

## **Inspections Department Permit Request**

Please fill out this form, print and save a copy for your records, and bring a copy into the inspections office. For questions, call 217-234-7367.

Date of Request:	
Contractor Inform	nation
Name:	
Address:	
Phone #:	
Home Owner Infor	mation
Name:	
Address:	
Phone #:	
Permit Informat	tion
Address of Project:	
Estimated Project Cost: \$	
Type of Perm	nit
☐ Building – Project cost x .004 (\$40 minimum)	☐ Fence – \$25
☐ Electrical – Please call for price	$\square$ Street Cut – Please call for price
☐ Plumbing – Project cost x .004 (\$40 minimum)	$\square$ Demolition – \$25
☐ Mechanical – Project cost x .004 (\$40 minimum)	☐ Use of Street – \$25
Describe the project in detail:	☐ Sign