

# CITY OF TAYLORVILLE

## APPLICATION FOR DEMOLITION PERMIT

Date \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

### CONTRACTOR FOR DEMOLITION

Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

### CERTIFICATE OF INSURANCE

Insurance Company: \_\_\_\_\_

Approximate Date of Completion: \_\_\_\_\_

Waste Disposal Site (Name and Address): \_\_\_\_\_

### WATER SERVICE

To be disconnected with intention of rebuilding \_\_\_\_\_

To be disconnected with no intent to rebuild \_\_\_\_\_

\_\_\_\_\_  
Dave Speagle, Water Superintendent

### SEWER SERVICE

To be sealed and inspected by Sewer Superintendent

\_\_\_\_\_  
Richard Wiseman Sewer Superintendent

START DATE \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

\_\_\_\_\_  
George Calvert, Health and Building Officer

This must be renewed if demolition is not completed thirty (30) days after application.

\*I agree to notify Illinois Environmental Protection Agency (IEPA) of the Demolition & Renovation of this property.

- **Contractor must notify Water and Sewer Superintendents 3 working days in advance before starting demolition.**

Contractor's Signature: \_\_\_\_\_