

CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936 PHONE 217-784-5872 | FAX 217-784-5930

APPLICATION FOR BUILDING PERMIT OR CERTIFICATE OF OCCUPANCY

I hereby make application for a Building Permit, or Certificate of Occupancy for:

Alles	N	lame	¥	Street, City,	State	Zi	p Code	Tel. No.						
-	10.00 - 800MBBB0777													
1759														
		At (Location)			Zoning District									
OCAT		ALM LANGUAGE CONTRACTOR OF THE PARTY OF THE	(No.)		(Street)									
UILD		Between	(Cross Street)		And		(Cross Stree	et)						
		Subdivision				Block								
	TYPE A	ND COST OF BUILDI	NG											
	1. New I	Building			9. Basement — Yes No									
	2. Additi	ion			10. Number of S	stories								
	3. One F	amily			11. Size of Water Services Needed									
	4. Two o	or more family — Enter er of units			12. Cost of Impr	rovement								
	5. Garag	e	7		13. Number of off-street parking places									
	6. Carpo	ort		14. Number of bedrooms										
	7. Storag	ge or Utility Shed			15. Number of b	athrooms:								
	8. Other	— Specify												
<i>l</i> .	S	ignature of Applicant		Address			Applie	cation Date						
ly .	VALIDA						••							
22.		Permit Number												
	100 (000)	Permit Issued												
	Vector to comment or their	Attitude Michigan whole												
	Conservation Control	Permit Fee \$		*************************************										
	Comple	tion Date			Approved by:									
					0.00									
			- A				(Title)							
l.	The fore	going application for Bu	ilding Permit or Certi	ficate of Occ	upancy denied for	the following re	easons:							
	Detad													
	Dated _					(Build	ing Inspector)							



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VIII.

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