

# DEMOLITION APPLICATION

Commercial

CITY OF DECATUR, ILLINOIS  
INSPECTION DIVISION  
424-2787

Permit Number: **2019-0815**

Zoning Abbr: B-2

Commerce Code: DEMOLITIONS -ALL OTHER BUILDING:

Building Use: BUSINESS

Work Class: DEMOLITION

## LOCATION OF WORK:

**826 N WATER ST**

## APPLICANT:

CROSSING HEALTH CARE  
826 N WATER ST  
DECATUR IL 625231019

## WORK DESCRIPTION:

Demo of existing building

## CONTRACTORS

Demolition: Owner

CONSTRUCTION COST: \$6,000.00

PERMIT FEE: \$55.00

**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:	55.00
Engineering Permits:	.00
Credit Memos Used:	0.00
Total Due:	55.00
Permit Fees Paid:	55.00
Engineering Permits Paid:	.00
<b>Balance Due:</b>	<b>.00</b>



**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