

NEW/ALTERATION/REPLACEMENT PERMIT  
CITY OF CLINTON  
DEPARTMENT OF ZONING, BUILDING & PUBLIC SAFETY  
118 W. WASHINGTON ST., CLINTON, IL 61727  
PHONE #(217) 935-6552 FAX # (217) 935-4136

OFFICE USE ONLY

DATE:  
PERMIT #:  
PARCEL #:  
ZONED:  
FEE:  
ISSUED:

PROJECT ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

WORK IS FOR:

CHECK:

\_\_\_\_\_NEW

\_\_\_\_\_FIREPLACE

\_\_\_\_\_ALTERATION

\_\_\_\_\_HEATING

\_\_\_\_\_REPLACEMENT

\_\_\_\_\_VENTILATING

\_\_\_\_\_AIR CONDITIONING

\_\_\_\_\_GAS PIPING

\_\_\_\_\_HOOD

ANTICIPATED START DATE: \_\_\_\_\_

\_\_\_\_\_HOOD SUPPRESSION

COMPLETION DATE: \_\_\_\_\_

\_\_\_\_\_WATER HEATER  
(Gas \_\_\_\_\_ or Electric \_\_\_\_\_)

EST. TOTAL VALUE OF PROJECT: \$ \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant: \_\_\_\_\_

Inspector: \_\_\_\_\_