

GRUNDY COUNTY HEALTH DEPARTMENT

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Public Health
Prevent. Promote. Protect.
Grundy County Health Department

Owner name: _____ Owner Phone: _____

Email address: _____ Site Address: _____

Contractor: _____ Phone _____ Email: _____

PIN#: _____ - _____ - _____ Section: _____ Township: _____ Range: _____

Project Description: _____

Signature: _____ Date: _____

***Supporting documents are required ***

Fee: \$100

Drawing

(Not To Scale)

Comments/Recommendations: _____

Clearance Approved: **Yes** **No** Clearance Permit Number 063- _____ - _____

Issued by: _____ Date: _____

Amount Paid _____ Payment Type _____ Date Paid _____ Received By _____

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