

DEMOLITION APPLICATION

Commercial

CITY OF DECATUR, ILLINOIS
INSPECTION DIVISION
424-2787

Permit Number: **2019-0814**

Zoning Abbr: B-2

Commerce Code: DEMOLITIONS -ALL OTHER BUILDING:

Building Use: BUSINESS

Work Class: DEMOLITION

LOCATION OF WORK:

844 N WATER ST

APPLICANT:

CROSSING HEALTH CARE
844 N WATER ST
DECATUR IL 625231019

WORK DESCRIPTION:

Demolition of a building

CONTRACTORS

Demolition: Owner

CONSTRUCTION COST: \$5,000.00

PERMIT FEE: \$50.00

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 DOCUMENT IS AN APPLICATION ONLY AND DOES NOT CONSTITUTE AUTHORIZATION FOR WORK TO BEGIN.

Payment Summary

Building Permit Fee:	50.00
Engineering Permits:	.00
Credit Memos Used:	0.00
Total Due:	50.00
Permit Fees Paid:	50.00
Engineering Permits Paid:	.00
Balance Due:	.00



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

Application Date: 08/06/2019

Issue Date:

Expire Date: 2/22/2020