

SIGN PERMIT

Commercial

CITY OF DECATUR, ILLINOIS
INSPECTION DIVISION
424-2787

Permit Number: **2021-0130**

Zoning Abbr: PD

Work Class: N/A

LOCATION OF WORK:

990 N WATER ST

APPLICANT:

CROSSING HEALTHCARE
990 N WATER ST
DECATUR IL 625231021

WORK DESCRIPTION:

1 Wall Sign

CONTRACTORS

Sign: Bendsen Signs And Graphics

CONSTRUCTION COST: \$1,500.00

PERMIT FEE: \$100.00

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 2/17/2021 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:	100.00
Misc Permits/Fees:	.00
Plan Review Fee:	.00
Credit Memos Used:	0.00
Total Due:	100.00
Permit Fees Paid:	100.00
Misc Permit/Fees Paid:	.00
Balance Due:	.00



Building Inspections Manager

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

Application Date: 00/00/0000

Issue Date: 2/17/2021

Expire Date: 8/16/2021