



**CITY OF BENTON**  
500 W. MAIN / P.O. BOX 640  
BENTON, IL. 62812  
(618)439-6131 / FAX (618)435-2610

## **DEMOLITION PERMIT**

Owner(s) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address of Demolition: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Zoned: \_\_\_\_\_

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Granted: \_\_\_\_\_

Denied: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_