

City of Clinton
DEPARTMENT OF ZONING,
BUILDING & PUBLIC SAFETY
118 W. Washington
Clinton, Illinois 61727
Phone: 217-935-6552

RAZING APPLICATION

FOR OFFICE USE ONLY	
Filed	_____
PERMIT NO.	_____
Zoned	_____
Issued	_____
Fees (Comm. \$10 _____) (Res. \$5 _____)	

NOTE: NO permit will be issued until this application has been completely filled in and submitted to this OFFICE.

Applicant Name: _____	Owner's Name: _____
Address: _____	Address: _____
Phone #: _____	Phone: _____

Property interest of Applicant: _____
Mail Permit To: _____
Description of Property: *Parcel #* _____
Subdivision: _____
Address of Proposed Razing: _____

Application is hereby made for a PERMIT to erect, construct, reconstruct, alter, make addition to, or move a building or structure, or land improvement, as required under the Zoning Ordinance of the City of Clinton, Illinois. In making this application, the applicant represents all the following statements and any attached maps, drawings, and specifications as a true description of the proposed new or altered uses and/or buildings or structures. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked for failure to abide by a corrective action order. It is further agreed and understood that unless actual work, as contemplated herein, is made within thirty (30) days, (unless this period is extended by the Zoning Administrator), the building permit and this application shall become invalid.

Existing Use _____	Proposed Use _____
Size of Building _____ ft. x _____	ft. Height in feet _____
Square Feet _____	

I/We further state that I/We make this application in order to induce the Department of Zoning, Building & Public Safety, Clinton, Illinois, to issue its official permit for the use(s) stated and described herein.

Signature of Applicant _____	Signature of Owner _____
Date _____	Date _____

Issued By _____
Zoning Officer