

Boone County Building Department

601 N Main St Suite 101 Belvidere, IL 61008

(815) 544-6176 fax (815) 547-0906

Permit Application Contact Information

Contact Name: _____

Address: _____

City/State/Zip: _____

***Please indicate how you would like to be contacted.*

Telephone: _____

Cell Phone: _____

Fax Number: _____

Email: _____

Comments: _____

Do not write below this line.

Project Address: _____

Submittal Date: _____

Construction Type: _____

Information submitted:

Permit Application

Health Department Approval

Permit Checklist

Rural Access Permit

Site Plan

Lot of Record Letter

Construction Drawings

Other _____

Status:

1st Review Denied Approved

Notified:

Date _____ Method _____

2nd Review Denied Approved

Date _____ Method _____

3rd Review Denied Approved

Date _____ Method _____

Date Payment Received: _____

Date Permit Released: _____