

THE CITY OF TAYLORVILLE
APPLICATION FOR EXTERIOR REMODELING PERMIT

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: _____

OWNERS SIGNATURE: _____
CONTRACTORS SIGNATURE: _____

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