



ADDRESS/PERMITS REQUEST
CITY OF PEORIA PUBLIC WORKS DEPARTMENT

Office Use Only

Permit # _____

Fee \$ _____

In order to provide the services requested, **fax this completed form and an 8-1/2"x11" site plan** for the requested location to the fax number given below.

APPLICANT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # (____) ____-____ MOBILE # (____) ____-____ FAX # (____) ____-____.

EMAIL ADDRESS _____

Please select (x) appropriate boxes

☐ **ADDRESS** (DUPLEX REQUIRES APPLICATION FOR EACH ADDRESS)

NAME OF SUBDIVISION _____

LOT # _____ P.I.N. OR TAX ID # ____ - ____ - ____ - ____.

(REQUIRED)

IS THIS A CORNER LOT? ☐ YES ☐ NO

WHICH STREET DOES THE HOUSE FACE? _____

LOCATION OF FRONT DOOR FROM RIGHT SIDE OF PROPERTY LINE
(WHEN FACING FRONT DOOR) _____ FEET

DIFFERENCE IN ELEVATION BETWEEN THE GARAGE FLOOR AND THE
FLOWLINE OF STREET ____ FEET

ARE THERE STORM SEWER INLETS ALONG FRONTAGE? ☐ Yes ☐ No

IF YES, PROVIDE LOCATION ON SITE PLAN.

PROPERTY OWNER NAME _____

PROPERTY OWNER ADDRESS _____

STREET ZIP

☐ **SIDEWALK** ☐ **RES/COMM DRIVE APPROACH** ☐ **PARKING LOT**

CONCRETE CONTRACTOR _____

PHONE # (____) ____-____ **(Licensed and Bonded with City of Peoria)**

WIDTH OF LOT FRONTAGE ALONG STREET(S) _____ FEET

IS THERE A DRIVEWAY APPROACH? ☐ Yes ☐ No IF YES, HOW MANY _____
IF YES, HOW MANY STALL GARAGE? _____

PLEASE ALLOW 2 BUSINESS DAYS FOR ADDRESS ASSIGNMENT

FAX # (309) 494-8855 QUESTIONS (309) 494-8850