



## VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING

### 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 \_\_\_\_\_

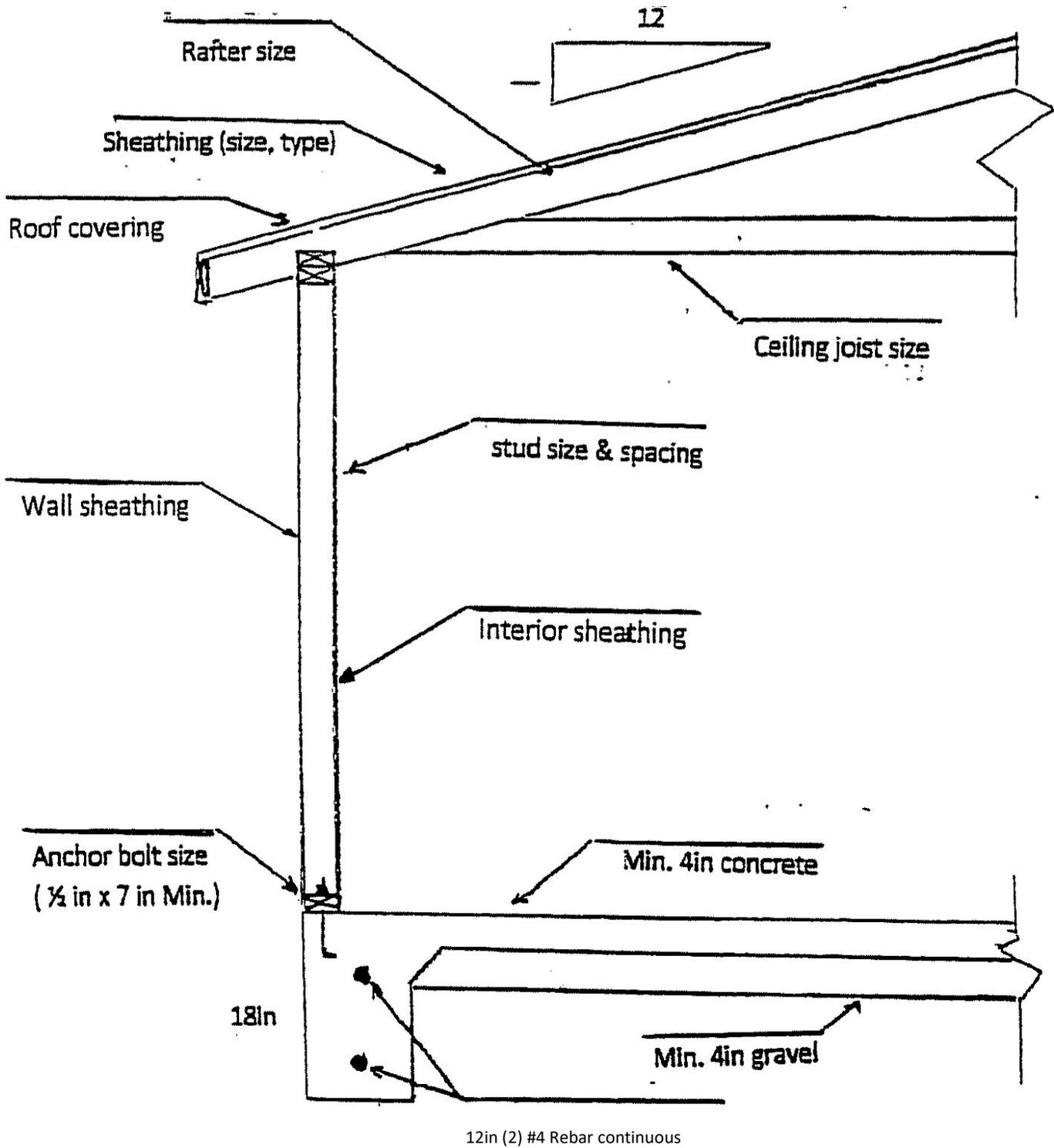
\_\_\_\_\_ Romex (must be protected below 8 ft.)  
\_\_\_\_\_ Conduit

**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.)



**VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING  
UTILITY SHED PERMIT APPLICATION (LESS THAN 200 SQ FT)**

Date Received: \_\_\_\_\_ Add-On:  Date of Add-On: \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed Contract (Attach): \_\_\_\_\_ Total Value: \_\_\_\_\_  
Material: \_\_\_\_\_ Labor: \_\_\_\_\_ 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

Permit# \_\_\_\_\_

**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 Building & Zoning Department

Trade: _____	License # _____
Contractor: _____	Signed Aff.    ___ Yes ___ No
Phone #: _____	Gen. Lib.        ___ Yes ___ No
	Work Comp      ___ Yes ___ No
	Bond              ___ Yes ___ No

Trade: _____	License # _____
Contractor: _____	Signed Aff.    ___ Yes ___ No
Phone #: _____	Gen. Lib.        ___ Yes ___ No
	Work Comp      ___ Yes ___ No
	Bond              ___ Yes ___ No

Trade: _____	License # _____
Contractor: _____	Signed Aff.    ___ Yes ___ No
Phone #: _____	Gen. Lib.        ___ Yes ___ No
	Work Comp      ___ Yes ___ No
	Bond              ___ Yes ___ No

Trade: _____	License # _____
Contractor: _____	Signed Aff.    ___ Yes ___ No
Phone #: _____	Gen. Lib.        ___ Yes ___ No
	Work Comp      ___ Yes ___ No
	Bond              ___ Yes ___ No

Roofing: _____	License # _____
Phone #: _____	Signed Aff.    ___ Yes ___ No
	Gen. Lib.        ___ Yes ___ No
	Work Comp      ___ Yes ___ No
	Bond              ___ Yes ___ No
State License #: <b>104-</b>	Expiration: _____

Plumbing: _____	License # _____
Address: _____	Signed Aff.    ___ Yes ___ No
Phone #: _____	Gen. Lib.        ___ Yes ___ No
	Work Comp      ___ Yes ___ No
	Bond              ___ Yes ___ No
State License #: <b>058-</b>	Expiration: _____
State Registration #: <b>055-</b>	Expiration: _____

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_