



# ADDRESS/PERMITS REQUEST

## CITY OF PEORIA PUBLIC WORKS DEPARTMENT

PLEASE ALLOW 2 BUSINESS DAYS FOR ADDRESS ASSIGNMENT

Revised 07/23/13

In order to provide the services requested, **fax this completed form and an 8-1/2"x11" site plan** to (309) 494-8855 or email them to [publicworks@peoriagov.org](mailto:publicworks@peoriagov.org) (include the words

“COP Address request” in the subject line) **Please select appropriate boxes (x)**

Incomplete forms will delay the application

QUESTIONS (309) 494-8800

APPLICANT NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # ( ) - MOBILE # ( ) - FAX # ( ) -

EMAIL ADDRESS \_\_\_\_\_

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

SUBDIVISION NAME \_\_\_\_\_

LOT # \_\_\_\_\_ SUBDIVISION SECTION/PHASE NUMBER \_\_\_\_\_

P.I.N. OR TAX ID # - - -

WHICH STREET DOES THE HOUSE FACE? \_\_\_\_\_

ARE THERE STORM SEWER INLETS ALONG FRONTAGE?  Yes  No

IF YES, SHOW THE LOCATION OF INLETS ON SITE PLAN.

PROPERTY OWNER NAME \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_

**PERMIT TYPE:**  **SIDEWALK**  **RES/COMM APPROACH**  **PARKING LOT**

SIDEWALK/APPROACH CONTRACTOR \_\_\_\_\_

PHONE # ( ) - (Must be Licensed and Bonded with City of Peoria)

TOTAL WIDTH OF THE PROPERTY ALONG STREET(S) \_\_\_\_\_ FEET (in tenths)

IS THERE A DRIVEWAY APPROACH?  Yes  No IF YES, HOW MANY \_\_\_\_\_

IF YES, HOW MANY STALL GARAGE? \_\_\_\_\_

PARKING LOT CONTRACTOR \_\_\_\_\_

PHONE # ( ) - (Must be Licensed and Bonded with City of Peoria)

TOTAL SQUARE FOOTAGE OF PARKING LOT \_\_\_\_\_

Office Use Only

Location ID: _____	Job Number: _____	Permit # _____	Stream Buffer _____
Council District: _____	Zoning: _____	Fee \$ _____	Floodplain: _____
Plat Page: _____			BFE _____
Address: _____	Zip: _____		BSMT _____

Date/time received: \_\_\_\_\_