CITY OF LINCOLN
217-732-6318

Building and Safety Office

700 Broadway St.
Lincoln, IL 62656

SIDING PERMIT APPLICATION

Date:_____

Site Address:_____

_____

_____

Construction Cost: _____

Applicants Signature: _____

Permit Number BD- _____ - _____
Permit Fee: _____
Receipt No: _____
Date Issued: _____

_____
Code Enforcement Officer

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ALL ITEMS

The Applicant is: ☐Owner ☐Contractor ☐Other _____

Property Owner: Name:_____
Address:_____
State:_____ Zip:_____ Telephone No:_____

Contractor Name: Name:_____
Address:_____
State:_____ Zip:_____ Telephone No:_____

Type Of Siding Being Installed:

☐Aluminum ☐Steel ☐Vinyl
☐Wood ☐Other_____

Style Of Siding: ☐Double 4 ☐Double 4 /12 ☐Triple 3
☐Triple 5 ☐Sheet 4x8 ☐Other _____

_____Number of Squares: **(Square = 100 sq. ft.)** _____

Accessory Work:
☐Windows wrapped; material _____ ☐Soffitt; material_____
☐Fascia; material _____ ☐Other; description_____

NOTE: HOUSE NUMBERS MUST BE INSTALLED