



**City of Ottawa**  
 301 West Madison Street  
 Ottawa, IL 61350  
 Telephone: (815) 433-0161  
 Fax: (815) 433-2344

Date Received: \_\_\_\_\_

**SITE DEVELOPMENT PERMIT APPLICATION**

**APPLICANT:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**ENGINEER:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**LOCATION OF PROJECT:** \_\_\_\_\_

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

Attached to the Application shall be the following items:

- Two (2) copies of a Site Plan
- Application fee of \$10.00 per parking space.

The following items are required:

- A landscaping plan will need to be submitted for approval. Plantings shall be installed prior to the issuance of certificate of occupancy.
- Street permits are to be obtained prior to any work in the City Right-of-Way
- Illinois Department of Transportation must approve site plans along State highways.

**APPLICANT or APPLICANT'S REPRESENTATIVE:**

*I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information submitted are true and correct to the best of my knowledge. The Authorized Signer invites City representatives to make all reasonable inspections and investigations of the subject property during the period of processing this Petition. I further agree to comply with all City Codes.*

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_