

**APPLICATION FOR DEMOLITION PERMIT  
CITY OF TAYLORVILLE**

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 \_\_\_\_\_

\_\_\_\_\_  
Josh Nicol, Water Superintendent

**Sewer Service**

To be sealed and inspected by Sewer Superintendent \_\_\_\_\_

\_\_\_\_\_  
Mike Mann, Sewer Superintendent

Start Date \_\_\_\_\_

Completion Date \_\_\_\_\_

\_\_\_\_\_  
Trevor Wagahoft, 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 three (3) working days in advance before starting demolition.**

Contractor's/Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please submit the completed form via email to Trevor Wagahoft at [hbo@taylorville.net](mailto:hbo@taylorville.net) or deliver in person to the City Clerk's Office.