

**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:** \_\_\_\_\_