

HOME OCCUPATION PERMIT RENEWAL FORM

Permit Issued (Office Use Only): _____

ALL FEES ARE NON-REFUNDABLE

CITY OF WEST PEORIA

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Fax: (309) 674-6010

This application will not be accepted unless all required information is completed.

COMMERCIAL OR RESIDENTIAL LOCATION:

Address: _____

Tax Identification #: _____

00-00-000-000

Own

Lease

If Applicant leases the location, owner must authorize this application on next page.

APPLICANT'S NAME

Full Name(s): _____

Address: _____

Phone Number: _____

OWNER'S NAME

Full Name(s): _____

Address: _____ Phone Number: _____

Other Phone: _____ Application Date: _____

Verification of Information submitted on previous year's permit application: Yes No

Changes to previous permit information (if applicable):

All permits expire ONE YEAR from date/time permit is issued.

Note: Other permits may be required after first inspection.

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

OWNER: _____
Signature _____ Date _____

Printed name: _____

APPLICANT: _____
Signature _____ Date _____

Printed name: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____ Check #: _____

Final Inspection Date: _____

Inspector #1: _____ Title: _____
Signature _____ Date _____ Position _____

Inspector #2: _____ Title: _____
Signature _____ Date _____ Position _____

Zoning Department: _____
Signature _____ Date _____

PERMIT APPROVED: Yes No

PERMIT NUMBER: _____