

Village of Morton Zoning & Code Enforcement Department

120 N. Main St., Morton, IL 61550

Phone: (309)266-5361 Fax: (309)266-5508 Email: bmarks@morton-il.gov

EGRESS WINDOW PERMIT APPLICATION

PROPERTY OWNER: _____	Email: _____
Address: _____	Phone: _____

EXCAVATOR/CONTRACTOR: _____	Email: _____
<small>IF APPLICABLE - IF OWNER MARK "SELF"</small>	
Address: _____	Phone: _____

PERMIT APPLICANT: _____	Email: _____
<small>IF OTHER THAN OWNER OR CONTRACTOR</small>	
Address: _____	Phone: _____

SITE & PROJECT INFORMATION

Job Location: _____
(Address where work is to be performed)

Applying for: Egress window replacement Egress window installation
 Other – please explain in detail what type of work is being done

EGRESS WINDOW PERMIT FEE: \$50.00

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Signed by the: Contractor Agent Owner