

3 West Main St, Mascoutah, IL 62258 (618) 566-2964 ext. 107 permits@mascoutah.com

RESIDENTIAL BUILDING PERMIT APPLICATION

If "yes" explain: _

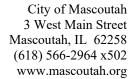
Office Use Only		
Approved	Denied	
Permanent Parcel		
No		
Building Permit Application		
No		
Date:		
Fee Received: \$		

1.	APPLICANT AND OV	VNER			
	Name of Applicant			Phone No	
	Address of Applicant				
	Email Address				
	Name of Owner			Phone No	
	Address of				
	Construction				
	Email Address				
2.	LOCATION OF PROPO				
	Address of Proposed Co	nstruction			
	Parcel No.		Subdivision Name		
	Zoning District		Lot No		
3.	PROPOSED CONSTRU	CTION			
		lence () [ments () Othe	r
	() Alterations or Additi	ons to Existing Resider	ntial Building		
_					
4.	PLANS AND SPECIFIC			fall accidents	
			perty to scale that shows the	rollowing:	
		ames and locations of a cation and dimensions			
			lines and every building or str	ructure and between buildir	age.
			of all existing and proposed		
		gs or plans for all prop		bullulings, driveways, and p	arking areas
			cture, or use (existing and pr	oposed identification on the	e plat give the following
	information, if a		erane, en dee (eraeung and pr		prat, give and renorming
	Structure	Height in Feet	Number of stories		Number of Parking
		Trongine in 1 doc	realiser of eterios		Spaces
EXIST	TING				
PROP	POSED				
Ectim:	ate of cost		<u> </u>	Lot sq ft.	
	Floor sq ft.	Second Flo			
			nent sq ft. (Unfinished)	Garage sq ft Front Porc	h ca ft
				FIOHL FOIC	n sq it.
Cover	ed Patio sq ft		II		
5.	SPECIAL REQUIREME				
	• •		ing Appeals required?		
	If "yes" explain:	nocial evention to an	provision of the Zoning Ordi	nance requested?	
	D is variation of S	oeciai excediion io anv	, DIOVISION OF THE ZONING OTAL	nance requested?	

6. CONTACTOR INFORMATION

General Contractor	Phone No	
Address	Email Addre	ss
Electrical Contractor	Phone No	
Address	Email Address	
Plumbing Contractor	Phone No	License No
Address	Email Address	
Roofing Contractor	Phone No	License No
Address	Email Addre	SS
premises described for any purpose or regulations of the City of Mascoutah.	r in any manner prohibited by the Zoning C The applicant further agrees to notify the E rther understood that if construction is not	ordinance, or by other ordinances, codes, or inforcing Officer at the stages of construction
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Please allow 5 business days for permit processing.





APPLICATION FOR NEW-RESIDENTIAL ELECTRIC SERVICE

CUSTOMER (Party to be Billed)	Customer/Company Name: Billing Address: City: Phone: Email:		
NEW HOME ADDRESS	Service Address:		
SERVICE TO	☐ Single Occupancy ☐ Multiple Occupancy Square Footage (Required):		
SERVICE ENTRANCE	Size: □ 100 amp □ 200 amp □ 400 amp □ Other Entrance Type: □ Overhead □ Underground		
HEAT SOURCE	Electric Heat: Yes No (If yes, indicate type below. If no, go to "Other Heating Types") Baseboard kW Electric Furnace kW Heat Pump ton unit and kW auxiliary Geothermal Heat Pump ton unit and kW auxiliary Other Heating Types: Natural Gas Bottled Gas Oil Coal Other Furnace Boiler Baseboard		
PLEASE MARK IF ANY OF THE FOLLOWING APPLY	☐ Electric Water Heater ☐ Electric Air Conditioning ton unit or size in BTUs ☐ Heat Pump ton unit or size in BTUs		
SIGNATURE	Submitted By Signature (Required): Print Name:		



City of Mascoutah 3 West Main Street Mascoutah, IL 62258 (618) 566-2964 ext. 502 www.mascoutah.org

APPLICATION FOR RESIDENTIAL SERVICE UPGRADE

Customer Name:	
Address:	
Customer Phone:()	Email Address:
Existing Service Size: □60 A	amp □100 Amp □200 Amp
Upgrading To: □100 Amp □	□ 200 Amp □ 400 Amp □ Other (Explain)
Are you moving the location	of the meter socket? □Yes □No
Are you changing the point of	fattachment of overhead line to your house? □Yes □No
	rove meter socket location and point of attachment. City of Mascoutah may et location or point of attachment change as a result of upgrade.)
Are you switching from overl	nead to underground service? (Deposit required) □Yes □No
Please check all applicable eq	uipment upgrades or changes:
□Entire Service - (no	need to check other individual boxes)
□Entrance cable or se	rvice mast □Meter socket □Panel box □Main disconnect □Grounding.
Proposed completion date (Ci	ty will schedule appointments. ASAP not accepted):
	ntil it has passed inspection. To schedule an inspection call Scott Meinhardt at service restoration call City Hall at (618) 566-2964 ext. 502.
	ADDITIONAL INFORMATION
If adding electric heat? □	Furnace kW
	BaseboardkW
If adding air conditioning?	Tons
Please note any additional inf	ormation: