

BUILDING PERMIT

Commercial

CITY OF DECATUR, ILLINOIS
INSPECTION DIVISION
424-2787

Permit Number: **2021-0387**

Per Plan Review

Zoning Abbr: PD

Work Class: ALTER/RENOVATE

LOCATION OF WORK:

1800 E LAKE SHORE DR

APPLICANT:

SPRINGFIELD CLINIC
1800 E LAKE SHORE DR
DECATUR IL 625213810

WORK DESCRIPTION:

Medical office building room renovation in 1750 building on the St. Mary's Campus/Urology

CONTRACTORS

Building:	Oshea Builders
Electrical:	Rathje, David
Fire:	Streb Fire Protection Services
Mechanical:	E.I. Pruitt Co.

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CONTRACTORS

Plumbing: Burdick Plumbing And Heating

CONSTRUCTION COST: \$275,000.00

PERMIT FEE: \$2,062.50

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 4/14/2021 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:	2,062.50
Misc Permits/Fees:	.00
Plan Review Fee:	206.25
Credit Memos Used:	0.00
Total Due:	2,268.75
Permit Fees Paid:	2,268.75
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: 4/14/2021

Expire Date: 10/11/2021