

## APIARY REGISTRATION APPLICATION

PERMIT NUMBER:					DATE/TIME RECEIVED:
SITE ADDRESS: PA				PARCEL	NUMBER:
SUBDIVISION:				LOT/UNIT:	
APPLICANT INFORMATION					
APPLICANT/BUSINESS NAME:			TELEPHONE: O HOME O BUSINESS		
ADDRESS:			E-MAIL: O HOME O BUSINESS		
CITY, STATE, ZIP:			FAX:		
DESCRIPTION OF WORK:					
OWNER INFORMATION					
○ CHECK IF INFORMATION PROVIDED ABOVE IS THE SAME					
NAME:			TELEPHONE: O HOME O BUSINESS		
ADDRESS:			E-MAIL: O HOME O BUSINESS		
CITY, STATE, ZIP:			FAX:		
PROJECT INFORMATION (IF APPLICABLE)					
ZONING:					
ILLINOIS DEPARTMENT OF AGRICULTURE REGISTRATION NUMBER:					EXPIRATION DATE:
APPLICATION MUST INCLUDE:  NUMBER OF AND TYPE OF COLONIES  FENCE DETAILS  COPIES OF NOTIFICATIONS TO ADJACENT PROPERTY OWNERS  SIGNAGE PLACEMENT & DIMENSIONS  A PLAT OF SURVEY MUST ACCOMPANY ALL PERMIT APPLICATIONS FOR CONSTRUCTION OF ANY NEW STRUCTURE OR ANY ALTERATION TO EXISTING STRUCTURES.					
<b>TERMS:</b> In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the United City of Yorkville. I/we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE TO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED. This Permit is a public document and all information on it is subject to public review pursuant to the Illinois Freedom of Information Act.					
SIGNATURE/AUTHORIZED AGENT:					DATE:
REVIEW CONCLUSIONS (all staff comments on back of application):					
BUILDING CODE COMPLIANCE:					DATE:
	○ APPROVED ○ NOT APPR	ROVED			
ZONING CODE COMPLIANCE:	○ APPROVED ○ NOT APPR	ROVED			DATE:
RE-SUBMITTAL:	DATE:	O APP	ROVED O NOT APP	ROVED	DATE/TIME ISSUED: