

**APPLICATION FOR REMODELING PERMIT
CITY OF TAYLORVILLE**

Permit Number _____ Application Submission Date _____
Date Issued: _____

Project Description: _____

- ☐ SIDING
- ☐ WINDOWS
- ☐ DOORS
- ☐ ROOFING
- ☐ OTHER, _____

PROPERTY LOCATION

STREET ADDRESS: _____

PROPERTY OWNER/TENANT INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
HOME PHONE: _____ CELL: _____
EMAIL: _____

GENERAL CONTRACTOR INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
WORK PHONE: _____ CELL: _____
EMAIL: _____

OWNER'S SIGNATURE: _____
CONTRACTOR'S SIGNATURE: _____

**THIS REMODELING PERMIT IS GOOD FOR SIX MONTHS FROM THE DATE IT IS
ISSUED.**

Please submit the completed form via email to Trevor Wagahoft at hbo@taylorville.net or
deliver it in person to the City Clerk's Office.