

ELECTRICAL PERMIT

Commercial

CITY OF DECATUR, ILLINOIS
INSPECTION DIVISION
424-2787

Permit Number: **2018-1129**

Zoning Abbr: O-1

Commerce Code: NONE

Building Use: BUSINESS

Work Class: ALTER/RENOVATE

LOCATION OF WORK:

304 W HAY ST

APPLICANT:

DECATUR MEMORIAL HOSPITAL
304 W HAY ST
DECATUR IL 625260000

WORK DESCRIPTION:

ELECTRICAL FOR RENOVATION/REPAIR OF AIR CONDITIONER, CHILLERS AND CHILLERS PUMPS

CONTRACTORS

Electrical: Rathje, David

CONSTRUCTION COST: \$51,169.00

PERMIT FEE: \$285.00

REQUIRED BY LAW ALL WORK MUST BE INSPECTED PRIOR TO BEING CONCEALED AND UPON COMPLETION OF WORK.

The undersigned is the owner _____ authorized agent _____ of the described real property.

Signature of Applicant: _____

This permit is issued solely for the purpose set forth in the application approved on 11/16/2018 and is conditional upon strict compliance with provisions of the Zoning Regulations and the Building code now in force. This construction permit is subject to revocation upon any violations of the Zoning Regulations to the Building Code.

Payment Summary

Building Permit Fee:	285.00
Engineering Permits:	0
Credit Memos Used:	0.00
Total Due:	285.00
Fee Paid:	\$310.00
Pay Type:	Check
Receipt #:	168736

Building Inspections Manager
(permit is not valid unless signed by the Inspections Supervisor or designee)

Application Date: 00/00/0000
Issue Date: 11/16/2018
Expire Date: 5/15/2019