



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit #: _____

Annual Fee: \$200 non-refundable

VACANT BUILDING PERMIT

Applicant Name: _____ Email: _____ Phone: _____

Vacant Property Address: _____

Property Owner: _____ Address/City/State/Zip: _____
(If different than applicant)

Email: _____ Owner Primary Phone #: _____

Owner Secondary Phone #: _____

Occupancy Classification: _____ Total Square Footage: _____ Proof of Liability Insurance: _____

OWNER CONSENT INFORMATION

1. This person will be responsible for accepting any notices on behalf of the owner regarding the services and procedures of the Vacant Building and Registry Regulations Ordinance 2010/11-11.
2. This person must be at least 21 years of age and reside in LaSalle County.

Name: _____ Phone #: _____

Address (P.O. Box Not Acceptable): _____

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application.

I further certify that I have read and examined this application and know the same to be true and correct.

I also consent to the service of notices for the City of Streator by posting on the building.

Applicant Signature: _____ Date: _____

Building Official: _____ Date: _____

THE REQUIRED FEE MUST BE PAID IN FULL AT THE TIME OF THE SUBMITTAL

- Please reference the attached Ordinance 2014/15-25 for additional registration submittal requirements and restrictions.
- The vacant building registration must be renewed **each year**, and pay the required two hundred dollar (\$200.00) annual fee.
- An amended registration must be filed within fifteen (15) days of any change in information contained in the annual registration. A new registration is required for any change in ownership.

PAID STAMP

ON A SEPARATE PIECE OF PAPER, YOU MUST PROVIDE A PLAN OF ACTION FOR THE MAINTENANCE OF THE PROPERTY WHILE IT IS VACANT AND ATTACH IT TO THIS APPLICATION.

PLEASE RETURN COMPLETED APPLICATIONS TO CITY HALL AT THE ABOVE ADDRESS