___ 1 COPY – SITE PLAN* TO SCALE (SHOWING PROPOSED GARAGE LOCATION/SETBACKS ETC)
- ___ 1 COPY – CONSTRUCTION DRAWINGS FOR GARAGE (ELEVATION, WALL SECTION, CONCRETE DETAIL)
- ___ 1 COPY - COMPLETED ZONING INFORMATION WORKSHEET - SITE CALCULATIONS WITH IMPERVIOUS COVERAGE AND FLOOR AREA RATIO CALCULATIONS

***SITE PLANS CAN BE DRAWN ON AN EXTRA COPY OF THE PLAT OF SURVEY**

Please review the Contractor Registration Form for updated registration requirements.

All inspections require a minimum advanced notice of 24 hours. Please call (847) 933-8223 to schedule an inspection.