

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

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

RAZING APPLICATION

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

Applicant's
Name: _____
Address: _____

Phone: _____

Owner's
Name: _____
Address: _____

Phone: _____

Property interest of Applicant: _____

Mail Permit To: _____

Legal 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