



DEMOLITION APPLICATION FORM A (RESIDENTIAL)

Date of Application: _____ Property Owner's Name: _____ Owner's Phone Number: _____

Demo Location: _____ Owner's Address: _____ Owner's Email: _____

Demolition Contractor's Name: _____ Contractor's Phone Number: _____

Demolition Expected Start Date: _____ Demolition Expected Completion Date: _____

Contractor Surety Type: Cash _____ Bond on File _____ Bond Amount on File: _____

Type of Demolition: Dwelling _____ Garage _____ Accessory Building _____

I hereby certify that I am the owner of record of the named property, or that the proposed demolition is authorized by the owner and I agree to conform to all applicable laws of the Federal Government, the State of Illinois and the Code of Ordinances for the City of Mount Carmel, IL. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit

Printed Name

Signature

Date

CITY USE ONLY BELOW

Permit Number: _____ Date: _____ Bond Released Date: _____

Permit Fee: _____

Pre-Cover Inspection by: _____ Date: _____ Culvert Material _____

Final Inspection by: _____ Date: _____ Cover Material Used: _____



DEMOLITION SIGN OFF FORM MOUNT CARMEL PUBLIC UTILITY

DATE:
ADDRESS:
PARCEL NUMBER:
ATTACH A COPY OF THE APPLICATION FOR DEMOLITION. THIS FORM MUST BE SIGNED BY MOUNT CARMEL PUBLIC UTILITY PRIOR TO DEMOLITION PERMIT APPROVAL
Has Mount Carmel Public Utility REMOVED ELECTRIC AND GAS AT THE PROPOSED DEMO LOCATION?
YES NO
IF NO PLEASE INDICATE THE DATE AND TIME THE SERVICES ARE SCHEDULED TO BE REMOVED:
GAS SCHEDULED TO BE REMOVED:
ELECTRIC SCHEDULED TO BE REMOVED:
DATE THE PROPOSED DEMOLITION IS APPROVED TO START:

MOUNT CARMEL PUBLIC UTILITY REPRESENTATIVE

DATE

THIS FORM MUST BE TURNED IN TO THE CITY OF MOUNT CARMEL