

SIGN PERMIT

Commercial

CITY OF DECATUR, ILLINOIS
INSPECTION DIVISION
424-2787

Permit Number: **2018-1117**

Zoning Abbr: O-1

Commerce Code: NONE

Building Use: BUSINESS

Work Class: SIGN

LOCATION OF WORK:

1800 E LAKE SHORE DR

APPLICANT:

ST.MARY'S HOSPITAL
1800 E LAKE SHORE DR
DECATUR IL 625213810

WORK DESCRIPTION:

1 Electronic Message unit

CONTRACTORS

Sign: Bendsen Signs And Graphics

CONSTRUCTION COST: \$62,000.00

PERMIT FEE: \$335.00

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 11/13/2018 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:	335.00
Engineering Permits:	0
Credit Memos Used:	0.00
Total Due:	335.00
Fee Paid:	\$335.00
Pay Type: Check	
Receipt #:	16630

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

Application Date:	00/00/0000
Issue Date:	11/13/2018
Expire Date:	5/12/2019