

CITY OF TAYLORVILLE
APPLICATION FOR DEMOLITION PERMIT

Date: _____
PROPERTY ADDRESS: _____
Owner's Name: _____ Phone #: _____
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 the intention of rebuilding _____

To be disconnected with no intent to rebuild _____

Marlin Brune, Water Superintendent

SEWER SERVICE

To be sealed and inspected by Sewer Superintendent

Mike Mann, Sewer Superintendent

START DATE _____

COMPLETION DATE _____

Andy Goodall, 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 & Renovations of this property.

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

Contractor's/Owner's Signature: _____