

SIGN PERMIT

Commercial

CITY OF DECATUR, ILLINOIS
INSPECTION DIVISION
424-2787

Permit Number: **2017-0487**

Zoning Abbr: B-2

Commerce Code: ADD/ALT - COMMERCIAL

Building Use: MEDICAL INSTITUTIONAL

Work Class: SIGN

LOCATION OF WORK:

4965 E LOST BRIDGE RD
HSHS Medical Group

APPLICANT:

HSHS MEDICAL GROUP INC
4965 E LOST BRIDGE RD
DECATUR IL 62521

WORK DESCRIPTION:

2 freestanding 4 x 8 and 8 x 9'3"
1 wall sign

CONTRACTORS

Sign: Ace Sign Co.

CONSTRUCTION COST: \$78,442.00

PERMIT FEE: \$425.00

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 4/25/2017 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:	425.00
Engineering Permits:	0
Credit Memos Used:	0.00
Total Due:	425.00
Fee Paid:	\$425.00
Pay Type:	Check
Receipt #:	120298



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

Application Date: 00/00/0000
Issue Date: 4/25/2017
Expire Date: 10/22/2017