



**City of Benton**  
1403 S Main Street/P.O. Box 640  
Benton, IL 62812  
618-439-6131

**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: \_\_\_\_\_