

PERMIT #

CHRISTIAN COUNTY BUILDING PERMIT APPLICATION

NAME:

ADDRESS:

PHONE #:

CITY:

TOWNSHIP:

Parcel Number (PIN):

EST. COST OF IMPROVEMENT:

LENGTH

WIDTH

HEIGHT

HOUSE/BASEMENT

GARAGE

OTHER

PROPERTY LINE SETBACKS

FRONT:

SIDE:

BACK:

USE:

CONTRACTOR:

IF SOLAR, MUST HAVE COPY OF CONTRACT AND LIST OF CONDITIONS AS PER CC ORDINANCE 1-6-3 (7A-7c).

IF MOBILE HOME: MAKE

YEAR:

SERIAL #

IF FARM LAND: HOW MANY ACRES

IF POLE BARN: CONCRETE OR ROCK FLOOR

OWNERS SIGNATURE: _____ FEE PAID _____

PLEASE TURN OVER THIS FORM AND ON BACK DRAW ALL PRESENT BUILDINGS AND WHERE NEW CONSTRUCTION WILL BE PLACED.

PTAX-323 Application for Homestead Improvement Exemption

STEP 1: Complete Applicant Information

1 Property Owner Name & Address

4 Parcel Number _____

5 Describe the improvements or building on the property
(or attach copy of permit with this information)

2 ()
Phone Number

3 Is the new improvement being used for a Qualified **Farm Use** **YES / NO** (circle)

To qualify for farm use, your "property use" must be Farm and your parcel must be zoned properly for farm use. You must have been in continuous farm use for at least the prior 2 years.

If you answered **NO** to the above question, skip to **STEP 3**

STEP 2: Complete Farm Use Questionnaire

Farm Use Questionnaire

(circle all that apply)

6 Is your parcel designated a farm parcel by the supervisor of assessments office **YES / NO**

7 If you answered **NO** to the above question, are you in the process of switching to farm use? **YES / NO**

If **YES**, you must have your property re-zoned to **AG** use, or be a qualified zoning use for farming.

If **YES**, have must notify the Supervisor of Assessments Office

8 What will this structure be used for: **Livestock / Equipemnt / Both**

9 Will any part of this structure be used for residential **NON** farm use: **YES / NO**

If **YES**, Describe: _____

STEP 3: Sign Below

I state that to the best of my knowledge, the information on this application is true, correct and complete.

Property owner's or authorized representative's signature

_____/_____/_____
Month Day Year

If you have any questions, please contact the Supervisor of Assessment Office at (217) 824 - 8900
Or email GIS@ChristainCountyIL.com