



UTILITY SHED PERMIT APPLICATION (LESS THAN 200 SQ FT)

INSTRUCTIONS

Section 1 and Section 6 to be completed by Owner or Authorized Agent. Please note that if your property is in a subdivision, the covenants and restrictions of that subdivision should be consulted to ensure your project is in compliance. Covenants and restrictions for subdivisions can be obtained from the Kankakee County Recorder of Deeds Office. The Planning Department does not enforce subdivision covenants and restrictions.

Section 4. The application must be signed by the owner or authorized agent.

UTILITY SHED REGULATIONS

1. Must not exceed 200 sq. ft.
2. Maximum length is 16 ft.
3. Maximum wall height of 8 ft.
4. Maximum overall height is 16 ft.
5. Type of foundation:
 - a. Minimum 4in gravel base;
 - b. Piers;
 - c. Minimum 3 ½ in concrete slab;
 - d. Mono pour (see attached wall section for specification).
6. Must be permanently anchored.
 - a. If gravel base or piers must use auger anchors at a minimum of (4) 4 in x 18 in earth anchors.
 - b. If attached to concrete slab must be a minimum of 4 in x ½ in bolts.
 - c. If attached to a mono pour must be a minimum of 7 in x ½ in bolts.
7. All setbacks must be met (min. 5ft. from interior lot line and 10 ft. from principle structure).
8. Not allowed in front yards.
9. Must not be on septic fields or drainage easements.
10. Maximum one 20amp circuit.
11. If electric is included then minimum (1) GFCI outlet and (1) switched light is required.

Utility Shed Worksheet

NAME _____ ADDRESS _____

Type of Shed: Site-built _____ (complete wall section form & must provide stamped truss design if applicable)
Pre-manufactured _____ (must provide detailed manufacturers specification including truss stamp)

Size of shed? _____

Foundation type:

- Gravel (min.4") (Provide floor layout)
- Piers (min. 42" deep) Diameter _____ (provide pier & floor layout)
- Slab (min. 4")
- Mono pour
- Other (provide detailed print)

Anchoring:

- Screw anchor Length _____ Diameter _____
- Attach to concrete Type of Anchor _____

Electrical: Yes _____ No _____

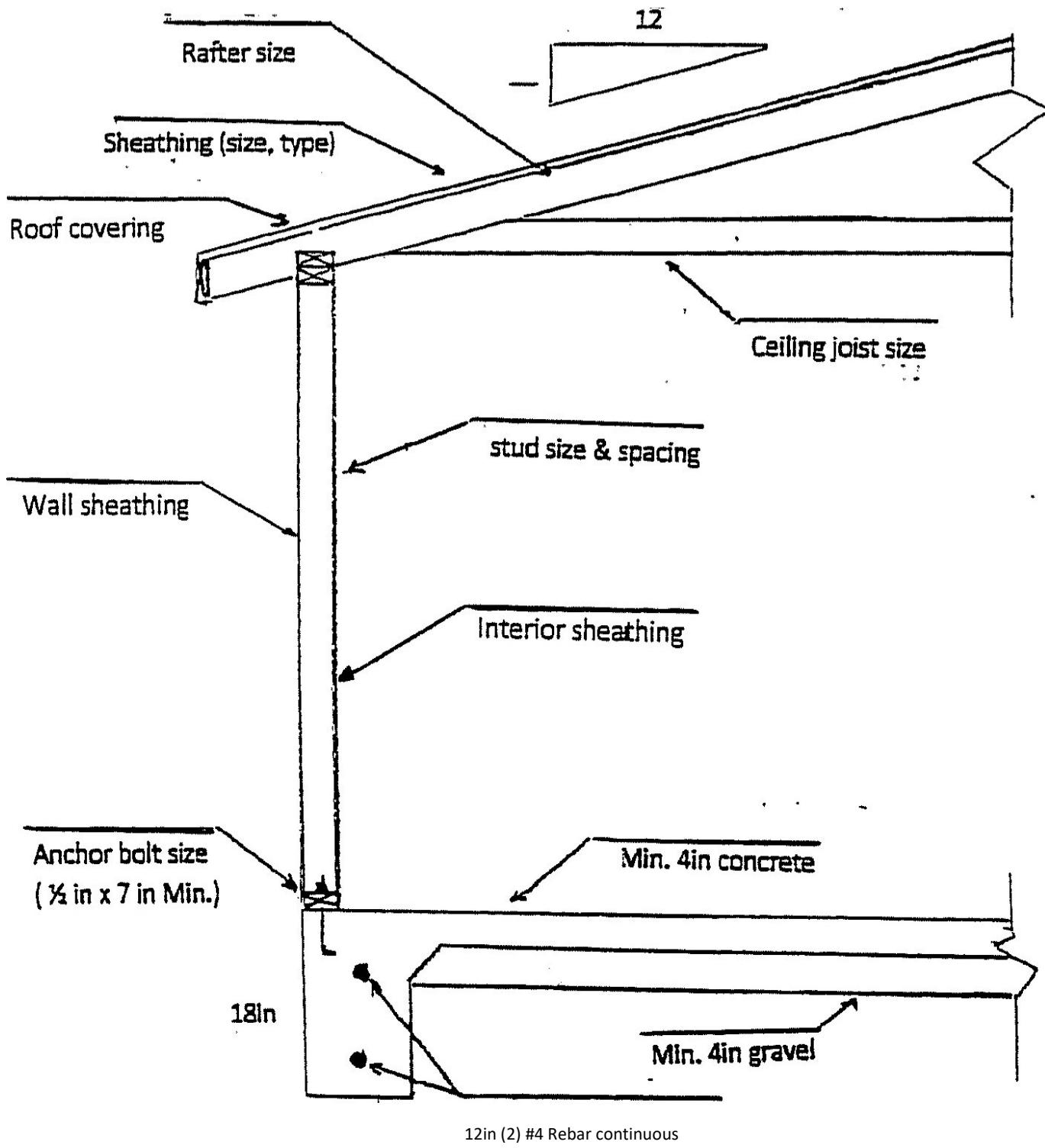
- Romex (must be protected below 8 ft.)
- Conduit

Scope of work: _____

SUBMITTAL REQUIREMENT

1. Plot plan showing home and proposed shed, septic field (if applicable) & setbacks.
2. Shed permit application.
3. Shed permit worksheet.
4. Wall Section or Manufacturers specifications.
5. Stamped truss design with 25lb ground snow load and 90 mph wind load.
6. Any drawings necessary to explain the project.
7. Contractors list.
8. Signed contract or material estimate sheet from distributor (if doing work yourself)

WALL SECTION



(Shown with mono pour slab option. Other options acceptable.)



KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION

UTILITY SHED PERMIT APPLICATION (LESS THAN 200 SQ FT)

Date Received: _____ Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

Applicant to complete this section:

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Mailing Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Will the homeowner be performing the work themselves? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

Total Estimated Value of Project: _____
Signed Contract (Attach): _____ Material: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge.

(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: Denied:

If denied, state reason why: _____

SECTION 6: CONTRACTOR INFORMATION

Owners Name: _____ **Type of Construction:** _____
 If the contractor's list should change at any time during the project, a revised list shall be submitted to the Planning Department

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Trade: _____	License # _____
Contractor: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Roofing: _____	License # _____
Phone #: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State License #: 104-	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Expiration _____

Plumbing: _____	License # _____
Address: _____	Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Phone #: _____	Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State License #: 058-	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____
State Registration #: 055-	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Expiration _____
	Expiration _____

Date Received: _____ Date Approved: _____ Approved By: _____