CITY OF DECATUR, ILLINOIS
APPLICATION FOR BUILDING A WHEEL CHAIR RAMP PERMIT

Project Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone No. _____

Contractor _____

Contractor Phone No. _____

Cost of Project $_____

Please provide a site plan showing the size and location of wheel chair ramp and the setbacks to the property lines for the sides, rear and front of the property . Please indicate where any overhead power lines are coming onto your property.

Inspections needed: ***Footings*** for support posts ***before*** they are filled; ***Framing*** if can't be seen at final; ***Final*** when project is complete.

Signature of Applicant _____Date _____

Rear Property Line

Side

Front Property Line

Show location of existing house and other buildings as well as proposed ramp (include dimensions and any overhead power lines).